

**FY 2014**  
**Adopted Budget**

Multnomah County, Oregon



**Volume 3**

County Human Services  
Health Department  
Library  
Nondepartmental

## *About our cover*

Art Submitted by: **Lisa Krzmarzick**  
Department of Community Justice

“This is a painting I did early last year in acrylics of a Great Blue Heron. These prehistoric-looking birds can be found everywhere in Multnomah County; such as along the Willamette River fishing for breakfast; in the fields between the runways at the Portland International Airport, seemingly greeting tourists and returning locals; and flying above the Columbia River in the gorge, gliding through the air for long stretches at a time. I painted this as a tribute to my late grandfather, whom I called ‘Happy’. Whenever I see one, I think of him and smile.”

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## Understanding Program Offers

This volume contains the program offers submitted by departments and funded in the budget. Each section is separated by department/division and contains the following items, in order:

- An introduction to the department along with budget trends and a division summary
- Division narrative including significant changes by division
- A list of all of the program offers in the department
- The department's individual program offers (in numerical order)

Program offers form the basis for County's budget process. They constitute a department's budget request and narrative budget, and provide the information that the Board of County Commissioners uses to select programs that will best serve the community.

"Nothing astonishes people so much as common sense and plain dealing."  
~Ralph Waldo Emerson

## What Makes a Good Program Offer

A good program offer explicitly shows the relationship between the program and the desired results for services. Program offers should:

- Describe how they will make a significant contribution to the services indicated.
- Show why the County's spending on this program is effective – the 'bang for the buck'.
- Show evidence the program can deliver and measure its results
- Give performance measures that accurately track the program's contributions.
- Link the offer to the policy direction/frameworks.
- Describe program activities in layperson's terms.

Program offers are not about funding programs because these programs exist – they are about outcomes. They emphasize meeting the County's goals, not preserving the government status quo. The following describes the configuration of each program offer and the major types of information each should contain.

### Program Offer Description

In Multnomah County's budget, a "program" is an organizational unit that provides services to the public or to other County departments or divisions. Its description should briefly and clearly explain the activities encompassed in the program offer. If the offer represents a change in current practice (a reorganization or change in staffing levels, service hours, etc.), it should briefly describe the nature of that change. The description should describe how the program will support the strategies outlined for the department or in known County policy frameworks. It should cite research, experience, or logic to convincingly make the case. If it is a new program, it should note how the department created its costs.

"I have no data yet. It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories instead of theories to suit facts."

~Sir Arthur Conan Doyle, Sherlock Holmes

### Performance Measures

Every program offer includes a minimum of two and up to four performance measures which indicate the level of service that the County can expect to receive if this program is selected. Two types of measures are required; the output which represents the volume of work and the outcome which represents the measurable results of that work. For example, a hypothetical addictions treatment program for abused teenage girls might report the number of teenage girls who entered and received treatment (output), and the percentage of teenage girls who were clean and sober and completed their treatment plan upon exit (outcome).

Departments also have the option of including additional types of measures to better illustrate a program's performance. These can include resources other than staffing or finances (inputs), measures of the quality service that's delivered, and measures of service efficiency in terms of cost or time. Using the addictions treatment example above, inputs might be reported as the number of treatment beds available to serve abused teenage girls. Quality could be reported as the percent of teenage girls that rated counseling staff as engaging and supportive, and efficiency might be reported as the cost to the county for each successful treatment completion.

The performance measures are organized in a uniform table. The table identifies the type of measure, the definition, and several cells to report the results. The cells present program history where available, annualized estimates of the current service level (what's being delivered at the time of printing), and the anticipated target service level for the upcoming year if the program is selected. Additional supporting information, such as explanations as to notable changes in a program's performance, are located in the description section below the table.

### *Legal and Contractual Mandates*

Many program offers will be constrained by legal or contractual mandates. If a program offer is affected by a mandate, the mandate and its authorizing document (a statute, contract, etc.) should be noted.

### *Program Costs*

This area should show the cost to the County of providing the program, as well as the revenues generated by the program for its support. These costs include personnel, contracted services, materials and supplies and internal services.

### *Explanation of Revenues*

This section explains how non-General Fund revenues or General Fund fee revenues were estimated. Revenue estimates should clearly demonstrate the reasonableness of the estimate.

### *Significant Program Changes*

This section details significant programmatic changes that affect the program—not financial changes up or down. Such changes might include the following information:

- Increases or decreases in the scope or level of services
- Increases or decreases in net personnel resources (FTE's)
- Revenue increases or decreases
- How this change affects other departments and/or service delivery programs.

In this section you will find a link from this years program offer to its predecessor, if applicable. Note that program offer numbering can change between fiscal years.

### Types of Programs

Program offers were categorized based on the "type" of services they deliver. Program offers fall into one of the following groups:

- Administration
- Support
- Operating Program
- New/Innovative Program
- Program Alternative/Reconstruction
- Internal Service
- Revenue

#### *Administration*

Department- or division-level management and related expenses (i.e. office space, supplies, telephones, etc.) Direct program supervision is considered to be a part of the operating program (NOT administration), and could be included in the operating program's offer.

#### *Support*

An activity in a department that provides services directly to some or all operating programs within a department. Examples include the Health Department's pharmacy, which supports the various health clinics; the Library's Technical Services, which maintains the Library's materials and catalog system-wide; or the District Attorney's Human Resources unit.

#### *Operating Program*

An "on the ground" activity of the County. Includes front-line supervisors/program managers with specific responsibilities for particular operating programs. An example would be the Health Departments Primary Care Clinics.

#### *New/Innovative*

"On the ground" or support activity the County currently does not perform.

#### *Program Alternative or Reconstruction*

A program that has been or is currently operated by one or more County departments that is proposed to be operated in a different way, by different providers, or with different business models.

#### *Internal Service*

Programs that support Countywide operations. Examples of these types of programs would be Fleet or Information Technology services.

#### *Revenues*

These programs are used to budget discretionary (primarily General Fund) revenues at the fund level. Program revenues are budgeted within the applicable program offer.



## Other Important Notes

### *Characteristics of Program Offers*

Reading through the program offers, one should keep in mind:

- Program Offer characteristics (backfill and offers requesting one time only resources or those denoted as advancing the Climate Action Plan)
- The way in which program offers are scaled

**Backfill** - Backfill is defined as “discretionary dollars (General Fund) applied to a program that formerly was funded by a grant, state, or other dedicated funding source. Explicitly identifying backfill allows the Chair and the Board to decide to partially or fully backfill expiring grants, state or federal funds with General Fund dollars.

**One-Time-Only Resources** - In most budget years, the County has a varying amount of one-time-only funds. These funds will not be available in the following years and thus should be spent on projects that do not have or have minimal ongoing expenses.

**Measure 5 Education Offers** - Multnomah County has General Fund revenues which are not derived from real property taxes. These revenues can be expended on educational services without violating the Constitutional limitation on spending real property tax for educational services. In order for the County to easily demonstrate that it has complied with the Constitutional limitation on spending for “educational services,” departments can designate such programs so that they may be funded by non real property tax revenues.

**Climate Action Plan** - In 2009, Multnomah County adopted the Climate Action Plan (CAP), a comprehensive framework for reducing greenhouse gases and preparing County operations and the community for climate change impacts in the region. If a program contributes toward achieving a Climate Action Plan goal, the check box for Climate Action Plan (CAP) is marked on the program offer. The program offer will also include a description of the particular action the program addresses in the “program description” text box in the program offer.

### *Scaled Program Offers*

Program offers represent discrete increments of service and many County programs can deliver services at varying levels. For example, an Alcohol and Drug Treatment Program may be able to offer 100, 150 or 200 beds. Departments were asked, when appropriate, to provide decision-makers with the option to choose from those service levels. Looking at scaled program offers, one should consider:

- The Base Level of Service - Program "A" is the base level of service that can be provided while still delivering the expected results. In the example above, the base level of service would be 100 beds.
- Increments of Service - Program "B and beyond" represent incremental levels of service that buy additional outcomes. In the A&D treatment example, one increment could be 50 additional beds, and another, separate increment could be 100 additional beds.

## Department Overview

The Department of County Human Services' (DCHS') mission is to enhance the quality of life for individuals and families with a vision of safe, healthy, caring, and diverse communities where hope, independence, learning, and opportunity prevail for all.

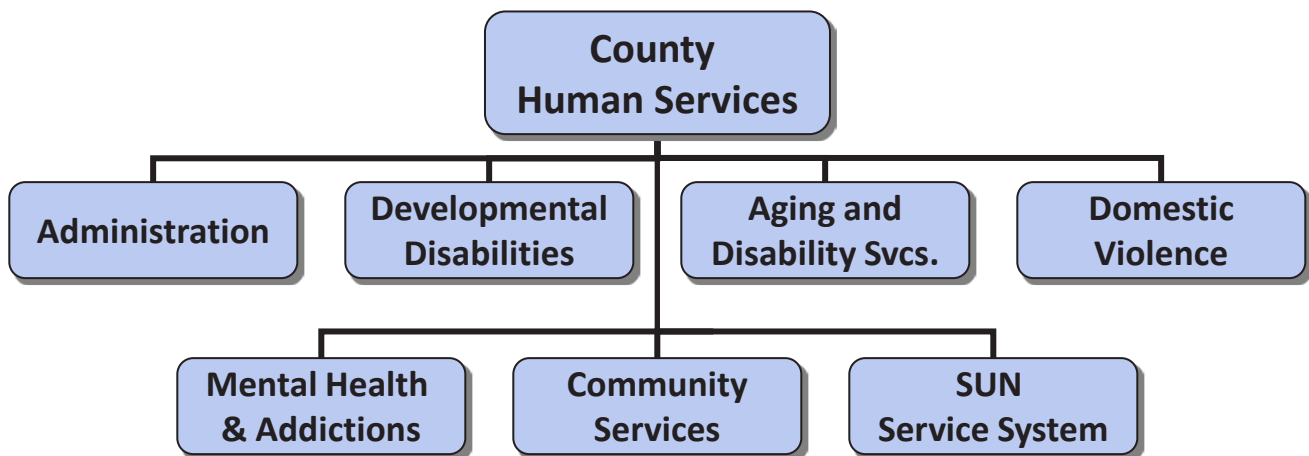
DCHS has a budget of over \$222 million and 700 employees. The department is the primary funder and provider of social services in Multnomah County for families in poverty, homeless families, homeless youth, survivors of domestic violence, low income seniors, people recovering from mental illness and addiction, and people with disabilities.

DCHS has deep collaborations with many local non-governmental organizations, other local governments and community advocates. The department is the managing partner for the Schools Uniting Neighborhoods (SUN) collaboration to provide wraparound services and enrichment for school age children and youth, many of whom live in poverty.

DCHS is the Local Mental Health Authority, the largest Mental Health Organization under Health Share of Oregon and the designated Community Action Agency for Multnomah County, serves as the Area Agency on Aging and is the only Area Agency on Aging with a 24/7 ADRC (Aging & Disability Resource Connection) call center. DCHS also is the managing partner for the Schools Uniting Neighborhoods (SUN) Coordinating Council.

The department is responsible for developing systems of care, leading service development, coordinating and linking services for the county's most vulnerable and at-risk residents.

DCHS has seven divisions: Department Administration, Aging and Disability Services (ADS), Mental Health and Addiction Services (MHAS), Developmental Disabilities Services (DDS), Schools Uniting Neighborhoods Services System (SUN SS), Community Services, and the Domestic Violence Coordinator's Office (DVCO).



### Budget Overview

DCHS has a FY 2014 budget of \$222.7 million, an increase of \$12.9 million from the FY 2013 adopted budget with increases across divisions and funds. \$3.2 million of additional DCHS' General Fund budget (including the Video Lottery fund) increases by \$6.6 million from \$53.7 million in the FY 2013 adopted budget to \$60.3 million. DCHS' Fed/State Fund budget increases by \$4.5 million from \$111.9 million to \$116.4 million and its Behavioral Mental Health Fund budget increases \$1.7 million from \$44.3 million to \$46.0 million.

General Fund is allocated for the following new programs:

Mental Health First Aid (25076)	\$207,000
HFSES - Expanded East County Outreach (25111B)	\$60,000
Coordinated Entry for Homeless Families (25111E&F)	\$1,000,000
SUN Community Schools - Levy Funded (25145B)	\$986,035

Programs Funded with one-time-only General Funds include:

Director's Office - Health System Transformation (25000D)	\$109,090
Director's Office - Business Systems Analysis (25000E)	\$100,000
ADS Access & Early Intervention Services (25020A)	\$353,635
Coordinated Entry for Homeless Families (25111F)	\$610,000
HSVP - Short-Term Rent Assistance (25133B)	\$1,500,000
HSVP - Streetroots (25133C)	\$20,000
Facility Based Transitional Housing (25133F)	\$238,009
HYS - MH and Addictions Engagement Services (25136B)	\$471,000
AP - Computers for Head Start Graduates (25139C)	\$20,000
SUN Community Schools (25145A)	\$185,380
Social & Support Services for Educational Success (25149A)	\$10,000
Bienestar Social Services (25156A)	\$50,000
SUN Long Term Evaluation (25157)*	\$50,000
SUN Early Learning HUB Development (25158)*	\$50,000
East County Education Outcomes Support (25159)*	\$250,000
Capital Development at Earl Boyles (25160)*	\$500,000
Children's Center at Stevens Creek Crossing (25161)*	\$125,000

\*Also New Programs

Budget Trends*	FY 2012	FY 2013	FY 2013	FY 2014	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	688.37	719.95	713.24	722.44	9.20
Personnel Services	\$60,474,768	\$64,083,791	\$65,775,172	\$69,973,588	\$4,198,416
Contractual Services	133,723,402	121,336,740	127,380,545	135,763,362	8,382,817
Materials & Supplies	16,252,098	15,848,679	16,679,241	16,965,035	285,794
Capital Outlay	0	25,334	0	0	0
<b>Total Costs</b>	<b>\$210,450,268</b>	<b>\$201,294,544</b>	<b>\$209,834,958</b>	<b>\$222,701,985</b>	<b>\$12,867,027</b>

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

## Successes and Challenges

The Aging and Disabilities Services Long Term Care program helped divert or transition 534 people from nursing facilities back into their communities. A savings estimate of this effort is \$20 million in Medicaid costs, with an ongoing savings projection of \$32 million per year.

In the summer of 2012 the SUN Service System provided seed funding to SUN lead agencies and school districts to offer early kindergarten transition programs at 12 SUN Community Schools. Two hundred sixty young children and their caregivers, participated in this 3 week “kindergarten orientation” program designed to ease transitions into kindergarten for children who have had little to no formal pre-school experience. This effort leveraged over \$90,000 in resources from school districts, Social Venture Partners, the Children’s Institute and Portland State University.

Multnomah Mental Health (formerly Verity) insurance plan has transitioned to the Coordinated Care Organization, Health Share of Oregon, and continues to collaborate regionally.

Domestic Violence Enhanced Response Team (DVERT) established Multnomah County’s first nighttime and weekend emergency response program for victims of domestic violence crimes. Victim advocates provide immediate, on-scene crisis intervention, safety planning and other victim support following police response to domestic violence crimes in North and East Portland.

Homeless Benefits Recovery (HBR) program assisted 170 of our most vulnerable citizens to obtain federal benefits, producing a total annual benefit to the community of \$1,379,002 including direct savings of \$397,606 to the General Fund for services paid in the previous 12 months.

Developmental Disabilities nearly tripled its yearly allocation for Short-term Rent Assistance (STRA) through a competitive funding process this year, from \$44,000 to \$124,700, providing housing assistance to families with a member in services with DDS that are experiencing homelessness or are at risk of homelessness.

The Mental Health Call Center staffed 24 hours, seven days a week by master’s level clinicians answered 63,530 calls. The call center is a crisis line and dispatcher for the Mobile Crisis Outreach Team. Staff also answer dedicated lines for the Department of Community Justice, Police, EASA, Healthshare/ Multnomah Mental Health, and accepts warm transfers from 911.

Throughout the state case managers and adult protective service workers continue to be challenged by high case loads and increasing case complexity. Multnomah County is not unique and has implemented several process improvements to address and streamline workload and improve customer satisfaction.

### Diversity and Equity

DCHS is making progress toward creating an equitable workplace through an examination of hiring and retention data and enhancing efforts to recruit diverse pools of employment candidates. This is an ongoing priority supported by the DCHS Human Resources outreach campaign, “This Work Matters” to develop DCHS as an employer of choice. DCHS also aims to include the equity lens as a key component of its decision-making processes and to integrate it into the fabric of everything it does.

Overall, the department workforce continues to diversify, with an increase in the percentage of employees of color, from 23% to 24% in FY 2012. The applicant pool increased from 23% to 29% people of color. DCHS also hired more people of color with 32% of all hired employees in FY 2012 being people of color.

To increase the retention rate of employees of color DCHS has focused on increasing the percentage of work-out-of-class opportunities and promotions for employees of color. Progress in the area of work-out-of-class has been slow, but DCHS has seen improvement in promotions. Thirty-seven percent of promoted employees were people of color in FY 2012, up from 30% in FY 2011, and only 12% in FY 2010.

This year DCHS is embarking on the Visibility Initiative, which will allow standardization of the demographic data it keeps on consumers across the department and among contractors. As the Initiative rolls out, DCHS will be able to assess racial and ethnic inequities and respond with interventions and culturally-specific programs based on accurate data.

### Budget by Division

Division Name	FY 2014 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$4,754,502	\$2,471,944	\$7,226,446	50.50
Developmental Disabilities	2,100,538	17,099,960	19,200,498	128.15
Aging and Disability Services	8,779,908	37,226,493	46,006,401	312.80
Domestic Violence Coordination Office	2,734,904	1,654,439	4,389,343	9.25
Mental Health & Addiction Services	16,485,339	83,231,350	99,716,689	172.54
Community Services	12,044,702	21,371,117	33,415,819	29.00
SUN Service System	<u>11,461,382</u>	<u>1,285,407</u>	<u>12,746,789</u>	<u>20.20</u>
<b>Total County Human Services</b>	<b>\$58,361,275</b>	<b>\$164,340,710</b>	<b>\$222,701,985</b>	<b>722.44</b>

### Department Administration

The DCHS Administration provides leadership, vision and policy direction to the service divisions.

The Director's Office meets regularly with division leadership, sets policy, addresses issues of cultural competency, researches and evaluates programs, directs service delivery, provides emergency management coordination and serves as the Mental Health Authority.

Human Resources (HR) supports more than 700 departmental employees. HR staff address recruiting, hiring and retention issues; workforce planning; training; performance management; and labor relations.

Business Services provides the financial and business functions of the department including: development, management and oversight of the department's budget; accounts receivable and payable; purchasing; facilities coordination; and grants management. It also ensures that the department is in compliance with all County, State and Federal policies.

The Contracts Unit coordinates department procurement and contracting functions and ensures implementation and compliance with all county contracting and procurement policies. This is a key function since the majority of funds administered within the department are contracted out to community partners.

### Significant Changes

Department Administration has undergone no significant structural changes in the previous year but has focused on these important initiatives

- In this phase of Health System Transformation, the Multnomah Mental Health (formerly Verity) insurance plan has transitioned to the Coordinated Care Organization, Health Share of Oregon, and continues to collaborate regionally. Working with partners in Clackamas and Washington County, DCHS has moved into the implementation phase of Health System Transformation, including discussion of administrative simplification, standardized payment methodologies and metrics for the integration of physical and behavioral health care.
- DCHS is heavily involved in the implementation of the contracts redesign process. Unit staff actively participate in the implementation of Supplier Relationship Management system, while processing over 400 contracts
- DCHS has enhanced efforts to recruit diverse pools of candidates for open positions. This is an ongoing priority, and is supported by the DCHS Human Resources outreach campaign, "This Work Matters" to make DCHS an employer of choice.

### Developmental Disabilities Service Division

The Developmental Disabilities Service Division (DDSD) provides case management services linking consumers and families to available resources in the community and, where eligible, to Medicaid funded residential, employment and brokerage services. The goal is to assure that every person is safe, healthy and integrated into their community. This is done with person-centered planning to assure that each person's choices are respected and honored. DDSD serves over 4,950 people with intellectual and developmental disabilities diagnosed prior to the age of twenty-two. Services may span the entire lifetime.

DDSD is the host for Region One, a five county regional crisis diversion program for DDSD consumers who meet certain crisis criteria. Partner counties include Clackamas, Clatsop, Columbia and Washington. The program may provide crisis residential placement, but is focused on providing behavioral and situational assessment and support so people can stay in their current home.

DDSD will continue in FY 2014 to do outreach to the under-represented and marginalized families and consumers with developmental disabilities. The importance of case management in assisting these families continues to be a subject of research (National Association of Social Workers) and cannot be overstated. Case management is the cornerstone for positive change in the lives of DDSD clients.

### Significant Changes

DDSD is finalizing corrections and response to a comprehensive review by the State's Office of Developmental Disabilities Services (ODDS) of DDSD's performance of its responsibilities as a county Community Developmental Disabilities Program (CDDP) per Oregon Administrative Rules Chapter 411, Division 320. Since the review, State staff have commented on several occasions that DDSD's results were exceptional. DDSD will implement corrections as reported by ODDS and continue to improve responsiveness and quality of services to people with developmental disabilities in Multnomah County.



### Aging and Disability Services

Aging and Disability Services Division (ADS), the county's Area Agency on Aging and Disability, helps the county's 217,000 older adults, people with disabilities and veterans live independently by linking them to a wide range of quality services and resources that meet their diverse needs and preferences.

A key division goal is to reach older adults and people with disabilities and their families early to help them plan for their changing needs and to maintain their health and independence. National studies have repeatedly shown that assuring early and easy access to information and options for greater independence helps older adults and people with disabilities remain in their communities and transition back to community settings more quickly. The result is fewer and less protracted nursing facility stays.

ADS is experiencing the predicted increase in the aging population. As a consequence, the division is completing the transformation of its information and assistance services in accordance with the Aging and Disability Resource Connection (ADRC) model, a national best practice. In addition, the division is leading efforts in the Portland metro area to transform the long term care system by aligning service delivery with the Governor's Coordinated Care Organization (CCO) initiative. This will result in both cost savings and better health outcomes for clients.

### Significant Changes

ADS is working on several fronts to meet the needs of a growing aging population. The division and its county partners have established an ADRC Metro Collaborative to provide coordinated and streamlined access to long term care services and supports. It is integrating the learnings from recent grants to pilot core ADRC services, including options counseling and care transition, services that support efforts to reach older adults and people with disabilities earlier, faster, and more efficiently in order to reduce costs, improve outcomes and positively impact the customer experience.

These activities are also positioning ADS to respond to the changes now transforming the Oregon health care system. ADS is currently providing choice counseling and enrolling clients in metro-area CCOs.

### Domestic Violence Coordination Office

The Multnomah County Domestic Violence Coordination Office (DVCO) provides leadership, consultation and technical assistance in the development of effective responses to domestic violence. DVCO manages County, State and Federal funds for victim services; leads and facilitates the development and implementation of collaborative projects; and assists in procuring resources for those projects. Collaborative projects led by DVCO include the Domestic Violence Enhanced Response Team (DVERT), assistance to victims and their children involved in the Child Welfare System (Safe Start), transitional housing and supportive services collaborations, and the Defending Childhood Initiative to improve responses to children exposed to a wide range of violence.

The county has built a multi-disciplinary, coordinated system that responds to victims and perpetrators: 5,000 victims receive community-based, in-person services; 2,000 receive District Attorney-based services; and 30,000 receive assistance by phone. Over 4,000 offenders are jailed, 1,400 are prosecuted and 1,000 are supervised by the Department of Community Justice annually. Despite these efforts, domestic violence remains a significant and complex problem. New national surveys indicate that more than one in four women experience severe physical violence by a partner during their lifetimes (NISVS, 2010). One in 15 children witness domestic violence each year, and these children face a 3 to 9 times greater risk for other victimizations such as child abuse, sexual abuse and bullying (National Survey of Children's Exposure to Violence, 2011).

### Significant Changes

Grants: DCHS is one of eight demonstration sites nationally selected for the US Attorney General's Defending Childhood Initiative. In 2013, DCHS received a third Defending Childhood Initiative grant to direct mental health and domestic violence services for children and families exposed to violence. This is in addition to the existing efforts focused on multidisciplinary training and capacity-building to improve service providers' ability to recognize, respond to and mitigate the effects of children's exposure to violence.

Victim Services: Gateway Center for Domestic Violence Services, which opened in September 2010 through a Multnomah County-City of Portland partnership, continues to serve as an essential entry point for domestic violence victims. In 2012, Gateway served over 2,200 first-time visitors and 820 children with more than 9,900 visits, including 1,055 victims who accessed restraining orders through Gateway. However, local victim services organizations continue to report that funding shortfalls are severely straining their organizations and that victims continue to face significant needs, particularly in the areas of emergency shelter and housing assistance, civil legal assistance and mental health services. These challenges led the YWCA to close its domestic violence emergency shelter in the spring of 2013. In December 2012, the Oregon Commission on Public Safety recognized that funding for victim services, a critical component of the public safety system, is inadequate to meet current needs and should be increased.

## Mental Health and Addiction Services

Multnomah County Mental Health and Addiction Services Division (MHASD) provides a comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in adults, youth and children. Through consumer-focused, culturally responsive and evidence-based practices, MHASD serves low-income, uninsured, and homeless individuals and families, as well as anyone who is in crisis.

An estimated 19% of Multnomah County adult residents living at or below 200% of the Federal Poverty Level have a mental illness. MHASD serves a large number of adults with mental illness who require residential care in one of the county's 563 licensed beds. County Involuntary Commitment Program staff investigate 71% of the emergency holds placed in the tri-county region.

Approximately 300,000 Oregonians are estimated to have a substance use disorder. MHASD's addiction outpatient providers serve 5,000 non-Medicaid eligible adults each year.

MHASD manages a system of care that all citizens can use, whether they are uninsured or are one of the more than 100,000 Oregon Health Plan members enrolled in Multnomah Mental Health, the county's mental health organization. DCHS' 24/7 crisis services and involuntary commitment investigation services are available for anyone in need, regardless of insurance or income.

## Significant Changes

Statewide and local health care transformation changes continue to impact MHASD in fiscal year 2013. Verity, the county's Medicaid mental health organization, and its 100,000 members transitioned to Health Share/Multnomah Mental Health on September 1, 2012. However, MHASD continues to operate Multnomah Mental Health as a subcontractor.

In addition, MHASD is collaborating with Washington and Clackamas counties to standardize administrative functions and reduce burden on providers. Key staff are involved in multiple work groups related to these major transformation efforts.

MHASD is managing reductions in both Medicaid and state crisis funding. Effective July 1, 2012, it reduced reimbursement and implemented monthly budget caps to adjust to an 11% reduction in Oregon Health Plan reimbursement and remain within revenue. This required significant partnership with providers to balance fiscal responsibility with client care.

MHASD convened crisis system stakeholder meetings, which included the Portland Police, to plan how to absorb the \$1.6 million reduction in state funding for crisis services. Mental health call center volume increased by 23% in 2012, to a high of 67,375 calls. Volume of calls transferred from 9-1-1 is also higher than anticipated. MHASD is investigating how to incorporate recommendations from stakeholders to add crisis services within reduced available funding. MHASD is also examining how to continue the successful Suicide Prevention training after the grant supporting it ends this year.

### Community Services Division

The Community Services Division's mission is to align services in order to create systems of support that impact poverty and increase academic success. Services are organized into three areas: Energy; Homelessness and Housing; and Anti-Poverty/Prosperity. A variety of services and supports are provided to 20,624 of the approximately 70,000 county households who meet 200% of federal poverty guidelines. This is achieved through a mix of contracted services provided by non-profit social service organizations, direct services provided by county staff, and involvement with community and cross-jurisdictional initiatives. The division is the Community Action Agency for Multnomah County.

Forty-five percent of Portland households pay more than 30% of their monthly income for housing (cost burdened). Workers with a full-time, minimum wage job cannot afford apartments of any size in the metro area at fair market rates without being cost burdened. County unemployment rates continue in the double digits. 25% of county children under the age of 5 live in poverty, with children of color represented at three times the rate of Caucasian children.

When the economy is bad and too many citizens struggle to meet their basic needs, Community Services provides creative, innovative, and strategic leadership, taking action to invest in economic development of human capital, remove barriers, and build upon strengths so that we all have the greatest opportunity possible to succeed and thrive as a prosperous, caring community.

Division changes in the past year fall into three categories:

**Systems Alignment:** on-going implementation of the Assertive Engagement model and practice among all Division contractors; completion of the 10 Year Plan to End Homelessness reset process and report; initiation of aligned budget for housing and homelessness discussions with jurisdictional partners.

**Innovation:** pilot of coordinated entry and mobile housing placement services for homeless families; continued implementation of the Inter-Faith Initiative resulting in technical assistance, relationship building, and shared service delivery among County departments and diverse communities of faith; building of Green and Healthy Homes collaborative.

**Efficiencies:** reduction of 2.00 FTE through job reassignments to improve Weatherization Program client service; creation of approximately \$177,143 in savings to the Multnomah Treatment Fund (MTF) through the Homeless Benefits Recovery Project, allowing MTF to serve additional uninsured members of the community living with mental illness.

### Significant Changes

### SUN Service System

The SUN Service System Division has three principal areas of oversight: contracting for services that promote academic success and family self sufficiency within the SUN Service System (SUN SS); program delivery and service coordination through the Bienestar Social Service program at the Baltazar Ortiz Community Center; and management of data collection, reporting and evaluation activities.

As a service delivery system, the division contracts for a continuum of school-based and community-sited services that support student success and family self-sufficiency. Services include 67 SUN Community Schools, youth case management, early childhood supports and anti-poverty/prosperity services for families. An important emphasis in the SUN SS is on partnership development and administrative staff engage in activities to align services, build partnerships and strengthen the system. Staffing for the SUN Service System Coordinating Council and its workgroups, and program development are examples of these efforts. The Bienestar Social Service program is an important gateway into an array of services for Multnomah County's Latino community. Staff at Bienestar coordinate resources and services on site, triage hundreds of requests for assistance, and provide alcohol and drug and mental health services. Data collection, technical assistance, reporting and program evaluation functions are implemented across both the SUN SS and the Community Services divisions.

### Significant Changes

The FY 2014 budget for the SUN Service System Division includes the Department assuming responsibility for contracting for eight SUN Community School sites previously funded and managed through the Portland Children's Levy. In addition to managing the sites, the SUN budget includes additional staffing capacity to manage this increased workload.

In FY 2013 the SUN Service System was audited by the County Auditor's Office. The resulting Letter to Management highlighted some key areas for the Division to focus on in order to strengthen its overall contract and program management functions. In FY 2014 the Division will continue development and implementation of key items to the greatest extent possible.

For the third year, the division was granted an AmeriCorps member to be sited at the Bienestar de la Familia program to enhance meaningful youth engagement opportunities for Latino youth in the NE Cully neighborhood. The addition of this resource has filled a very important service gap in this particular community.

### Department of County Human Services

The following table shows the programs that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
25000A	Director's Office	\$457,574	\$681,719	\$1,139,293	6.00
25000B	Director's Office - Quality Improvement	100,000	0	100,000	1.00
25000D	Director's Office - Health System Transformation	109,090	0	109,090	0.00
25000E	Director's Office - Business Systems Analysis	100,000	0	100,000	1.00
25001	Human Resources	396,084	600,152	996,236	7.00
25002	Business Services	2,531,944	1,142,715	3,674,659	25.50
25003	Contracts Unit	1,059,810	47,358	1,107,168	10.00
<b>Developmental Disabilities Services</b>					
25010	DD Administration & Support	843,968	1,842,612	2,686,580	17.00
25011	DD Systems, Contracts and Budget	582,696	4,190,135	4,772,831	9.00
25012	DD Services for Adults	0	3,754,674	3,754,674	36.00
25013	DD Services for Children	24,140	3,569,431	3,593,571	33.80
25014	DD Abuse Investigations	243,778	874,247	1,118,025	10.00
25015	DD Monitoring and Crisis Services	0	2,291,126	2,291,126	14.35
25016	DD Eligibility & Intake Services	405,956	577,735	983,691	8.00
<b>Aging and Disability Services</b>					
25020A	ADS Access & Early Intervention Services	3,602,827	6,054,290	9,657,117	21.90
25021	Multnomah Project Independence	295,301	0	295,301	1.00
25022	ADS Adult Care Home Program	79,396	1,749,147	1,828,543	13.00
25023A	ADS Long Term Care Program	2,028,891	23,385,356	25,414,247	215.00
25023B	ADS Long Term Care Program - Continuing Service Level	0	361,381	361,381	4.00
25024A	ADS Adult Protective Services	868,206	4,194,087	5,062,293	35.60
25024B	ADS Adult Protective Services - Continuing Service Level	0	214,009	214,009	2.00
25026A	ADS Public Guardian/Conservator	1,212,408	0	1,212,408	10.00
25027	ADS Administration	163,710	1,023,009	1,186,719	5.80
25028	Bed Bug Eviction Mitigation	130,000	0	130,000	0.50
25030	ADS Elders in Action Commission and Personal Advocacy	165,189	0	165,189	0.00
25037	ADS Restore County General Fund Match to Maintain Staffing	233,980	245,214	479,194	4.00

# County Human Services

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Domestic Violence</b>					
25040A	Domestic Violence Victims Services Continuum	1,895,506	793,719	2,689,225	2.00
25044	Domestic Violence Administration & Coordination	514,789	549,387	1,064,176	6.00
25047	Domestic Violence Enhanced Response Team	324,609	311,333	635,942	1.25
<b>Mental Health and Addiction Services</b>					
25050A	MHASD Administration	235,122	1,079,570	1,314,692	6.00
25052	Medical Records for MHASD	726,764	65,532	792,296	9.00
25053	Mental Health Quality Management & Protective Services	912,593	3,132,375	4,044,968	21.10
25055A	Behavioral Health Crisis Services	957,930	3,890,840	4,848,770	16.56
25055B	Behavioral Health Crisis Services Backfill	0	1,600,000	1,600,000	0.00
25056A	Mental Health Crisis Assessment & Treatment Center (CATC)	597,500	2,840,149	3,437,649	0.00
25057	Inpatient, Subacute & Residential MH Services for Children	0	5,092,291	5,092,291	0.00
25058	Mental Health Commitment Services	1,172,756	5,869,669	7,042,425	26.50
25059A	Peer-run Supported Employment Center	80,000	0	80,000	0.00
25060A	Mental Health Residential Services	1,110,249	9,066,731	10,176,980	8.60
25061	Adult Mental Health Initiative (AMHI)	0	3,023,714	3,023,714	6.25
25062A	Mental Health Services for Adults	0	20,351,458	20,351,458	4.45
25063A	Mental Health Treatment & Medications for the Uninsured	1,373,812	0	1,373,812	0.00
25064A	Early Assessment & Support Alliance	0	1,258,275	1,258,275	7.95
25065	Mental Health Services for Victims and Survivors of Domestic Violence	36,850	30,150	67,000	0.00
25066	Mental Health Organization Provider Tax	0	3,000	3,000	0.00
25067A	Community Based MH Services for Children & Families	1,612,669	10,797,575	12,410,244	21.45
25068	Multnomah Wraparound	0	1,909,351	1,909,351	13.70
25075A	School Based Mental Health Services	653,208	1,113,990	1,767,198	14.68
25076	Mental Health First Aid	207,000	0	207,000	0.00
25078	Culturally Specific Mental Health Services	1,354,347	0	1,354,347	0.00

# County Human Services

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Mental Health and Addiction Services (cont.)</b>					
25080A	Adult Addictions Treatment Continuum	3,000,831	6,207,934	9,208,765	7.83
25085	Addiction Services Gambling Treatment & Prevention	0	781,000	781,000	0.17
25086	Addiction Services Alcohol & Drug Prevention	0	319,452	319,452	0.00
25088	Coordinated Diversion for Persons with Mental Illness	251,194	842,813	1,094,007	8.30
25090	Addictions Detoxification & Post Detoxification Housing	1,410,343	2,081,207	3,491,550	0.00
25091	Sobering	657,892	0	657,892	0.00
25094	Family & Youth Addictions Treatment Continuum	134,279	878,279	1,012,558	0.00
25098A	Family Involvement Team	0	995,995	995,995	0.00
<b>Community Services</b>					
25111A	Homeless Families Shelter & Emergency Services (HFSES)	811,115	490,111	1,301,226	0.00
25111B	HFSES - Expanded East County Outreach	60,000	0	60,000	0.00
25111E	HFSES - Coordinated Entry for Homeless Families	390,000	0	390,000	0.50
25111F	HFSES - Coordinated Entry for Homeless Families - OTO	610,000	0	610,000	0.00
25115A	Homeless Benefit Recovery Project (HBR)	420,551	0	420,551	0.00
25118A	Community Services Division Administration (CSA)	721,437	0	721,437	5.50
25119	Energy Assistance	51,971	10,103,829	10,155,800	5.20
25121	Weatherization	0	4,152,946	4,152,946	6.80
25123	Community Healing Initiative	1,340,805	0	1,340,805	1.00
25133A	Housing Stabilization for Vulnerable Populations (HSVP)	2,103,342	1,503,552	3,606,894	3.00
25133B	HSVP - Short-Term Rent Assistance	1,500,000	0	1,500,000	0.00
25133C	HSVP - Streetroots	40,000	0	40,000	0.00
25133E	HSVP - Flex Funds for Veterans	30,000	0	30,000	0.00
25133F	Facility Based Transitional Housing	238,009	0	238,009	0.00
25135A	Commercial Sexual Exploitation of Children (CSEC) - Victims System of Care	30,675	46,278	76,953	0.00
25135B	CSEC - Shelter, Housing, and Assertive Engagement	429,450	0	429,450	0.00
25136A	Homeless Youth System (HYS)	664,194	3,508,406	4,172,600	0.83



# County Human Services

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Community Services -(cont.)</b>					
25136B	HYS - MH and Addictions Engagement Services	471,000	0	471,000	0.00
25138A	Runaway Youth Services (RYS)	821,391	0	821,391	0.17
25138B	RYS - Maintain Current Service Level	0	161,132	161,132	0.00
25139A	Anti-Poverty Services (AP)	1,234,759	1,032,413	2,267,172	5.00
25139B	AP - Increased Tax Prep Capacity	0	20,000	20,000	0.00
25139C	AP - Computers for Head Start Graduates	0	20,000	20,000	0.00
25140	Community Development	76,003	332,450	408,453	1.00
<b>SUN Service System</b>					
25143	SUN Service System Administration	973,417	0	973,417	7.25
25145A	SUN Community Schools	3,947,200	877,636	4,824,836	2.55
25145B	SUN Community Schools - Levy Funded	986,035	0	986,035	2.00
25147A	Child & Family Hunger Relief	167,562	0	167,562	0.50
25149A	Social & Support Services for Educational Success	2,013,562	0	2,013,562	1.00
25149B	Social & Support Services for Educational Success Scale	0	302,582	302,582	0.00
25151A	Parent Child Development Services	1,447,467	0	1,447,467	1.00
25151B	Parent Child Development Services Scale	0	105,189	105,189	0.00
25154	Alcohol, Tobacco & Other Drug Services	130,767	0	130,767	0.00
25155	Services for Sexual Minority Youth	112,080	0	112,080	0.00
25156A	Bienestar Social Services	708,292	0	708,292	5.40
25157	SUN Long Term Evaluation	50,000	0	50,000	0.00
25158	SUN Early Learning HUB Development	50,000	0	50,000	0.50
25159	East County Education Outcomes Support	250,000	0	250,000	0.00
25160	Capital Development at Earl Boyles	500,000	0	500,000	0.00
25161	Children's Center at Stevens Creek Crossing	<u>125,000</u>	<u>0</u>	<u>125,000</u>	<u>0.00</u>
<b>Total Department of County Human Services</b>		<b>\$58,361,275</b>	<b>\$164,340,710</b>	<b>\$222,701,985</b>	<b>722.44</b>

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**Lead Agency:** County Human Services

**Program Contact:** Susan Myers

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Department of County Human Services (DCHS) Director's Office provides vision, leadership, and policy direction; facilitates the development of the department's mission and strategic direction; functions as the County's Mental Health Authority; and sets Departmental priorities that support the overall county mission.

**Program Description**

The DCHS Director's Office is responsible for overseeing the programmatic and fiscal management of the department and ensuring that programs and activities are responsive and accountable to our clients, the community, the Board of County Commissioners and our funders.

The DCHS Director's Office includes the newly formed Office of Policy, Planning and Performance consolidating existing staff to manage department-wide system analysis and planning, including: HIPAA and policy compliance; data analysis, performance measurement and evaluation; strategic planning; communication, health system transformation; legislative coordination; and emergency preparedness and response planning.

The Director's Office oversees efforts related to the delivery of culturally-appropriate services and the department's work to reduce racial and ethnic disparities in the workplace and community. DCHS administration builds partnerships that align priorities to create effective service delivery and works to generate additional public/private resources in support of the human service system of care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of formal communications to employees <sup>1</sup>	71	50	59	50
Outcome	Advisors agree/strongly agree with statement: Overall, D.O. does its job well <sup>2</sup>	100.0%	0.0%	0.0%	100.0%

**Performance Measure - Description**

<sup>1</sup> Formal communications include director's brown bag sessions, all staff emails and meetings with staff groups such as district offices or the department Employees of Color employee group.

<sup>2</sup> This outcome is measured by a survey of advisory group members in alternating years. The survey was completed January 2012 and will be repeated January 2014.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$542,424	\$222,508	\$293,573	\$472,514
Contracts	\$206,743	\$134,911	\$151,302	\$86,083
Materials & Supplies	\$6,930	\$43,500	\$7,680	\$38,046
Internal Services	\$67,638	\$18,910	\$5,019	\$85,076
<b>Total GF/non-GF:</b>	<b>\$823,735</b>	<b>\$419,829</b>	<b>\$457,574</b>	<b>\$681,719</b>
<b>Program Total:</b>	<b>\$1,243,564</b>		<b>\$1,139,293</b>	
Program FTE	3.62	1.38	2.84	3.16
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$102	\$0
Fees, Permits & Charges	\$823,735	\$0	\$370,063	\$0
Intergovernmental	\$0	\$419,829	\$0	\$681,719
<b>Total Revenue:</b>	<b>\$823,735</b>	<b>\$419,829</b>	<b>\$370,165</b>	<b>\$681,719</b>

## Explanation of Revenues

\$489,576 - Title XIX

\$187,654 - State Mental Health Grant Local Admin

\$4,489 - Oregon Health Plan Premium(OHP)

\$370,063 - County General Fund Department Indirect: Based on FY14 Dept Indirect Rates published by Central Finance

\$87,511 - County General Fund

## Significant Program Changes

**Last year this program was:** #25000, Director Office

1.00 FTE Program Specialist Sr, functioning as the department HIPAA Compliance and Privacy Officer, was moved from Mental Health and Addiction Services Division to the DCHS Director's Office.

General Fund personnel and contract expenditure figures are reduced by \$100,000 to reflect department-wide COLA calculations adjusted after department submission.

**Lead Agency:** County Human Services

**Program Contact:** Susan Myers

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

DCHS proposes the creation of a department-wide Quality Improvement (QI) Program with the addition of one position totaling \$100,000. This position will develop standards, monitor compliance with state and federal regulations and program requirements, and ensure quality of service through setting department benchmarks, conducting performance evaluations, researching best practices and identifying opportunities for efficiency and systems improvement.

The Quality Improvement Program will shape the department's implementation of the Equity Lens in business systems and contract development and planning.

**Program Description**

Ongoing quality improvement is a critical function to ensure the appropriate stewardship of funds, compliance with regulations and ultimately client safety and well-being. The addition of a department-level Quality Improvement position would allow for the creation of department-wide standards and assist divisions in ensuring continuous systems improvement.

A responsive organization must ensure that decisions and care are based on data and evidence-based practices. DCHS currently lacks the resources to conduct a department-wide view to streamline service delivery and ensure consistent standards of quality. The QI program would measure outcomes and ensure fiscal accountability through ongoing program evaluations and data-driven decision making.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of internal quality assurance reviews completed	0	0	0	3
Outcome	Systems reviewed will implement clear action plans to address quality issues	0.0%	0.0%	0.0%	100.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$99,474	\$0
Materials & Supplies	\$0	\$0	\$526	\$0
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$0	\$100,000	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>

**Explanation of Revenues**

\$100,000 - County General Fund

**Significant Program Changes**

**Last year this program was:**

New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Susan Myers

**Program Offer Type:** Support

**Related Programs:** 25000A

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

DCHS supports the continuation of the county-wide and regional work of the Health System Transformation Project Manager through funding of \$109,090 for FY14. This is a key position, working to organize and effectively advocate for Multnomah County interests with coordinated care organizations and regional government partners.

**Program Description**

The evolution of health system transformation and its impact on county services and budget has benefited from having an individual charged with creating strategy and overseeing the county's response to a dynamic and fast-moving process.

The position is responsible for streamlining communication across the county, leading teams to troubleshoot operational and IT issues, forecasting and providing a framework for assessing likely risks, and general problem solving. The project manager works closely with county leadership, and led the process with county counsel to create and negotiate legally binding agreements with Health Share Oregon, the region's largest coordinated care organization, and DCHS' Mental Health and Long-term Care services.

Working across boundaries, the project manager facilitates Steering Committee and operational meetings to ensure that staff representing county leadership, DCHS, Health Dept., IT, county counsel and government affairs are actively engaged and up-to-date on the latest developments.

The next phase of work requires the continuation of this project management function to coordinate services and communication, monitor the Health Commons Grant requirements, review proposed legislation and meet other key milestones. As health system transformation becomes operational, integrating primary care, behavioral healthcare and addictions treatment, the work increases in complexity and creates new challenges for analysis and implementation.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of email updates to 70+ county stakeholders on developments	0	0	0	12
Outcome	% of Health System Transformation legislation reviewed	0.0%	0.0%	0.0%	100.0%

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$106,551	\$0
Materials & Supplies	\$0	\$0	\$2,539	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$109,090</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$109,090</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$109,090 - County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**

New program offer.



**Lead Agency:** County Human Services

**Program Contact:** Susan Myers

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

DCHS will create a department-wide Quality Improvement (QI) Program with the addition of a Business Process Consultant position who will work to streamline and consolidate the more than 70 data systems currently in place, evaluate unmet programming needs and support efforts to integrate data across the department. This position will assess mandated data reporting needs, unmet data needs and evaluate the most cost-effective solutions for creating or updating data systems.

**Program Description**

The Business Process Consultant position will assess mandated data reporting requirements, unmet data needs and evaluate the most cost-effective solutions for creating or updating data systems. The consolidation of data systems and technical oversight will allow us to track and coordinate services for clients who may be served by multiple divisions. A robust and updated data system allows us to make better programmatic and financial decisions and better serve our clients.

A responsive organization must ensure that decisions and care are based on data and evidence-based practices. DCHS currently lacks the resources to conduct a department-wide view to streamline service delivery and ensure consistent standards of quality. The QI program would measure outcomes and ensure fiscal accountability through ongoing program evaluations and data-driven decision making.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Perform an inventory of DCHS data systems	0.0%	0.0%	0.0%	100.0%
Outcome	Develop plan for data consolidation and integration	0	0	0	1

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$100,000	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$100,000</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$100,000 County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**  
New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Urmila Jhattu

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

DCHS Human Resources support nearly 700 regular and 33 temporary employees located throughout the county. HR services include recruiting, hiring and retaining staff; workforce and succession planning; new employee orientation; employee/labor relations; records management; management and employee training; employment law and labor contract compliance; and performance management consultation.

**Program Description**

The Human Resources team provides services and consultation to managers and employees. Represented employees are covered by one of two labor contracts and some work multiple shifts/schedules that span 24 hour/daily operations. Principal functions and goals of the Human Resources group include: 1. Organizational consultation to ensure HR services and strategies support and add value to DCHS business strategies; 2. Performance management coaching to ensure fair and equitable treatment for all employees and adherence to the county's personnel rules, policies and labor contracts; 3. Integration of departmental HR services with Central Human Resources and Labor Relations to develop and implement consistent and effective HR solutions and programs; 4. Succession and workforce planning to ensure a diverse and talented pool of employees to fill future openings.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of recruitments conducted	187	140	200	175
Outcome	Management satisfaction with HR consultation and services	61.0%	75.0%	65.0%	65.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$378,208	\$453,033	\$288,384	\$585,330
Contracts	\$700	\$800	\$1,500	\$0
Materials & Supplies	\$1,001	\$18,299	\$18,430	\$2,000
Internal Services	\$82,941	\$20,357	\$87,770	\$12,822
<b>Total GF/non-GF:</b>	<b>\$462,850</b>	<b>\$492,489</b>	<b>\$396,084</b>	<b>\$600,152</b>
<b>Program Total:</b>	<b>\$955,339</b>		<b>\$996,236</b>	
Program FTE	3.31	3.69	2.31	4.69
<b>Program Revenues</b>				
Fees, Permits & Charges	\$31,471	\$0	\$300,906	\$0
Intergovernmental	\$0	\$492,489	\$0	\$600,152
<b>Total Revenue:</b>	<b>\$31,471</b>	<b>\$492,489</b>	<b>\$300,906</b>	<b>\$600,152</b>

## Explanation of Revenues

\$416,364 - Title XIX

\$183,788 - State Mental Health Grant Local Admin

\$300,906 - County General Fund Department Indirect: Based on FY14 Dept Indirect Rate published by Central Finance

\$95,178 - County General Fund

## Significant Program Changes

Last year this program was: #25001, Human Resources

**Lead Agency:** County Human Services

**Program Contact:** Kathy Tinkle

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Department of County Human Services (DCHS) Business Services provides administrative, financial and business support for the department. Services include development, management and administration of the department's annual budget; grants management; accounts receivable; accounts payable; purchasing; facilities coordination; and customer service via the reception desk. Business Services staff serve as liaison between the department and internal service providers such as County Finance, Central Budget, and the Department of County Assets.

**Program Description**

Business Services supports the work of the department by providing: budget development, management and reporting; accounts payable and receivable; grant accounting and reporting for approximately 140 funding sources; and implementation of, and compliance with, all county, state and federal fiscal policies and procedures related to the business of this department.

Business Services personnel provide administrative and support services for the department; work across the county with other departments and agencies in coordinating the provision of information technology and facilities management; function as liaison to the DCHS Citizen Budget Advisory Committee; and represent the department on several countywide workgroups and committees.

DCHS Business Services provides responsible leadership; sound budgetary and financial management; and delivers results that are consistent with the department's and county's priorities.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Percent of invoices paid in 30 days or less	78.0%	75.0%	68.0%	76.0%
Outcome	Percent of financial reports submitted to the grantor error free	99.0%	99.0%	99.0%	99.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$1,379,933	\$812,697	\$1,495,721	\$879,249
Contracts	\$742,375	\$10,500	\$874,891	\$14,234
Materials & Supplies	\$5,466	\$47,187	\$51,208	\$55,516
Internal Services	\$88,089	\$167,165	\$110,124	\$193,716
<b>Total GF/non-GF:</b>	<b>\$2,215,863</b>	<b>\$1,037,549</b>	<b>\$2,531,944</b>	<b>\$1,142,715</b>
<b>Program Total:</b>	<b>\$3,253,412</b>		<b>\$3,674,659</b>	
Program FTE	16.01	9.49	15.86	9.64
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$4,983	\$0
Fees, Permits & Charges	\$865,991	\$0	\$826,421	\$0
Intergovernmental	\$0	\$1,037,549	\$0	\$1,142,715
<b>Total Revenue:</b>	<b>\$865,991</b>	<b>\$1,037,549</b>	<b>\$831,404</b>	<b>\$1,142,715</b>

## Explanation of Revenues

\$570,085 - Title XIX

\$352,660 - State Mental Health Grant Local Admin

\$219,970 - Oregon Health Plan Premium(OHP)

\$826,421 - County General Fund Department Indirect: Based on FY14 Dept Indirect Rates published by Central Finance

\$824,891 - County General Fund Match

\$880,632 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25002, Business Services Unit

For FY14, 4.00 FTE are shifted from the Mental Health and Addiction Services Division Business and Finance group. Those positions will continue to support the mental health and addiction programs while in the department Business Services section. The history for that program is shown here. A 0.38 FTE Finance Specialist 2 (Grant Accountant) position that supported the CCFC grant programs was added via budget modification mid year FY13, and was deleted for FY14.

**Lead Agency:** County Human Services

**Program Contact:** Priscilla Salvador

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The DCHS Contracts Unit coordinates and provides all procurement and contracting functions for the department. The unit serves as liaison between the department and county Central Purchasing. Nearly 65% of the total funds in the department are contracted to community-based providers for services to the vulnerable populations served by DCHS. The unit ensures implementation of and compliance with county contracting and procurement policies and procedures.

**Program Description**

The DCHS Contracts Unit provides procurement and contracting support for an estimated 500 contracts, amendments and purchase orders for Aging and Disability Services, Mental Health and Addiction Services, the Domestic Violence Coordinator's Office, the SUN Service System, Community Services and Developmental Disabilities Services.

In FY14, it will continue to adjust to using the newly implemented Supplier Relationship Management (SRM) procurement and contract system.

The Contracts Unit will also continue to take a lead role in the implementation of the January 2009 Contract Action Team Report recommendations through the Contract Redesign process.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of executed contracts and amendments <sup>1</sup>	400	400	400	400
Outcome	Percent of estimated annual contract renewals executed prior to	66.0%	88.0%	70.0%	50.0%

**Performance Measure - Description**

<sup>1</sup>The estimated number of new contracts written for FY14 will remain steady at 400 due to the five year contracts still in place. Consequently, updating the internal SAP contract documents has added to the workload.

<sup>2</sup> The newly implemented Supplier Relationship Management (SRM), a procurement contract database system still impacts the overall contract outcome for FY14.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$789,008	\$144,076	\$947,407	\$43,064
Contracts	\$5,056	\$0	\$5,056	\$0
Materials & Supplies	\$6,569	\$12,383	\$13,648	\$4,294
Internal Services	\$96,624	\$1,869	\$93,699	\$0
<b>Total GF/non-GF:</b>	<b>\$897,257</b>	<b>\$158,328</b>	<b>\$1,059,810</b>	<b>\$47,358</b>
<b>Program Total:</b>	<b>\$1,055,585</b>		<b>\$1,107,168</b>	
Program FTE	8.41	1.59	9.53	0.47
<b>Program Revenues</b>				
Intergovernmental	\$0	\$158,328	\$0	\$47,358
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$158,328</b>	<b>\$0</b>	<b>\$47,358</b>

## Explanation of Revenues

\$47,358 - State Mental Health Grant Local Admin  
 \$1,059,810 - County General Fund

## Significant Program Changes

Last year this program was: #25003, Contracts



**Lead Agency:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Developmental Disabilities Administration provides oversight and assures Medicaid status of the Developmental Disabilities Services Division. This unit ensures more than 4950 people are provided quality case management, and, where eligible, provides residential services in the community, and employment supports. Administration leads the agency in continuous quality performance improvement through records management; monthly quality assurance activities that include comprehensive file reviews, staff training and site visits; and strategic analysis of DDSD business functions.

**Program Description**

Developmental Disabilities Administration oversees all programs and partners, and seeks resolution on complaints and grievances. In addition, the program influences state policy. It maximizes resources by leveraging local funds and collaborating with other counties; develops the workforce; and seeks to continuously improve service delivery. Administration supports the accountability of leadership, resource management and performance-based outcomes and assures outreach is extended to diverse under-represented populations. The division leverages federal match for administrative services using county funds to provide administrative tracking and oversight required by the state.

In an effort to shift towards industry best practices there have been some significant changes to the methodology used for quality assurance in the division. In this new methodology, DD management reviews client records using a more focused review that is in compliance with federal and state requirements and the most recent Oregon Administrative Rule changes. Along with these changes, the division has also improved its performance outcome measures as a result of consultation with the Federal Centers for Medicare and Medicaid Services Technical Assistance contractor.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of client records audited annually for compliance	3,900	1,300	2,571	1,300
Outcome	% of records audited that are Medicaid compliant	65.0%	70.0%	69.7%	70.0%

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$1,746,491	\$0	\$1,463,617
Contracts	\$686,461	\$52,195	\$843,968	\$135,000
Materials & Supplies	\$3,699	\$18,418	\$0	\$17,975
Internal Services	\$160,918	\$57,473	\$0	\$226,020
<b>Total GF/non-GF:</b>	<b>\$851,078</b>	<b>\$1,874,577</b>	<b>\$843,968</b>	<b>\$1,842,612</b>
<b>Program Total:</b>	<b>\$2,725,655</b>		<b>\$2,686,580</b>	
Program FTE	0.00	19.00	0.00	17.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,874,577	\$0	\$1,590,971
Other / Miscellaneous	\$0	\$0	\$0	\$251,641
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,874,577</b>	<b>\$0</b>	<b>\$1,842,612</b>

**Explanation of Revenues**

\$1,273,667 - State Mental Health Grant Local Admin  
 \$317,304 - State Mental Health Grant Case Management  
 \$112,376 - Beginning Working Capital Case Management  
 \$139,265 - Beginning Working Capital Local Admin  
 \$843,968 - County General Fund Match

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #25010, DD Administration and Support  
 Eliminated 2.0 Senior Manager positions that were vacant.

**Lead Agency:** County Human Services

**Program Contact:** Dan Haynes

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Developmental Disabilities Systems, Contracts and Budget unit provides oversight for the division's budget, client systems for enrolling clients into services, and procurements and contracts. The unit is responsible for managing funding for comprehensive services to clients. Unit staff track and verify revenue, ensure the funds are applied to appropriate cost centers, and oversee expenses and changes that are incurred. The unit conducts monthly review of each service element to ensure they balance to the state CPMS system for those services paid by the county and to eXPRS for those services paid directly by the state. The unit is responsible for submitting all required forms to the state for client service changes, monitoring funding for services and ensuring appropriate application of waived services. In addition, the unit ensures availability of state funded services to clients by managing and monitoring provider contracts.

**Program Description**

In maintaining and managing the personnel budget, the division works with the Department Administration and Business Services to identify revenue versus positions and costs to develop an annual budget for the division. This also includes processing budget modifications and providing budget analysis as needed. The unit is responsible for management of service contracts with providers which involves determination of regulatory requirements; initiation of appropriate contracts, amendments and negotiation of contract terms and conditions; as well as public procurements and following and implementing county administrative procedures. The unit is responsible for tracking and verifying revenue for 24-hour residential, foster care and employment which are direct pay to providers from the state; transportation, rent subsidy, county crisis funds, family support funds, kids long-term diversion and adult in-home services which are paid through the county to providers as well as tracking and verifying revenues for adult protective services, targeted case management and Local Administration funds which are for personnel and operating expenses. This includes the ongoing review and reporting of funding allocations, service expenditures, completing and securing budget approval, verifying client enrollment in the service and required reporting. In managing the revenue and expenditures, the unit tracks all budget costs for 127 employees and approximately 2,300 clients in comprehensive waived services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of 0337 enrollment forms accurately processed monthly <sup>1</sup>	95.0%	90.0%	92.5%	95.0%
Outcome	% of errors noted in monthly CPMS reconciliation <sup>2</sup>	0.0%	5.0%	1.3%	3.5%

**Performance Measure - Description**

<sup>1</sup>The 0337 enrollment form is the mechanism in which clients are entered into and exited from services. This program is responsible for ensuring accurate completion and data entry into the State eXPRS payment system.

<sup>2</sup>This unit is responsible for reconciling expenditures to funds received from Office of Developmental Disabilities Services for support services. This reconciliation ensures that our information corresponds to what the State CPMS system reports.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$848,627	\$0	\$916,851
Contracts	\$422,189	\$0	\$577,696	\$0
Materials & Supplies	\$5,000	\$2,135,077	\$5,000	\$3,168,309
Internal Services	\$75,049	\$28,694	\$0	\$104,975
<b>Total GF/non-GF:</b>	<b>\$502,238</b>	<b>\$3,012,398</b>	<b>\$582,696</b>	<b>\$4,190,135</b>
<b>Program Total:</b>	<b>\$3,514,636</b>		<b>\$4,772,831</b>	
Program FTE	0.00	9.00	0.00	9.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$3,012,398	\$0	\$4,190,135
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$3,012,398</b>	<b>\$0</b>	<b>\$4,190,135</b>

## Explanation of Revenues

\$123,589 - Housing Authority of Portland  
 \$1,010,282 - State Mental Health Grant Local Admin  
 \$84,473 - Crisis Intervention  
 \$2,007,391 - Self-Directed Individual/Families  
 \$10,920 - Special Projects  
 \$245,830 - Foster Care  
 \$212,368 - Family Support Services  
 \$474,891 - Long Term Support for Children  
 \$20,391 - Regional Crisis Coordination  
 \$549,043 - County General Fund Match  
 \$33,653 - County General Fund

## Significant Program Changes

**Last year this program was:** #25011, DD Systems, Contracts and Budget

Direct client assistance has increased by \$1,071,953, due to increased caseloads. Revenues from federal and state sources have increased accordingly.

**Lead Agency:** County Human Services

**Program Contact:** Aubrey Davis

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program case manages approximately 2,338 Medicaid recipients who have been determined to have a developmental disability out of the approximately 4,950 total caseload of developmentally disabled consumers. Of the adult consumers, approximately 2,153 are actively enrolled in a funded residential and/or vocational program under the Home and Community Based Waiver. The primary responsibility is to monitor 563 residential, adult foster care, supported living and vocational service sites to assure that providers are in compliance with the Oregon Administrative Rules and also to assure the health and safety of the program consumers.

**Program Description**

Case Management services for adults with developmental disabilities are person-centered with the goal of linking clients with services and resources in their neighborhoods. In addition, staff assist clients in applying for financial and housing benefits. Monitoring customer health and safety is our primary responsibility. Case Management assists customers by involving family, friends and community partners in their lives in order to promote an enriched quality of life by developing skills, confidence, self-worth and independence in order to assist adults with developmental disabilities in the areas of self-care, behavior and resource coordination. This program partners with state and local organizations that have mutual interest in our clients, such as Community Justice, Mental Health and the Department of Vocational Rehabilitation. Through program interventions to avert crisis situations and monitoring of customer and provider health and safety concerns, instances of abuse are more likely to be detected and investigated assuring the customer to continue to live more independently. The importance of monitoring will continue to increase as funding reductions are made to programs serving adults.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total number of adults served.	2,045	2,100	2,338	2,350
Outcome	Total monitoring visits for residential sites.	4,850	4,850	4,945	5,000

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$2,930,761	\$0	\$3,290,597
Contracts	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$0	\$40,747	\$0	\$35,448
Internal Services	\$90,000	\$312,290	\$0	\$418,629
<b>Total GF/non-GF:</b>	<b>\$90,000</b>	<b>\$3,293,798</b>	<b>\$0</b>	<b>\$3,754,674</b>
<b>Program Total:</b>	<b>\$3,383,798</b>		<b>\$3,754,674</b>	
Program FTE	0.00	35.00	0.00	36.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$3,293,798	\$0	\$3,649,504
Other / Miscellaneous	\$0	\$0	\$0	\$105,170
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$3,293,798</b>	<b>\$0</b>	<b>\$3,754,674</b>

**Explanation of Revenues**

\$319,817 - State Mental Health Grant Local Admin  
 \$3,297,755 - State Mental Health Grant Case Management  
 \$105,170 - Beginning Working Capital Case Management  
 \$31,932 - State Mental Health Grant Special Projects

**Significant Program Changes**

**Last year this program was:** #25012, DD Services for Adults  
 Moved 1.0 Sr. Program Specialist from 25015 - Monitoring and Crisis Services to provide more direct program support to adult case managers.

**Lead Agency:** County Human Services

**Program Contact:** Sherrelle Owens

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program case manages approximately 1,300 children (birth to 17) who have been determined to have a developmental disability out of the 4,950 total caseload of developmentally disabled consumers. The majority of the children served live in their family homes. Services for these children include referrals to community resources, family to family support groups, assistance with school programs and training opportunities for families. These services allow children with serious disabilities to remain in their family homes to prevent placement in child foster care and residential sites.

**Program Description**

Services for children are child-centered and family focused, providing assistance required to maintain the child in the family home. Funding for services to children is only 10.5% of all service funds, including those managed here and paid through the state. Child-centered planning and supports help to identify the customer's interests, focus on strengths, promote independence and self-worth, and map out family, friends and community members as potential resources. As a child approaches 18 planning is done to transition the customer to adult services. The program partners with state and local organizations that have mutual interest in our clients. This partnership strengthens families and helps to reduce the higher costs of out-of-home crisis placements or permanent placement in institutions.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of children served	1,200	1,250	1,300	1,300
Outcome	# of resource referrals to families with children enrolled in family support <sup>1</sup>	4,652	4,660	4,916	0
Outcome	% of children retained in the family home <sup>2</sup>	0.0%	0.0%	0.0%	85.0%

**Performance Measure - Description**

 **Measure Changed**

<sup>1</sup>Discontinue this outcome measure. This measure isn't an accurate reflection of desired outcomes of the services.

<sup>2</sup>Replace last year's outcome measure with this outcome measure to better reflect program focus on child safety and family cohesion.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$2,676,041	\$0	\$3,154,202
Contracts	\$24,140	\$0	\$24,140	\$0
Materials & Supplies	\$0	\$37,022	\$0	\$32,241
Internal Services	\$76,659	\$288,850	\$0	\$382,988
<b>Total GF/non-GF:</b>	<b>\$100,799</b>	<b>\$3,001,913</b>	<b>\$24,140</b>	<b>\$3,569,431</b>
<b>Program Total:</b>	<b>\$3,102,712</b>		<b>\$3,593,571</b>	
Program FTE	0.00	31.80	0.00	33.80
<b>Program Revenues</b>				
Intergovernmental	\$0	\$3,001,913	\$0	\$3,385,823
Other / Miscellaneous	\$0	\$0	\$0	\$183,608
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$3,001,913</b>	<b>\$0</b>	<b>\$3,569,431</b>

## Explanation of Revenues

\$320,525 - State Mental Health Grant Local Admin  
 \$2,997,328 - State Mental Health Grant Case Management  
 \$183,608 - Beginning Working Capital Case Management  
 \$67,970 - State Mental Health Grant Regional Crisis Coordination  
 \$24,140 - County General Fund

## Significant Program Changes

**Last year this program was:** #25013, DD Services for Children  
 Moved 1.0 Sr. Program Specialist from 25015 - Monitoring and Crisis Services to provide more direct program support to children's case managers.

Added 1.0 Program Specialist to provide backup support on children's crisis placement and lead support for direct assistance programs to families.



**Lead Agency:** County Human Services

**Program Contact:** Dan Haynes

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Abuse Investigation Team reviews all serious incident reports submitted to the division. They determine which reports meet Oregon's definition of abuse/neglect and investigate those incidents. Abuse investigators screen approximately 3,000 serious event reports per year and conduct an average of 260 investigations annually. The team maintains ongoing relationships with local, state and federal law enforcement; the Psychiatric Security Review Board; and facilitates the District Attorney's Multi-Disciplinary Team as legislated in House Bill 2442.

**Program Description**

The primary responsibility of the investigation unit is to ensure appropriate safety plans are in place and to conduct thorough, unbiased investigations. Investigators perform these duties as the designee of the State of Oregon and under the oversight of the Office of Investigations and Training.

This unit investigates allegations of abuse, neglect or exploitation of adults now or previously enrolled in the Developmental Disabilities system. This includes clients served by the brokerages who don't receive county case management. Brokerages are a secondary case management system to which clients may be referred. The county Developmental Disabilities program retains Medicaid responsibilities for these clients. As of 2010, the abuse investigators have jurisdiction and responsibility to investigate care providers and non-care providers when a trusted relationship exists under expanded definitions of abuse in accordance with HB 2442. Currently the estimated number of Serious Incident Reports received is 2,534 for review.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of investigations	200	225	235	240
Outcome	% of abuse referrals screened within 5 working days <sup>1</sup>	0.0%	80.0%	95.8%	90.0%

**Performance Measure - Description**

<sup>1</sup>As of FY13 the Office of Investigations and Training has set a standard of review within 5 working days.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$204,992	\$558,763	\$212,278	\$780,893
Contracts	\$0	\$0	\$0	\$24,060
Materials & Supplies	\$0	\$9,315	\$2,459	\$5,405
Internal Services	\$0	\$91,951	\$29,041	\$63,889
<b>Total GF/non-GF:</b>	<b>\$204,992</b>	<b>\$660,029</b>	<b>\$243,778</b>	<b>\$874,247</b>
<b>Program Total:</b>	<b>\$865,021</b>		<b>\$1,118,025</b>	
Program FTE	2.50	5.50	2.50	7.50
<b>Program Revenues</b>				
Intergovernmental	\$0	\$660,029	\$0	\$787,182
Other / Miscellaneous	\$0	\$0	\$0	\$87,065
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$660,029</b>	<b>\$0</b>	<b>\$874,247</b>

## Explanation of Revenues

\$278,401 - State Mental Health Grant Local Admin  
 \$508,781 - State Mental Health Grant Abuse Investigation Services  
 \$243,778 - County General Fund  
 \$87,065 - Beginning Working Capital

## Significant Program Changes

**Last year this program was:** #25014, DD Abuse Investigations  
 Added 1.0 Program Supervisor to oversee the Abuse Investigation unit. Added 1.0 Human Services Investigator due to increased caseload.

**Lead Agency:** County Human Services

**Program Contact:** Dan Haynes

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Developmental Disabilities Monitoring and Crisis Services Unit has oversight of 24-hour comprehensive residential and employment programs, transportation, and support brokerage services, and provides crisis services to more than 2,300 adults and children with developmental disabilities who qualify for comprehensive services. These services range from short-term crisis support or crisis placement, to in-home supports and/or long-term residential placements. The unit is responsible for arranging crisis placements and managing facility support services, and monitoring services provided by contracted agencies and/or families. These supports are accessed through the crisis system when the client is at risk for civil commitment, out of home placement, and/or when health and safety are at risk.

**Program Description**

To access comprehensive and support services the individual must meet the criteria for crisis services. Supports can include: accessing a crisis bed, behavior consultation, nursing support, respite and other supports needed to stabilize the client; and long-term supports including residential placement, supported living, in-home supports and employment/alternatives to employment.

The unit also completes programmatic monitoring to ensure compliance with county contracts, Oregon Administrative Rules and Oregon Statutes. They participate in on-site licensing reviews conducted by the state Office of Developmental Disabilities Services and provide contractors with technical assistance to support them in meeting requirements. The unit monitors health and safety issues that are programmatic as opposed to client-specific concerns. They work with the Abuse Investigations team to ensure required actions are completed and ongoing issues are addressed.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of programmatic monitoring visits performed by the unit	415	400	438	400
Outcome	% of clients receiving crisis services, who are stable at 6 months post crisis <sup>1</sup>	93.0%	96.0%	81.3%	80.0%

**Performance Measure - Description**

<sup>1</sup>Stable is defined as not having a new crisis case opened to request crisis diversion services within 6 months of closure of previous case. Program is doing more consistent data tracking this year to provide greater accuracy although the outcome percentage is reduced.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$1,659,391	\$0	\$1,434,962
Contracts	\$0	\$240,611	\$0	\$118,385
Materials & Supplies	\$0	\$380,844	\$0	\$548,579
Internal Services	\$0	\$219,170	\$0	\$189,200
Total GF/non-GF:	<b>\$0</b>	<b>\$2,500,016</b>	<b>\$0</b>	<b>\$2,291,126</b>
Program Total:	<b>\$2,500,016</b>		<b>\$2,291,126</b>	
Program FTE	0.00	17.35	0.00	14.35
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$10,000	\$0	\$15,000
Intergovernmental	\$0	\$2,490,016	\$0	\$2,165,953
Other / Miscellaneous	\$0	\$0	\$0	\$110,173
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$2,500,016</b>	<b>\$0</b>	<b>\$2,291,126</b>

## Explanation of Revenues

\$562,600 - State Mental Health Grant Local Admin  
 \$118,850 - State Mental Health Grant Case Management  
 \$534,580 - State Mental Health Grant Crisis Intervention Services  
 \$949,923 - State Mental Health Grant Regional Crisis Coordination  
 \$110,173 - Beginning Working Capital Regional Crisis Coordination  
 \$15,000 - Miscellaneous Fees (based on historical averages)

## Significant Program Changes

**Last year this program was:** #25015, DD Monitoring and Crisis Services Unit  
 Moved 2.0 Sr. Program Specialist positions out of this program offer to 25012 and 25013. Moved 1.0 Program Specialist position to 25016 - DD Eligibility and Intake services to provide backup clinical support and emergency housing services within the Intake Unit.

**Lead Agency:** County Human Services

**Program Contact:** Dan Haynes

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Eligibility is the entryway to developmental disabilities services and introduces potential clients to county services. Intakes average 70 people per month with a total of approximately 845 per year. In addition, this team is required to re-evaluate approximately 345 clients per year to determine continuing eligibility for developmental disabilities services.

**Program Description**

Eligibility/Intake is the single point of access to services for persons with developmental disabilities. The Eligibility and Intake unit ensures that eligible clients gain access to services and redetermines eligibility of existing clients to ensure their continued appropriateness for ongoing services. Once eligible, Intake transfers the client into the appropriate Developmental Disabilities case management unit for immediate access to program services. Per state rule, eligibility must be redetermined for children at ages 7, 18 and for clients who have developmental disabilities other than mental retardation by age 22. The intake and eligibility unit facilitated intake services for over 20 different languages in FY 13. The division has the capability of providing bilingual intakes in Spanish, Vietnamese, Russian, Mandarin, Cantonese and Farsi. Additionally the Housing Specialist provides backup clinical support and emergency housing and rent assistance to vulnerable clients.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of intake eligibility referrals	759	775	795	775
Outcome	% of referrals made eligible for DD services.	75.0%	71.0%	76.0%	75.0%
Output	# of inservice determinations <sup>1</sup>	258	250	244	0

**Performance Measure - Description**

✔ **Measure Changed**

<sup>1</sup>This measure is being discontinued in favor of a better outcome - making children eligible is a primary focus of services.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$307,648	\$309,790	\$333,752	\$519,150
Contracts	\$30,000	\$0	\$30,000	\$0
Materials & Supplies	\$3,900	\$4,250	\$3,290	\$4,571
Internal Services	\$38,505	\$41,952	\$38,914	\$54,014
<b>Total GF/non-GF:</b>	<b>\$380,053</b>	<b>\$355,992</b>	<b>\$405,956</b>	<b>\$577,735</b>
<b>Program Total:</b>	<b>\$736,045</b>		<b>\$983,691</b>	
Program FTE	3.35	3.65	3.35	4.65
<b>Program Revenues</b>				
Intergovernmental	\$0	\$355,992	\$0	\$483,902
Other / Miscellaneous	\$0	\$0	\$0	\$93,833
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$355,992</b>	<b>\$0</b>	<b>\$577,735</b>

## Explanation of Revenues

\$392,285 - State Mental Health Grant Local Admin  
 \$91,617 - State Mental Health Grant Case Management  
 \$405,956 - County General Fund  
 \$93,833 - Beginning Working Capital

## Significant Program Changes

**Last year this program was:** #25016, DD Eligibility and Intake Services  
 Moved 1.0 Program Specialist from 25015 to provide backup clinical support and emergency housing services within the Intake Unit.

**Lead Agency:** County Human Services

**Program Contact:** Lee Girard

**Program Offer Type:** Existing Operating

**Related Programs:** 25021

**Program Characteristics:**

**Executive Summary**

Aging and Disability Services Division (ADS) Access and Early Intervention Services is the first point of contact for the county's 217,000 elderly, people with disabilities and veterans. Over 55,000 callers receive information and assistance and 13,252 people receive a variety of in-home, community and emergency services that support independence and prevent institutionalization and homelessness. These services are provided through the 24/7 Helpline and five District Senior Centers (neighborhood-based non-profit agencies).

**Program Description**

Aging and Disability Services Division (ADS) is the Area Agency on Aging and Disability for Multnomah County and as such is mandated to provide a comprehensive, coordinated service delivery system for older adults and people with disabilities, emphasizing low-income, limited English-speaking, ethnic minorities and frail persons. The Area Agency's goal is to help people stay active, independent and healthy, preventing or delaying nursing home admission, while employing evidence-based practices of cultural competency and practices to ensure effective outcomes.

Helpline and District Senior Center employees and volunteers counsel and connect older adults, people with disabilities, veterans and their families to county and community resources, public benefits, long-term care services and emergency services. ADS, together with contracted partners, provides case management and in-home services, including home-delivered meals, to more than 6,595 older adults and their families. These services are funded through Oregon Project Independence, Older Americans Act and County General Fund.

Transportation was provided to 1,202 individuals so they can access medical, nutrition and social supports. District Senior Centers provided 3,086 health, wellness and recreation activities to 28,788 seniors. The ADS network provided 620,298 congregate and home-delivered meals in the last fiscal year. Ethnic-specific community organizations provided targeted outreach and nutrition services to 907 ethnic and racial minority elders. Veterans services officers counseled 3,690 individuals and file claims for over 590 veterans.

Emergency Services help vulnerable, older adults and people with disabilities avoid homelessness and acute health emergencies by providing emergency housing assistance to 534 individuals, emergency prescription assistance to 372 individuals and special medical assistance to 136 individuals. Almost 85% of people receiving bed bug mitigation assistance were able to retain their housing after six months.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Individuals receiving in-home, community and emergency services	13,002	12,000	13,000	13,000
Outcome	Clients served that are ethnic/racial minorities (% of total elders served)	23.0%	25.0%	23.0%	23.0%
Output	Helpline and District Center Calls <sup>1</sup>	56,013	78,000	56,000	56,000

**Performance Measure - Description**

<sup>1</sup>The state has implemented new reporting parameters that have changed how calls are calculated, reducing the number of recordable calls. Helpline and district centers are receiving increasingly complex calls, resulting in more time devoted to each call.

FY13 program offer #25032 Gatekeeper Outreach - Identifying Vulnerable Adults has been rolled into this offer. Performance measures include:

Number of Gatekeepers who received training: FY12=609; Purchased=600; FY13 est.=600

Referrals received and responded to: FY12=410; Purchased=475; FY13 est.=420

## Legal/Contractual Obligation

ADS, as the state designated Area Agency on Aging and Disability for Multnomah County, is mandated under the most recent revision of the Older Americans Act, PL 109-365 amending Sec. 306 42USC 3026, and by Oregon Revised Statute 410.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$821,545	\$1,204,289	\$855,700	\$1,362,700
Contracts	\$1,238,288	\$3,894,379	\$1,709,402	\$3,641,818
Materials & Supplies	\$625,798	\$543,704	\$570,044	\$522,211
Internal Services	\$510,373	\$563,017	\$467,681	\$527,561
Total GF/non-GF:	<b>\$3,196,004</b>	<b>\$6,205,389</b>	<b>\$3,602,827</b>	<b>\$6,054,290</b>
Program Total:	<b>\$9,401,393</b>		<b>\$9,657,117</b>	
Program FTE	8.97	13.38	8.86	13.04
<b>Program Revenues</b>				
Indirect for dep't Admin	\$21,143	\$0	\$17,237	\$0
Fees, Permits & Charges	\$0	\$190,572	\$0	\$194,664
Intergovernmental	\$0	\$5,757,064	\$0	\$5,604,909
Other / Miscellaneous	\$0	\$257,753	\$0	\$254,717
<b>Total Revenue:</b>	<b>\$21,143</b>	<b>\$6,205,389</b>	<b>\$17,237</b>	<b>\$6,054,290</b>

## Explanation of Revenues

\$2,329,221 - Older Americans Act federal funds; \$481,954 - Oregon Project Independence; \$168,692 - Oregon Department of Veterans Affairs; \$501,504 - Veteran's Medical Center; \$744,497- Title XIX; \$61,912 - Various Smaller Federal/State grants; \$212,184 - City of Portland; \$1,850 - City of Fairview; \$3,000 - City of Troutdale; \$40,470 - Fees & Donations; \$154,194 Contractor Rentals; \$242,994 - Corporation of National & Community Foster Grandparent Program; \$254,717 - Beginning Working Capital; \$406,568 - US Department of Agriculture; \$45,491 - County General Fund Match; \$3,557,336 - County General Fund - \$420,533 Center for Medicare and Medicaid Services (CMS) - \$30,000 Administration for Community Living (ACL)

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25020A, ADS Access and Early Intervention Services

This program offer also includes FY13 program offer #25032 Gatekeeper Outreach - Identifying Vulnerable Adults.

Reduced 0.25 Program Coordinator (grant ending), 1.0 Community Services Specialist (purchased in FY13 with one time only funding and included in out of target program offer #25037), 0.2 Veterans Services Officer (voluntary reduction in hours).

Alzheimer's Supportive grant ended, resulting in reduction of revenue and related expenses.

\$353,635 for Senior Centers included as part of the City/County agreement as a one time only solution to backfill City of Portland reductions.



**Lead Agency:** County Human Services

**Program Contact:** Lee Girard

**Program Offer Type:** Existing Operating

**Related Programs:** 25020A

**Program Characteristics:**

**Executive Summary**

Multnomah Project Independence (MPI) provides services to people with disabilities between the ages of 19 and 59 who require in-home and other support services to remain independent in their homes but who are not eligible for other public supports such as Medicaid or Oregon Project Independence. MPI served 121 people in FY12. Case management services will be refocused toward triage assessment and short-term intensive supports with the goal of supporting clients' self-direction and self-management.

**Program Description**

Through the Multnomah Project Independence program, Aging and Disability Services Division (ADS) provides in-home services and supports for low-income younger disabled adults who are at risk for nursing facility placement, homelessness, or abuse and who do not qualify for other public services. The program includes case management and supports for both short-term and ongoing interventions to access resources and stabilize individuals. Other funded services include in-home services for home delivered meals and transportation. The program integrates MPI case management closely with ADS Adult Protective Services, Emergency Services and Long Term Care Service Intake. The program focus is short-term intensive case management to support stabilization and self-management by clients. Services will be prioritized to individuals who are not eligible for other publicly-funded case management support and meet the risk criteria listed above.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Clients receiving MPI case management and in-home services	121	150	130	130
Outcome	Individuals retain housing after receiving MPI assistance <sup>1</sup>	90.0%	90.0%	90.0%	90.0%

**Performance Measure - Description**

<sup>1</sup>Housing retention is defined as follows: an individual remaining in housing six months after service/assistance is rendered.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$87,952	\$0	\$85,141	\$0
Contracts	\$181,581	\$0	\$181,581	\$0
Materials & Supplies	\$28,579	\$0	\$28,579	\$0
Total GF/non-GF:	<b>\$298,112</b>	<b>\$0</b>	<b>\$295,301</b>	<b>\$0</b>
Program Total:	<b>\$298,112</b>		<b>\$295,301</b>	
Program FTE	1.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$295,301 - County General Fund

**Significant Program Changes**

Last year this program was: #25021, Multnomah Project Independence

**Lead Agency:** County Human Services

**Program Contact:** Felicia Akubuiro

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Adult Care Home Program (ACHP) licenses and monitors adult care homes in Multnomah County. Currently there are 622 licensed adult care homes in the county. These homes offer affordable, quality care in a safe and culturally appropriate setting. Adult care homes are licensed under state and local laws and provide 24-hour care and supervision. The program licenses 2,817 beds, available to older adults and people with disabilities, offering a less expensive, homelike alternative to an institutional nursing home setting. The program also licenses 60 beds in 12 Room and Board facilities that offer low cost housing to older adults and residents with disabilities who need a supportive living environment but are not eligible for long term care services.

**Program Description**

The Adult Care Home Program is responsible for ensuring that vulnerable residents are cared for in a culturally appropriate, homelike environment that is friendly, safe and secure. All adult care home operators are trained on and required to follow Multnomah County Administrative Rules. ACHP's guiding principles are that every individual living in an adult care home is to be treated respectfully and receive quality care. A program licensor visits each home at least once a year to ensure that residents receive necessary care, including personal care, nutrition, physical safety, nursing care and medication management. In addition, program monitors observe interactions in the home, review records, and check to ensure residents are provided with social and recreational activities and are cared for in a safe environment. This last year 100% of adult care homes were required to perform a fire drill while the monitor watched. The program monitors and takes corrective action when issues are identified. Semi-annual unannounced monitoring reduces the risk of abuse and neglect of residents in adult care homes. Program staff provide technical assistance to adult care home operators, and issue and enforce written warnings, sanctions or fines when there are serious deficits. All homes are inspected and licensed annually.

Adult care homes provide a quality long term care option for older adults and people with disabilities desiring to live in the community. ACHP serves 1,184 Medicaid clients while saving taxpayers thousands of dollars a year. The average monthly Medicaid cost of services provided to the aged and physically disabled in an adult care home is \$1,736. This is one-third of the \$5,621 average Medicaid cost of a nursing home placement for the same population. Without this option, private pay residents would have to rely on more costly and restrictive alternatives resulting in possible spend down to Medicaid.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total number of adult care homes licensed and inspected yearly	596	600	622	630
Outcome	Adult care homes with two or more monitoring visits in a year	100.0%	100.0%	100.0%	100.0%
Efficiency	Adult care home/nursing home cost efficiency ratio <sup>1</sup>	31.0%	32.5%	32.0%	32.0%

**Performance Measure - Description**

<sup>1</sup>Lower is better. Ratio equals adult care home cost as a percent of nursing home cost. As adult care homes serve increasing number of individuals with complex care needs, the average cost of care increases relative to the average cost of care in a nursing facility.

## Legal/Contractual Obligation

Multnomah County has a contract with the State of Oregon to administer the licensing, monitoring and training functions of Adult Care Homes. The Board of County Commissioners passed Multnomah County Resolution §23.66 - §223.999 establishing the Adult Care Home Program.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$22,672	\$1,110,905	\$23,613	\$1,157,033
Contracts	\$34,698	\$375,000	\$50,979	\$325,900
Materials & Supplies	\$612	\$29,980	\$1,061	\$52,305
Internal Services	\$3,680	\$209,581	\$3,743	\$213,909
Total GF/non-GF:	<b>\$61,662</b>	<b>\$1,725,466</b>	<b>\$79,396</b>	<b>\$1,749,147</b>
Program Total:	<b>\$1,787,128</b>		<b>\$1,828,543</b>	
Program FTE	0.26	12.74	0.26	12.74
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$269,300	\$0	\$304,900
Intergovernmental	\$0	\$1,434,466	\$0	\$1,444,247
Other / Miscellaneous	\$0	\$21,700	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,725,466</b>	<b>\$0</b>	<b>\$1,749,147</b>

## Explanation of Revenues

\$1,444,247 - Title XIX  
 \$304,900 - Fees & Fines (based on historical averages)  
 \$50,979 - County General Fund Match  
 \$28,417 - County General Fund

## Significant Program Changes

Last year this program was: #25022, ADS Adult Care Home Program

**Lead Agency:** County Human Services

**Program Contact:** Cathy Clay-Eckton

**Program Offer Type:** Existing Operating

**Related Programs:** 25023B

**Program Characteristics:**

**Executive Summary**

Aging and Disability Services Division (ADS) Long Term Care (LTC) program annually determines eligibility for financial, nutritional, medical and case management services for 43,446 low-income older adults and persons with disabilities. Intensive case management is provided to almost 7,000 clients each month who meet state criteria for nursing home care due to the need for help with daily self-care tasks such as mobility, eating and toileting. Of that number, Long Term Care serves 5,640 clients in community-based settings and 1,347 clients in nursing facilities. This program offer brings more than \$29.8 million into the local economy through SNAP (Supplemental Nutrition Assistance Program, formerly Food Stamps), and medical and long term care benefits received by ADS program clients.

**Program Description**

Under contract with the state, the Long Term Care program determines eligibility and enrolls older adults and people with disabilities in programs that meet basic health, financial and nutritional needs through the Oregon Health Plan, Medicaid and SNAP programs. Clients receive counseling to help them choose the most appropriate managed care and Medicare Part D plans. The program provides referrals to community resources to address other critical unmet needs. These vulnerable adults typically have incomes below the poverty level and also include individuals with a mental illness or a developmental disability.

Case managers assess clients' needs, create service plans, and authorize, coordinate and monitor services that address health and welfare risks in the least restrictive environment. They ensure early intervention and effective management of the complex and fluctuating care needs of this high-risk population. Nurses provide consultation to case managers to ensure appropriate care planning for medically complicated and unstable cases. Additionally, they support caregivers and provide wellness counseling/education and disease management for clients to optimize health. Collaboration with other professionals, divisions and community agencies to address the needs of a diverse client population is an essential aspect of this program.

A primary goal of case management is to promote and support healthy and independent living in the community, preventing or minimizing more costly nursing home care and hospitalizations and readmissions whenever possible. Case managers provide services for a monthly average of 6,988 nursing home-eligible clients; 5,640 clients (81%) receive in-home or community-based services that promote or support their independence outside of a nursing home, while an additional 1,347 (19%) are served in a nursing home setting. While the proportion of nursing home-eligible clients residing in community-based settings in Multnomah County far exceeds the national average, it is a major program priority to improve on this percentage through more intensive case management and the expansion of programs targeting community-based care enhancements. The future will bring even greater challenges, and therefore, opportunities for innovation, as the over 85 population—the demographic most likely to utilize nursing facility care—grows in number and proportion of the total population.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg monthly # of nursing home-eligible clients receiving long term care asst <sup>1</sup>	6,988	7,269	7,178	7,332
Outcome	Ratio of nursing home-eligible clients served in the community vs. nursing home <sup>2</sup>	80.9%	81.0%	81.0%	81.0%

**Performance Measure - Description**

<sup>1</sup>Projection derived from state LTC forecast over the next biennium of 2.4%.

<sup>2</sup>A higher ratio indicates a better outcome.

## Legal/Contractual Obligation

Section 1903(a) of the Social Security Act, 42 CFR-Medicaid Administration; 7 CFR-Food Stamps (SNAP); Sections 1915c and 1115 of Title XIX of the Social Security Act. All Oregon Administrative rules related to and governing programs administered by Aging and Disability Services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$17,994,092	\$0	\$18,375,665
Contracts	\$1,935,552	\$113,460	\$2,028,891	\$120,912
Materials & Supplies	\$0	\$328,450	\$0	\$330,140
Internal Services	\$0	\$4,272,015	\$0	\$4,558,639
Total GF/non-GF:	<b>\$1,935,552</b>	<b>\$22,708,017</b>	<b>\$2,028,891</b>	<b>\$23,385,356</b>
Program Total:	<b>\$24,643,569</b>		<b>\$25,414,247</b>	
Program FTE	0.00	218.80	0.00	215.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$5,265	\$0	\$5,703	\$0
Fees, Permits & Charges	\$0	\$21,573	\$0	\$0
Intergovernmental	\$0	\$22,458,167	\$0	\$23,133,855
Other / Miscellaneous	\$0	\$228,277	\$0	\$251,501
<b>Total Revenue:</b>	<b>\$5,265</b>	<b>\$22,708,017</b>	<b>\$5,703</b>	<b>\$23,385,356</b>

## Explanation of Revenues

\$23,133,855 - Title XIX  
 \$132,261 - Providence Medical Center  
 \$119,240 - Oregon Health Sciences University Case Manager (FTE) grant  
 \$2,028,891 - County General Fund Match

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25023, ADS Long Term Care

This program offer represents a reduced level of state funding. The balance of state funding to maintain the current service level has been moved to program offer 25023B.

Reduced 1.0 Program Coordinator (purchased in FY13 with one time only funding, included in out of target program offer #25037), 0.75 Case Manager 1 (purchased in FY13 with one time only funding), 4.0 Case Manager 2's (budgeted in in-target program offer #25023B).

**Lead Agency:** County Human Services

**Program Contact:** Cathy Clay-Eckton

**Program Offer Type:** Existing Operating

**Related Programs:** 25023A

**Program Characteristics:**

**Executive Summary**

This Aging and Disability Services Division (ADS) program offer provides additional Medicaid funding to cover cost increases and maintain current staffing levels pending final legislative outcome and agency allocation. This level of funding is consistent with the Governor's Requested Budget.

**Program Description**

Long Term Care has submitted a base budget (Program Offer #25023A) consistent with the FY13 Revised Medicaid Budget, in the event that the Governor's Requested Budget (GRB) is not adopted. The GRB contains a number of increases for Aging and People with Disability programs, including COLA for staff, small caseload growth, partial implementation of a workload-based staffing model and 95% equity for county-operated Medicaid agencies (Type B Area Agencies on Aging and Disability).

This scaled offer assumes the additional Medicaid funding from the state to maintain current staffing and caseload levels and includes four case manager 2 positions. If the GRB is not adopted, the Long Term Care program would need to reduce staffing in FY14 or request county general fund match to leverage additional Medicaid funds to avert these cuts.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$0	\$341,376
Materials & Supplies	\$0	\$0	\$0	\$12,364
Internal Services	\$0	\$0	\$0	\$7,641
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$361,381</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$361,381</b>	
Program FTE	0.00	0.00	0.00	4.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$361,381
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$361,381</b>

**Explanation of Revenues**

\$361,381 - Title XIX

**Significant Program Changes**

✔ **Significantly Changed**

**Last year this program was:** #25023, ADS Long Term Care

State funding to maintain FY13 level of service for program offer 25023A is shown on this scaled offer.



**Lead Agency:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Existing Operating

**Related Programs:** 25024B

**Program Characteristics:**

**Executive Summary**

Adult Protective Services (APS) is responsible for protecting 217,000 older adults, people with disabilities and veterans from abuse, financial exploitation, neglect and self-neglect. This program conducts abuse investigations, provides risk management, Multi-Disciplinary Team (MDT) services, and educates the community about abuse. Protective services workers prevent further harm and link victims of abuse to critical health, legal and human services.

**Program Description**

The primary goal of this program is to protect vulnerable older adults and persons with disabilities from abuse, neglect, self-neglect, and financial exploitation. Protective services workers link vulnerable adults to needed health care, housing, social services, legal and client advocacy agencies. Workers investigate abuse and rule violations in 123 care facilities and 622 adult care homes as well as abuse in the community at large. APS coordinates with law enforcement and the District Attorney's office to prosecute offenders. The program responded to 8,969 abuse calls in FY12. Last fiscal year, the APS Financial Abuse Support Team (FAST) and others recovered or preserved \$1.19 million for its clients.

APS serves clients with complex psycho-social and medical needs in five branch offices located throughout the county via Multi-Disciplinary Teams (MDT). These teams are an evidence-based practice that provide in-home assessments and interventions to stabilize clients with complex medical and psycho-social needs. The core team membership consists of a protective services investigator, a social worker, a community health nurse, a mental health specialist, a case manager and public guardian. The District Attorney's office and law enforcement participate on a monthly basis or as needed. Other professionals, clients, caregivers and family members are invited to participate as needed.

These MDTs provided 3,036 client contacts with 670 clients with mental health needs, and provided 4,136 hours of nursing clinical supports to 1,181 older adults and persons with physical disabilities. This service is designed for clients who are unable to meet their basic needs and at times are unwilling to accept medical, mental health or legal types of intervention. Ninety-four percent of MDT participants showed improvement after MDT intervention. Without MDT intervention these clients are at risk of hospitalization, homelessness, or jail. MDT clients are offered risk management services, providing intensive oversight for up to 12 months to stabilize their situation or to link them to appropriate agencies and ongoing services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Protective services investigations completed	2,740	2,500	2,684	2,750
Outcome	Reabuse rate for older adults and people with disabilities <sup>1</sup>	2.0%	3.0%	2.0%	2.0%
Outcome	Clients with improved living situation after 90 days of MDT intervention <sup>2</sup>	94.0%	90.0%	94.5%	90.0%

**Performance Measure - Description**

<sup>1</sup>Current reabuse rate estimate is based on State of Oregon figures. Data is from January-December 2012. Reabuse is defined as more than one investigation resulting in a substantiated abuse allegation during calendar year 2012 for all victims in Multnomah County (27 of 1,788).

<sup>2</sup>Changes in living situation are measured by team ratings of living arrangements, transportation, and/or life satisfaction.

## Legal/Contractual Obligation

APS is a mandated service by Oregon Administrative Rules. Multnomah County acts as the Area Agency On Aging and is required to perform this function under contract with DHS. DHS Provides funds to Multnomah County to deliver this service.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$315,270	\$3,416,414	\$259,388	\$3,428,998
Contracts	\$495,107	\$133,776	\$567,297	\$133,566
Materials & Supplies	\$6,172	\$63,886	\$5,163	\$68,608
Internal Services	\$38,827	\$501,948	\$36,358	\$562,915
Total GF/non-GF:	<b>\$855,376</b>	<b>\$4,116,024</b>	<b>\$868,206</b>	<b>\$4,194,087</b>
Program Total:	<b>\$4,971,400</b>		<b>\$5,062,293</b>	
Program FTE	2.86	34.74	2.18	33.42
<b>Program Revenues</b>				
Intergovernmental	\$0	\$4,116,024	\$0	\$4,194,087
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$4,116,024</b>	<b>\$0</b>	<b>\$4,194,087</b>

## Explanation of Revenues

\$4,063,311 - Title XIX  
 \$130,776 - State Mental Health Grant Older/Disabled Mental Health Services  
 \$374,764 - County General Fund Match  
 \$493,442 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25024A, ADS Adult Protective Services

This program offer represents a reduced level of state funding. The balance of state funding to maintain the current service level has been moved to program offer 25024B.

Reduced 1.0 Case Manager Senior (purchased in FY13 with one time only funding; position included in out of target program offer #25037); 2 Human Service Investigators (budgeted in program offer #25024B).

**Lead Agency:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Existing Operating

**Related Programs:** 25024A

**Program Characteristics:**

**Executive Summary**

This Aging and Disability Services Division (ADS) program offer provides additional Medicaid funding to cover cost increases and maintain current staffing levels pending final legislative outcome and agency allocation. This level of funding is consistent with the Governor's Requested Budget.

**Program Description**

Adult Protective Services has submitted a base budget (Program Offer #25024B) consistent with the FY13 Revised Medicaid Budget, in the event that the Governor's Requested Budget (GRB) is not adopted. The GRB contains a number of increases for Aging and People with Disability programs, including COLA for staff, small caseload growth, partial implementation of a workload-based staffing model for Adult Protective Services and 95% equity for county-operated Medicaid agencies (Type B Area Agencies on Aging and Disability).

This scaled offer assumes additional Medicaid funding from the state to maintain current staffing and workload levels and includes two centralized financial abuse Human Services Investigators. If the GRB is not adopted, the Adult Protective Services program would need to reduce staffing in FY14 or request county general fund match to leverage additional Medicaid funds to avert these cuts.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$0	\$206,393
Materials & Supplies	\$0	\$0	\$0	\$3,091
Internal Services	\$0	\$0	\$0	\$4,525
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$214,009</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$214,009</b>	
Program FTE	0.00	0.00	0.00	2.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$214,009
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$214,009</b>

**Explanation of Revenues**

\$214,009 - Title XIX

**Significant Program Changes**

✔ **Significantly Changed**

**Last year this program was:** #25024A, ADS Adult Protective Services

State funding to maintain FY13 level of service for program offer 25024A is shown on this scaled offer.

**Lead Agency:** County Human Services

**Program Contact:** Mark Sanford

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Public Guardian/Conservator program, under court authority, makes vital decisions for approximately 170 mentally incapacitated, functionally dependent and impoverished adults who are current or recent victims of physical abuse, neglect and financial exploitation. Legal authority delegated to deputies by the court enables intervention when no other approach resolves abuse and neglect. In addition, the program provides education and consultation to families and community partners on matters involving vulnerable adults with diminished mental abilities. If unable to assist directly, last year staff diverted an additional 150 clients into less restrictive, less costly alternatives, or family and private guardianships/conservatorships.

**Program Description**

The Public Guardian/Conservator program is an essential part of the county response system for abuse and neglect when legal authority is required to provide for the safety and well-being of incapable adults. Program staff work with adult protective services, law enforcement and area hospitals to intervene early to resolve fraud, abuse and neglect of extremely vulnerable adults. This includes participation on Department of County Human Services multi-disciplinary teams and critical case review committees to assure that alternatives are considered, focusing public funds on at-risk citizens without other resources.

The program serves as the court-appointed guardian and/or conservator for mentally incapable adults who are characterized by the following: treatment-resistant mental illness, IQ below 70, Alzheimer's/other dementia, brain injury, complex medical and behavioral issues, no access to medical care, inadequate care and housing, and financial exploitation. Program clients are also functionally incapacitated, requiring intensive supports and specialized housing arrangements to balance the need for protection with the right to autonomy. Public Guardians are available 24 hours a day, seven days a week, to make medical, psychiatric, financial and life decisions for program clients.

Guardianship and conservatorship ensure a maximum of about 170 county residents (based on program funding constraints) access to safe and appropriate housing, medical care, psychiatric treatment, long term care, income and benefits. Without this option, clients experience continuing victimization, frequent emergency room and hospital psychiatric admissions, homelessness, unnecessary protective services and law enforcement intervention, involuntary commitments, and increased risk of premature death.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Referrals appropriately diverted to less costly resources <sup>1</sup>	151	175	165	165
Outcome	Urgent client safety needs addressed within five days after court appointment <sup>2</sup>	90.0%	90.0%	90.0%	100.0%

**Performance Measure - Description**

<sup>1</sup>Successful diversions are cost-effective across multiple county services.

<sup>2</sup>Urgent client safety issues are addressed immediately upon court appointment. Ongoing stabilization requires subsequent intense management over months or years.

### Legal/Contractual Obligation

The decision to provide the service is in County Ordinance, Ch. 23.501. Under ORS Ch. 125, if the county chooses to reduce the service, it remains obligated to current clients, but can halt further intake if the Board of County Commissioners makes a finding that the program is no longer needed.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$968,245	\$0	\$1,018,713	\$0
Contracts	\$15,900	\$0	\$16,222	\$0
Materials & Supplies	\$33,409	\$0	\$30,261	\$0
Internal Services	\$143,023	\$0	\$147,212	\$0
Total GF/non-GF:	<b>\$1,160,577</b>	<b>\$0</b>	<b>\$1,212,408</b>	<b>\$0</b>
Program Total:	<b>\$1,160,577</b>		<b>\$1,212,408</b>	
Program FTE	10.00	0.00	10.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$50,000	\$0	\$40,000	\$0
Intergovernmental	\$0	\$0	\$0	\$0
Total Revenue:	<b>\$50,000</b>	<b>\$0</b>	<b>\$40,000</b>	<b>\$0</b>

### Explanation of Revenues

\$40,000 - Public Guardian fees  
\$1,172,408 - County General Fund

### Significant Program Changes

Last year this program was: #25026, ADS Public Guardian/Conservator

**Lead Agency:** County Human Services

**Program Contact:** Peggy Brey

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Aging and Disability Services Division (ADS), as the designated Area Agency on Aging and Disability for Multnomah County, is responsible for assuring the county's 217,000 older adults, persons with disabilities and veterans have access to a comprehensive and coordinated service delivery system so that they remain independent and out of institutions. ADS Administration provides leadership, assures that results are achieved, ensures regulatory compliance, supports collaborative service delivery and use of best practices, and promotes the efficient and effective use of resources.

**Program Description**

Aging and Disability Services Division (ADS) Administration provides leadership at the county, state and federal policy levels. ADS Administration influences rules, priorities and funding formulas to promote effective services for Multnomah County older adults and people with disabilities. Administration is responsible for policy, planning, evaluation, advocacy and staff development for the division, which serves more than 50,000 people and employs 310 FTE staff.

ADS Administration is responsible for educating and informing the public about ADS services and performance, and involving advisors in program planning and decision making. It is responsible for providing leadership that strengthens workforce competencies, advances quality improvement and evidence-based practices, and ensures culturally responsive services.

ADS Administration manages the division budget and programs to maximize revenue, hold down costs and deliver services more effectively. It provides fiscal oversight for the division and is responsible for managing a complex budget with multiple funding sources and requirements, and maximizes resources by matching federal Medicaid funds and leveraging additional resources from the community through its partnerships. ADS Administration coordinates efforts within the county and with other levels of government agencies to remove barriers and assure easy access to a seamless service system.

Satisfaction surveys and customer input are used to continually improve ADS services. The division has three Advisory Councils (Elders in Action, Disability Services Advisory Council and Multi-Ethnic Action Committee) that provide specific input on how to provide the best services to older adults, persons with disabilities and ethnic minorities or persons for whom English is not their first language. ADS Administration employs innovative, evidence-based approaches to service delivery, and uses data, best practice reviews, staff experience, support from partners and other resources to serve clients effectively within available resources.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	ADS-sponsored opportunities for consumer education and/or input	68	70	70	70
Outcome	Advisors agree/strongly agree w/the statement: "Overall, ADS does its job well"	88.0%	90.0%	84.0%	90.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

45 CFR Part 92; 2 CFR Part 225 OMB Circulars A-87 Federal Awards; 42 CFR 433.51 Part 4302(2) of State Medicaid manual re policy, leadership, state coordination, state policy, contract compliance; ORS 410.410-410.480 re Older Americans Act (OAA) Services; OAR 411-0320-0000 to 411-032-0044 Older Americans Act specific authorizing statutes; 45 CFR 1321.1; 35 CFR 1321.83.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$62,590	\$632,861	\$66,212	\$669,493
Contracts	\$48,552	\$162,421	\$78,840	\$129,284
Materials & Supplies	\$11,254	\$149,295	\$10,860	\$125,011
Internal Services	\$8,998	\$99,588	\$7,798	\$99,221
Total GF/non-GF:	<b>\$131,394</b>	<b>\$1,044,165</b>	<b>\$163,710</b>	<b>\$1,023,009</b>
Program Total:	<b>\$1,175,559</b>		<b>\$1,186,719</b>	
Program FTE	0.52	5.28	0.52	5.28
<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,037,165	\$0	\$1,016,009
Other / Miscellaneous	\$0	\$7,000	\$0	\$7,000
Total Revenue:	<b>\$0</b>	<b>\$1,044,165</b>	<b>\$0</b>	<b>\$1,023,009</b>

## Explanation of Revenues

\$64,959 - Older Americans Act  
\$951,050 - Title XIX  
\$3,000 - Special Risk Fund  
\$4,000 - Beginning Working Capital Special Risk Fund  
\$58,124 - County General Fund Match  
\$105,586 - County General Fund

## Significant Program Changes

Last year this program was: #25027, ADS Administration



**Lead Agency:** County Human Services

**Program Contact:** Lee Girard

**Program Offer Type:** Existing Operating

**Related Programs:** 25020A

**Program Characteristics:**

**Executive Summary**

This program offer provides ongoing funding for outreach and assistance to older adults and people with disabilities who require assistance to prepare their apartments for pest treatment due to bedbug infestations. Aging and Disability Services Division (ADS) partners with the Health Department and the County Housing Team to address issues of bed bug infestations and the undue impact on low-income older adults and people with disabilities. ADS is proposing to serve an additional 145 individuals and coordinate with the Health Department and other county partners to provide outreach and education.

**Program Description**

ADS provides financial and service assistance to low-income older adults and people with disabilities who are experiencing or at risk of homelessness. Multnomah County is experiencing rapidly increasing incidents of bed bug infestations. Landlord/property managers of multi-family dwellings provide for the treatment of infestations but people with physical and/or mental disabilities are often not capable of preparing their apartments for treatment. This puts them at risk for eviction. Over the past several years ADS has seen a significant increase in requests for assistance to prepare for treatment. Preparation for treatment may include: cleaning and packing belongings; laundering all clothes and linen; moving furniture; and disposing of and delivering furniture. This past year ADS was able to meet this increasing demand through one-time-only funds from the County. These funds made it possible for us to assist more individuals in preparing for treatment of their apartments, resulting in reduction in the risk for eviction and the risk of spreading bed bugs to other apartments. ADS is partnering with the Health Department and other community housing partners to coordinate efforts.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Older adults and people with disabilities receiving assistance	117	145	130	145
Outcome	Individuals retain housing after receiving assistance	84.0%	85.0%	85.0%	85.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$38,330	\$0	\$39,217	\$0
Contracts	\$82,310	\$0	\$87,085	\$0
Materials & Supplies	\$360	\$0	\$3,698	\$0
Total GF/non-GF:	<b>\$121,000</b>	<b>\$0</b>	<b>\$130,000</b>	<b>\$0</b>
Program Total:	<b>\$121,000</b>		<b>\$130,000</b>	
Program FTE	0.50	0.00	0.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$130,000 - County General Fund

**Significant Program Changes**

**Last year this program was:** #25028, Bed Bug Eviction Mitigation

This program offer was funded in FY13 as one time only. This program offer provides ongoing funding for this purpose.

**Lead Agency:** County Human Services

**Program Contact:** Dana Lloyd

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Elders in Action (EIA) Commission is the federally mandated advisory council to Aging and Disability Services Division (ADS). Elders in Action personal advocate volunteers provide individual help to older adults who face complex problems in their lives. While the services complement the ADS case management system, they do not duplicate the technical work of a case manager. Personal advocates are peer volunteers who provide assistance on issues that are often time-consuming to solve and would be difficult or impossible for a frail person to deal with alone. Elders in Action supports a network of 180 volunteers and serves 2,098 older adults through its Personal Advocate program.

**Program Description**

Elders in Action (EIA) advises local government on issues, programs, and policy that impact older adults in Multnomah County, with special emphasis on the frailest, poorest, ethnic minorities and those with limited English skills. EIA Commission members provide input and advocacy to ADS, Multnomah County Board of Commissioners, the Portland City Council, and others on a wide range of issues that impact older adults, including but not limited to housing, transportation, elder abuse, fraud and healthcare access. Commission members advocate at the local, state and federal levels for programs serving older adults. Trained older adult volunteers evaluate county-operated facilities to ensure they are accessible for older adults and persons with disabilities. Volunteers also evaluate the customer service provided by county staff and lend technical assistance to county managers on how to make their programs and services more user friendly for all. Utilizing results of local and national studies in addition to the tools of the nationally recognized Age Friendly Certification program, EIA has evaluated over 300 businesses in Multnomah County over the last two years to help evaluate the quality and accessibility of their services and provided technical assistance aimed at improving the experience of older adult consumers in the community.

EIA Personal Advocate Volunteers work one-on-one to solve problems and to help support older adults in the community who are facing challenges with their housing, healthcare access or those who have been a victim of elder abuse. Through a peer support program volunteers work with individuals, taking the time to listen, provide emotional support, walk with them through the most traumatic of circumstances and assist them to access the help and resources they need. New services created in FY12 include EIA volunteers, who provide regular assistance to clients in the Multnomah County Public Guardian/Conservator program and in the branch offices assisting people who have had difficulty with applying for benefits. Volunteers also provide follow up contact to people in the Public Alerts System twice a year to update contact information. Members of the EIA Speakers Bureau work to educate and inform the community about aging well, how to stay engaged and how to reduce vulnerability to fraud and abuse. Last year about 180 volunteers provided 10,866 service hours, working as advisors to local government, as personal advocates for at-risk older adults and as community educators.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Hours of service provided by volunteers	10,866	12,500	9,972	10,500
Outcome	Value of volunteer hours <sup>1</sup> (\$)	204,824	225,000	187,972	197,925

**Performance Measure - Description**

<sup>1</sup>The hourly rate calculation is drawn from Independent Sector, a national organization for volunteerism; the rates used here are tailored specifically for the state of Oregon. For all outcomes of this performance measure the 2010 rate of \$18.85/hour was used.

### Legal/Contractual Obligation

Multnomah County/City of Portland Inter Governmental Agreement and Multnomah County Ordinance 171424 designating Elders in Action as the official advisory agency on aging issues for Multnomah County and the City of Portland and outlines ongoing financial commitment to support a County/City Commission on Aging.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$165,189	\$0	\$165,189	\$0
Total GF/non-GF:	<b>\$165,189</b>	<b>\$0</b>	<b>\$165,189</b>	<b>\$0</b>
Program Total:	<b>\$165,189</b>		<b>\$165,189</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Explanation of Revenues

\$165,189 - County General Fund

### Significant Program Changes

Last year this program was: #25030, ADS Elders in Action Commission and Personal Advocacy

**Lead Agency:** County Human Services  
**Program Offer Type:** Existing Operating  
**Related Programs:** 25020A, 25023A, 25024B

**Program Contact:** Peggy Brey

**Program Characteristics:**

**Executive Summary**

This program offer provides ongoing funding to restore County General Fund match in Aging and Disability Services Division (ADS) to maintain 4 positions: Administrative Analyst (Long Term Care Policy Specialist), Office Assistant 2 (Long Term Care support staff), Case Manager Senior (High risk/high utilizer client coordinator) and Community Information Specialist (Aging and Disability Resource Connection Helpline position). The program offer provides \$233,980 in ongoing County General Fund (CGF) which in part will leverage an additional \$245,241 in Medicaid funding.

**Program Description**

Aging and Disability Services Division (ADS) utilizes County General Fund (CGF) to leverage additional federal Medicaid dollars to expand the division's mission to promote independence, dignity and choice for older adults and people with disabilities. In FY13, the board provided one time only funding to backfill department CGF reductions. This funding currently supports 4 positions: Administrative Analyst, Office Assistant 2, Case Manager Senior and a Community Information Specialist.

The division is requesting ongoing funding to maintain these positions; a majority of the funding will be used to match Medicaid.

The high risk/high utilizer Case Manager Senior position provides advanced case management related services to older adults and people with disabilities who have complex conditions and circumstances and experience high utilization of health and social service resources across multiple systems. This position will work closely with the Multi-System Staffing Team and the CCO's in the county to ensure MOU/contract compliance. This position also serves as a resource to Long Term Care (LTC) case managers seeking specialized client assistance and minimizing impact on heavy caseloads.

The Long Term Care Administrative Analyst Policy Specialist provides support to over 200 LTC program staff and management in 5 branch offices to ensure consistent policy interpretation and compliance with new and updated federal, state and local rules, laws and statutes. This position increases efficiency for case managers with high caseloads and managers with high spans of supervision by alleviating the time-consuming burden of policy research and interpretation in the field.

The Community Information Specialist is a member of the Aging and Disability Resource Connection (ADRC) Helpline team providing information, referral and assistance through a single entry point for older adults, people with disabilities, family caregivers and veterans. This position ensures timely live response to a growing population with increasing needs. With this position the Helpline responded to over 55,000 (Caretools - state call module) calls last year, including direct referrals from case managers to assist client with needs outside of Medicaid related services and ease workload for case managers.

The Long Term Care Office Assistant 2 position addresses significant understaffing in the largest Medicaid branch office, which also serves the most diverse population in the county. Without this position, the Mid office is understaffed by approximately 3 business services support staff (Long Term Care monthly dashboard). These critical positions provide support and workload relief to case managers that carry very high caseloads.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of clients engaged by high utilization worker	0	0	0	20
Outcome	Clients with improved living situation after completion of service <sup>1</sup>	0.0%	0.0%	0.0%	80.0%

**Performance Measure - Description**

<sup>1</sup>Improvement in living situation is measured as an amalgam of expert ratings for safety, finances, health, and living situation. Improved living situation implies reduced emergency utilization of resources.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$8,152	\$272,095	\$108,282	\$230,756
Contracts	\$145,848	\$0	\$122,607	\$0
Materials & Supplies	\$0	\$13,070	\$3,091	\$9,273
Internal Services	\$0	\$6,531	\$0	\$5,185
<b>Total GF/non-GF:</b>	<b>\$154,000</b>	<b>\$291,696</b>	<b>\$233,980</b>	<b>\$245,214</b>
<b>Program Total:</b>	<b>\$445,696</b>		<b>\$479,194</b>	
Program FTE	0.12	3.63	1.12	2.88
<b>Program Revenues</b>				
Intergovernmental	\$0	\$291,696	\$0	\$245,214
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$291,696</b>	<b>\$0</b>	<b>\$245,214</b>

## Explanation of Revenues

\$245,214 - Title XIX  
 \$122,607 - County General Fund Match  
 \$111,373 - County General Fund

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

In FY13 these positions were funded with one time only funding in program offers 25020A, 25023, and 25024A.

**Lead Agency:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Domestic Violence Victim Services continuum provides in-person services to 5,000 victims and children annually, including emergency shelter; short-term advocacy including culturally-specific services, mobile advocacy and rent assistance; civil legal advocacy and restraining order assistance; and specialized support for victims and children involved with child welfare. Evidence-based practices include emergency shelters, shown to reduce the incidence of reassault by 50% (Bybee & Sullivan, 2002); and civil legal assistance, shown to reduce homicides (Farmer & Tiefenthaler, 2002).

**Program Description**

Domestic violence impacts nearly 1 in 3 women and 1 in 10 men in their lifetimes, with women, as a group, experiencing more frequent, severe and injurious violence than men (National Intimate Partner and Sexual Violence Survey, 2010). It accounts for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County, and costs the community \$10 million in lost wages, health care and other costs (Costs of Intimate Partner Violence In Oregon, 2005). In addition, domestic violence is a significant risk factor for and frequently co-occurs with child abuse: in 2011, 40% of founded child abuse cases in Multnomah County also involved domestic violence (Children First for Oregon County Data Book, 2012).

The domestic violence victim services continuum provides critical, specialized support for victims as they cope with the multiple consequences and complexities resulting from violence. Victim services have been found to increase employment, income, quality of life; decrease the level of danger and reassault, PTSD, depression, alcohol and drug abuse; and improve the health and mental health of victims and their children. Victim services funded in this offer include emergency shelter and supportive services; mobile advocacy; rent assistance and supportive services; culturally-specific services for African Americans, Native Americans, Latinos/Hispanics, Russian-speakers, immigrants/refugees, and sexual minorities; civil legal assistance and restraining order advocacy to ensure safety after separation; and specialized support for victims involved with child welfare.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of victims & children receiving residential (shelter or housing) services	1,056	0	1,329	1,000
Outcome	% of clients receiving residential who report a lower perceived risk of violence	92.0%	70.0%	82.0%	70.0%
Output	Number of adults & children receiving nonresidential services.	3,247	0	3,188	3,000
Outcome	% receiving nonresidential who report a lower perceived risk of violence	86.0%	70.0%	89.0%	70.0%

**Performance Measure - Description**

 **Measure Changed**

This measure changed to provide a separate count of all victims and children receiving residential services (emergency shelter/motel, rent assistance and related support services) and a separate count of all victims and children receiving non-residential domestic violence services (mobile advocacy, culturally specific services, specialized services for child welfare involved families, employment/financial life skills, and civil legal assistance).

Victims who receive brief crisis services (such as restraining order advocacy or short-term motel stay) are not asked about changes in their perceived risk of further violence.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$211,594	\$32,480	\$167,717	\$37,596
Contracts	\$1,506,175	\$345,352	\$1,394,374	\$358,623
Materials & Supplies	\$151,311	\$328,672	\$313,301	\$397,500
Internal Services	\$28,842	\$7,004	\$20,114	\$0
<b>Total GF/non-GF:</b>	<b>\$1,897,922</b>	<b>\$713,508</b>	<b>\$1,895,506</b>	<b>\$793,719</b>
<b>Program Total:</b>	<b>\$2,611,430</b>		<b>\$2,689,225</b>	
Program FTE	1.80	0.37	1.63	0.37
<b>Program Revenues</b>				
Indirect for dep't Admin	\$2,008	\$0	\$0	\$0
Intergovernmental	\$0	\$713,508	\$0	\$793,719
<b>Total Revenue:</b>	<b>\$2,008</b>	<b>\$713,508</b>	<b>\$0</b>	<b>\$793,719</b>

## Explanation of Revenues

\$546,388 - HUD Horizons Grant: Based on current allocation  
 \$172,497 - Oregon Housing and Community Service SHAP Grant: Based on current award  
 \$74,834 - DOJ OVW Transitional Housing  
 \$78,840 - County General Fund Match  
 \$1,816,666 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25040A, Domestic Violence Victims Services and Coordination

This is part one of a three-part restructure of the single domestic violence program offered in previous years. Program offers 25044-Domestic Violence Administration and Coordination and 25047-Domestic Violence Enhanced Response Team are new for FY14. The histories of those programs is shown on those program offers.



**Lead Agency:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer for Domestic Violence Administration and Coordination provides professional staffing to oversee county and grant-funded programs, coordinates multi-disciplinary and multi-jurisdictional responses, and provides technical assistance, training, program development and policy advice related to domestic violence intervention.

**Program Description**

Domestic violence is a complex problem associated with a wide range of negative impacts, including short- and long-term physical, reproductive and mental health problems; homelessness and housing instability; employment and education disruptions; and higher health care costs. Childhood exposure to domestic violence is associated with adverse outcomes for children including academic, cognitive and behavioral problems and increased risks for other forms of child victimization. Domestic violence is also a leading cause of violent victimization accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends at least \$10 million addressing domestic violence-related criminal justice costs (jail, prosecution, probation supervision) and \$2.5 million in victim services annually. Domestic violence costs the community at least another \$10 million in lost wages, health care and other costs.

This offer provides professional staffing for DVCO's administration and coordination efforts. The Domestic Violence Coordination Office is responsible for facilitating the development and coordination of effective domestic violence intervention and prevention strategies for the City of Portland and Multnomah County government and community agencies. It administers County, State and Federal Funds for a system of community-based domestic violence victim services, coordinates collaborative projects, and evaluates/assesses system responses. It is responsible for implementation of county policy related to domestic violence, as stated in County Resolution 00-149 (Domestic Violence Policy). DVCO-staffed initiatives and projects include:

- \* The Family Violence Coordinating Council, which includes more than 40 member organizations and provides a forum for collaborative efforts including training, policy and program development and implementation, and systemwide problemsolving.
- \* The Domestic Violence Fatality Review Team, established in 2006, reviews domestic violence-related deaths and develops recommendations to prevent future fatalities.
- \* The Defending Childhood Initiative, a DCHS-wide effort that is part of a national initiative focused on improving prevention, identification, intervention and treatment for children exposed to violence.
- \* DCHS Domestic Violence Specialist providing training, consultation and capacity-building within other DCHS divisions (including Developmental Disabilities, Aging and Disability Services, and Mental Health and Addictions Services) to identify and respond to vulnerable adults in their systems of care who are experiencing domestic violence.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of people trained	0	0	842	1,600
Outcome	Grant funding leveraged (\$)	0	0	1,100,000	1,300,000
Output	Number of training events	0	0	28	40

**Performance Measure - Description**

 **Measure Changed**

New program measures.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$296,969	\$134,246	\$351,154	\$268,440
Contracts	\$31,783	\$32,950	\$67,950	\$257,295
Materials & Supplies	\$29,603	\$22,661	\$35,334	\$1,300
Internal Services	\$35,958	\$28,110	\$60,351	\$22,352
Total GF/non-GF:	<b>\$394,313</b>	<b>\$217,967</b>	<b>\$514,789</b>	<b>\$549,387</b>
Program Total:	<b>\$612,280</b>		<b>\$1,064,176</b>	
Program FTE	3.60	1.48	3.63	2.37
<b>Program Revenues</b>				
Indirect for dep't Admin	\$4,017	\$0	\$11,694	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$100
Intergovernmental	\$0	\$216,667	\$0	\$548,087
Other / Miscellaneous	\$0	\$1,300	\$0	\$1,200
<b>Total Revenue:</b>	<b>\$4,017</b>	<b>\$217,967</b>	<b>\$11,694</b>	<b>\$549,387</b>

## Explanation of Revenues

\$498,087 - DOJ - OJJDP: Based on 12 months of 36 month grant  
 \$50,000 - City of Portland General Fund: Based on FY13 revised budget  
 \$100 - United Way: Based on current year projected estimates  
 \$1,200 - Domestic Partnership Fees: Based on FY13 current registration level  
 \$514,789 - County General Fund

## Significant Program Changes

 **Significantly Changed**

**Last year this program was:** #25040A, Domestic Violence Victims Services and Coordination

This is part two of a three-part restructure of the single domestic violence program offered in previous years. This component supports administration, planning, coordination and policy for domestic violence intervention for the City of Portland and Multnomah County. It also includes the Defending Childhood Initiative, a department-wide initiative housed within DVCO.

\$64,300 for One-Stop Domestic Violence Center at Gateway included as part of the City/County agreement to backfill City of Portland reductions.

**Lead Agency:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Existing Operating

**Related Programs:** 60076

**Program Characteristics:**

**Executive Summary**

Multnomah County's Domestic Violence Enhanced Response Team is a nationally recognized 'best practice' program providing coordinated, multi-disciplinary intervention for domestic violence cases throughout Multnomah County that have a high-risk of ongoing abuse, severe violence or lethality.

**Program Description**

The Domestic Violence Enhanced Response Team (DVERT) Project provides a multi-disciplinary, intensive, collaborative response to domestic violence cases with a high risk of on-going abuse, stalking and/or potentially lethal outcomes. DVERT intervention on individual cases includes victim services as well as criminal justice intervention, and coordination of information and intervention across multiple agencies involved in these high risk cases.

An evaluation of the effectiveness of DVERT intervention found that offenders assigned to DVERT intervention were 'significantly less likely to recidivate when compared to a demographically and criminologically similar group of people who had recently committed a Domestic Violence offense. Of particular importance was the finding that DVERT offenders were significantly less likely to recidivate with a new DV or Family Disturbance incident. They were also less likely to have a new violent offense on their record. These differences were observed despite the fact that the DVERT group as a whole had significantly more prior Domestic Violence reports on their record, which made them a higher risk group from the beginning.'

DVERT also works to improve system responses to high-risk cases through specialized trainings, analysis of system responses, and system development meetings with a Steering Committee to review how high-risk, complex domestic violence cases intersect with other interventions. with a Steering Committee comprised of representatives from partner agencies. DVERT provides training and technical assistance to other community agencies to help them increase identification and effective response to high-risk offenders and the victims in non- DVERT cases.

DVERT partners funded at least in part with grant funds include Multnomah County Domestic Violence Coordination Office (DVCO) and Sheriff's Office, the Portland Police Bureau (PPB), and three community-based victim advocacy agencies: Raphael House, Volunteers of America and Catholic Charities' El Programa Hispano. In addition, Child Welfare, Self-Sufficiency (public assistance), District Attorney, and Community Justice (probation/parole) participate in DVERT.

DVCO's DVERT Coordinator oversees all aspects of the development and implementation of DVERT, including grant oversight, planning, coordination, administration, case staffings and system meetings, and contracts for services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of active cases assigned to DVERT intervention	0	0	110	100
Outcome	Cases with criminal justice sanctions related to DVERT intervention	0.0%	0.0%	50.0%	50.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$43,329	\$31,954	\$46,259	\$67,677
Contracts	\$0	\$245,485	\$179,050	\$209,339
Materials & Supplies	\$0	\$33,544	\$86,728	\$20,825
Internal Services	\$0	\$29,357	\$12,572	\$13,492
<b>Total GF/non-GF:</b>	<b>\$43,329</b>	<b>\$340,340</b>	<b>\$324,609</b>	<b>\$311,333</b>
<b>Program Total:</b>	<b>\$383,669</b>		<b>\$635,942</b>	
Program FTE	0.50	0.38	0.50	0.75
<b>Program Revenues</b>				
Indirect for dep't Admin	\$8,202	\$0	\$7,059	\$0
Intergovernmental	\$0	\$340,340	\$0	\$311,333
<b>Total Revenue:</b>	<b>\$8,202</b>	<b>\$340,340</b>	<b>\$7,059</b>	<b>\$311,333</b>

## Explanation of Revenues

\$311,333 - US Department of Justice OVW Grants to Encourage Arrest: Based on FY14 allocation.

\$324,609 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25040A, Domestic Violence Victims Services and Coordination

This is part three of a three-part restructure of the single domestic violence program offered in previous years.

US Department of Justice has reduced the maximum award amounts in this grant category. City of Portland and Multnomah County Sheriff's Office have offset this reduction by backfilling some costs for personnel dedicated to the DVERT program.

\$136,000 was added from County general funds for DVERT Emergency Response Advocates.

**Lead Agency:** County Human Services

**Program Contact:** David Hidalgo

**Program Offer Type:** Administration

**Related Programs:** 25052, 25053

**Program Characteristics:**

**Executive Summary**

Multnomah County's Mental Health and Addiction Services Division (MHASD) administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices MHASD serves low-income, uninsured, and homeless people, as well as anyone who is in crisis. MHASD provides a continuum of services directly and through a provider network. In total, these programs serve more than 35,000 children, families and adults annually.

**Program Description**

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, MHASD Administration provides oversight and management of all behavioral health programs in the system of care, whether provided directly or through contracted agencies.

MHASD is organized into three units:

- 1) Multnomah Mental Health (previously known as Verity), the county's Mental Health Organization (MHO), a federally funded insurance program for children, youth and adults enrolled in Oregon Health Plan. Multnomah Mental Health is a founding member of the coordinated care organization Health Share of Oregon.
- 2) The Community Mental Health Program (CMHP) provides safety net and basic services that include involuntary commitment, crisis services, and addiction treatment.
- 3) Direct Clinical Services (DCS) which encompasses all programs for children, youth, and adults where services are delivered by MHASD staff. These services may be reimbursed by Multnomah Mental Health, by the State, or by another funding source.

MHASD administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. MHASD does this through frequent provider, adult system and child system advisory meetings, focus groups and ad hoc meetings.

MHASD administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. We monitor our contracts with providers for fiscal, regulatory, and clinical compliance. To ensure good stewardship, MHASD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. MHASD management participates in planning at the state level to influence the policy decisions that affect the community we serve. We value our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total Adult/Child MHASD Advisory Meetings <sup>1</sup>	37	37	34	34
Outcome	Advisors agree with the statement: Overall, MHASD does its job well <sup>2</sup>	80.0%	0.0%	0.0%	80.0%

**Performance Measure - Description**

<sup>1</sup>Total number of MHASD AMHSA, CMHSAC, Family Youth Advisory Council, Wraparound CPC, and Wraparound Executive Committee meetings during the measurement period.

<sup>2</sup> The survey will be repeated in FY2014.

## Legal/Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.  
Mental Health Organization contract with State of Oregon. Risk Accepting Entity contract with Health Share of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$137,350	\$842,643	\$171,455	\$815,681
Contracts	\$0	\$100,000	\$16,992	\$100,000
Materials & Supplies	\$1,945	\$84,641	\$31,977	\$76,016
Internal Services	\$0	\$81,283	\$14,698	\$87,873
Total GF/non-GF:	<b>\$139,295</b>	<b>\$1,108,567</b>	<b>\$235,122</b>	<b>\$1,079,570</b>
Program Total:	<b>\$1,247,862</b>		<b>\$1,314,692</b>	
Program FTE	0.67	6.33	0.67	5.33
<b>Program Revenues</b>				
Indirect for dep't Admin	\$14,298	\$0	\$15,381	\$0
Intergovernmental	\$0	\$968,407	\$0	\$954,647
Other / Miscellaneous	\$0	\$140,160	\$0	\$124,923
<b>Total Revenue:</b>	<b>\$14,298</b>	<b>\$1,108,567</b>	<b>\$15,381</b>	<b>\$1,079,570</b>

## Explanation of Revenues

\$276,253 - State Mental Health Grant Local Admin: Based on FY13 grant award  
\$678,394 - Oregon Health Plan Premium: Based on FY13 Rate per client times number of clients as of 12/31/12  
\$124,923 - Care Oregon Incentive via the Health Department: Based on FY13 Estimated cost  
\$235,122- County General Fund

## Significant Program Changes

**Last year this program was:** #25050, MHASD Administration  
Moved 1.0 FTE Program Supervisor from Program Offer 25050-MHASD Administration to Program Offer 25053-Mental Health Quality Managemet & Protective Services.

Professional Services have increased to provide the cost of AMI membership.

**Lead Agency:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Support

**Related Programs:** 25050A, 25053

**Program Characteristics:**

**Executive Summary**

The Medical Records Program is responsible for the internal management of all of the Mental Health and Addiction Services Division's clinical records, including more than 75,000 adult and children's mental health and alcohol and drug client records, and Multnomah Mental Health (previously known as Verity) MHO records required by Oregon Administrative Rules.

**Program Description**

Mental Health and Addiction Services Division (MHASD) Medical Records Unit ensures that mental health, alcohol and drug, and Multnomah Mental Health managed care records are maintained in accordance with federal and state laws and regulations, and county and departmental rules, policies, and procedures.

Program staff provide multiple client records services including: access; inventory; retrieval; billing and administrative rule compliance auditing; archiving; forms design and management; authorization/release of information; legal requests for records; data analysis; and technical assistance to community agencies and county staff.

In FY13, the Division implemented an electronic health record system (EHR). This required multiple process changes for the Records unit and the Division. The Records unit will scan collateral documents, including historical and current documents, and attach them to the client record in the EHR.

As the Local Mental Health Authority, MHASD is responsible for programs such as involuntary commitment, commitment monitor, trial visit and residential services. In FY14, these programs will require the creation of approximately 5,500 individual records. The MHASD programs where services are provided by county staff are expected to serve more than 1,300 individuals, each requiring a medical record.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Count of clinical and managed care records items processed annually <sup>1</sup>	26,215	0	0	0
Outcome	New Measure: Count of record items processed annually plus scanned page count. <sup>2</sup>	26,215	619,714	190,626	178,521
Output	New Measure: Total MHASD medical records reviewed for compliance. <sup>3</sup>	3,498	2,624	1,658	2,196
Outcome	Percent of direct service records audited for compliance with rules/contracts	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

<sup>1</sup> Count for this Output is now included in Outcome below.

<sup>2</sup> New Measure. Electronic Health Record (EHR) was implemented 2nd Quarter 2013. Certain records processing tasks will be eliminated over time. Processing requires 2-6 elements each record and includes data entry and monitoring for chart completion. New tasks include scanning and indexing documents as well as registration of clients into EHR. The scanned page count purchased FY13 was over-estimated by clinical programs and is a 12 month projection while the FY13 estimate is a 9 month estimate due to delayed EHR implementation. Scanning is more complicated and lengthier than projected, however, the end result is faster access to all records and better care for clients. The count of scanned documents should continue to decrease until it levels off in 4-5 years.

<sup>3</sup> Records Program auditing function was expanded in FY12 and will continue at that level in FY13-14. Count of client records reviewed for compliance with state administrative rule. Minimum of 2 required elements in each record are audited by certified health information technicians

## Legal/Contractual Obligation

The following guidelines are utilized in monitoring MHASD compliance to federal, state and county rules and audits regarding client confidentiality of clinical records, the release of any confidential client information, the retention of client confidential information, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: State of Oregon Mental Health & Developmental Disability Services Division "Handbook of Confidentiality", HIPAA, DSM IV "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, Code of Federal Regulations Title 42 Public Health, Chapter 1 Part 2, Public Law 94-142, Public Law 99-57, State of Oregon Mandatory Child Abuse Reporting Laws, Oregon Health Plan, Mental Health Organization Contract, Verity Policies & Procedures, Practice Guidelines for the Oregon Health Information Management Association and the American Health Information Management Association, and Centers for Medicare and Medicaid billing regulations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$596,933	\$0	\$634,680	\$57,754
Materials & Supplies	\$24,234	\$0	\$3,533	\$0
Internal Services	\$89,470	\$0	\$88,551	\$7,778
<b>Total GF/non-GF:</b>	<b>\$710,637</b>	<b>\$0</b>	<b>\$726,764</b>	<b>\$65,532</b>
<b>Program Total:</b>	<b>\$710,637</b>		<b>\$792,296</b>	
Program FTE	8.00	0.00	8.00	1.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$65,532
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$65,532</b>

## Explanation of Revenues

\$65,532 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
 \$726,764 - County General Fund

## Significant Program Changes

**Last year this program was:** #25052, Medical Records for MHASD  
 Moved 1.0 OA2 from Program Offer 25058-Mental Health Commitment Services to Program Offer 25052-Medical Records for MHASD.



**Lead Agency:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Support

**Related Programs:** 25050A, 25052

**Program Characteristics:**

**Executive Summary**

Quality Management works to assure quality of contracted providers through mental health agency audits, investigations, and monitoring mental health contract performance. The program serves approximately 100,000 Multnomah Mental Health Oregon Health Plan (OHP) members, 52 mental health agencies and 73 residential/foster facilities. Quality Management educates OHP members about available mental health services and ensures effectiveness of services by measuring treatment outcomes, client satisfaction, utilization review, including hospital use and through the grievance system.

**Program Description**

Quality Management protects and supports mentally ill adults and children in Multnomah County by providing specific services including: coordinating compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and Multnomah Mental Health contracts, building client outcome measurements, supervising certification process for community mental health agencies, assuring compliance for grievance procedures, auditing and providing technical support to 52 mental health agencies, coordinating residential quality and tracking approximately 10,445 reportable residential adverse events annually, assisting with licensing visits and Oregon Administrative Rules (OARs) compliance for 40 state-funded residential treatment homes and facilities, investigating complaints about residential care, monitoring progress of providers found out of compliance with OARs, and investigating abuse allegations and providing protective services to approximately 290 adult mental health clients annually. These investigations serve to protect some of the most vulnerable individuals in our mental health system.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of clinical reviews/protective service investigations/incident rpts reviewed <sup>1</sup>	11,115	10,300	11,007	11,007
Outcome	Percent of certification reviews conducted within 3 year maximum OAR mandate <sup>2</sup>	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

<sup>1</sup> Output: Residential critical incidents + total protective service investigations/screenings + total clinical reviews (treatment records reviewed for mental health agency certification or Multnomah Mental Health compliance)

<sup>2</sup> Percentage of reviews conducted within a 3 year period does not include Oregon Addiction and Mental Health Services Division authorized extensions

## Legal/Contractual Obligation

1) Each provider of community mental health and developmental disability service elements shall implement and maintain a quality assurance program, (309-014-0030). Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management. 2) As a function of the Multnomah County, Mental Health and Addiction Services Division representing the Local Mental Health Authority (LMHA), provides oversight and makes recommendations to the State Addictions and Mental Health Division (AMH) regarding the issuing of Certificates of Approval held by Community Mental Health Agencies for Medicaid populations as outlined in OARs 309-012-0130 through 309-012-0220. 3) The LMHA as a designee for DHS shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$554,803	\$1,343,591	\$804,655	\$1,596,530
Contracts	\$0	\$1,175,800	\$5,000	\$1,235,902
Materials & Supplies	\$50,531	\$195,518	\$19,112	\$52,955
Internal Services	\$17,685	\$291,118	\$83,826	\$246,988
<b>Total GF/non-GF:</b>	<b>\$623,019</b>	<b>\$3,006,027</b>	<b>\$912,593</b>	<b>\$3,132,375</b>
<b>Program Total:</b>	<b>\$3,629,046</b>		<b>\$4,044,968</b>	
Program FTE	5.95	12.00	8.53	12.57
<b>Program Revenues</b>				
Indirect for dep't Admin	\$60,778	\$0	\$49,711	\$0
Intergovernmental	\$0	\$2,859,900	\$0	\$3,132,375
Other / Miscellaneous	\$0	\$146,127	\$0	\$0
<b>Total Revenue:</b>	<b>\$60,778</b>	<b>\$3,006,027</b>	<b>\$49,711</b>	<b>\$3,132,375</b>

## Explanation of Revenues

\$758,722 - State Mental Health Grant Flex Funds: Based on FY13 grant award

\$114,807 - State Mental Health Grant Local Admin: Based on FY13 grant award

\$2,258,863 - Oregon Health Plan Premium: Based on FY13 Rate per client times number of clients as of 12/31/12

\$912,593 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25053, Mental Health Quality Management and Protective Services  
 FY13 program offer 25054 was eliminated for FY14. The MHASD Business and Finance section functions have moved to program offer 25002 DCHS Business Services and 25053 MH Quality Management and Protective Services. The history for those sections has also moved.

Total 6.0 FTE moved to Program Offer 25053: 1.0 Program Supervisor from Program Offer 25050-MHASD Administration; 2.0 Data Analyst, 1.0 Program Specialist, 1.0 Data Tech, from Program Offer 25054-MHASD Business and Finance; 1.0 Data Analyst from Program Offer 25080-Adult Addictions Treatment Continuum. Eliminated 0.5 Mental Health Consultant. Professional Services increased for reporting client data. Printing and postage was reduced to reflect actual spending.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:** 25055B

**Program Characteristics:**

**Executive Summary**

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY12 services include a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week 15.5 hour walk-in clinic. Total number of people served in FY12 was 72,568. Due to State of Oregon budget reductions in FY12 of \$1,584,090, this offer includes only services that can be funded by remaining \$955,678 County General Fund and \$1,508,025 Multnomah Mental Health funds and State General Fund of \$1,895,864. Remaining services include: mobile crisis outreach reduced from 24/7 coverage to Monday-Friday 7AM -9PM operating hours with a possible reduction of 680 fewer face to face crisis contacts, Urgent Walk In Clinic reduced from 15.5 hours 365 days a year to 10.5 hours Monday-Friday with a possible reduction of 1,500 individuals served per year, 24/7 Call Center mental health crisis hot line would remain in full operation.

**Program Description**

The behavioral health crisis system in Multnomah County is comprised of several interconnected services:

**Multnomah County Call Center –** Operated by Multnomah County 24/7, 365 days/year. The call center coordinates emergency mental health services for all county residents regardless of insurance status. Interpretation services are available as needed. It also provides the following: deploys mobile crisis resources, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorizations for Multnomah Mental Health members, and authorizations for indigent medications and transportation. Total number of calls managed in FY12 was 63,530.

**Utilization Review -** This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis. Total number of after hours contacts was 3,649 for FY 12.

**Project Respond –** Mobile outreach service that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to those in crisis regardless of insurance status. In FY12, total number of clients served was 2,040. The projected reduction in this program of only operating 14-hours a day Monday-Friday could reduce face to face contacts by 680 and negatively impact police response to the mentally ill and increase the use of Emergency Departments.

**Urgent Walk-In Clinic (UWIC) –** Clinic based service contracted with a community based organization, available from 7 a.m. to 10:30 p.m., 365 days/year, that provides crisis evaluation, triage, and stabilization on a walk-in basis. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Clients seen at the clinic are primarily indigent. Total number of clients served in FY12 was 3,349. The projected reduction to 10.5 hours-per-day Monday -Friday could reduce contacts by 1,500 and increase the use of Emergency departments for crisis evaluation and stabilization.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total Crisis System Contacts	72,568	62,000	78,542	59,820
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	98.0%	97.0%	97.0%	97.0%

**Performance Measure - Description**

Total crisis system contacts actual for FY12 = Call center contacts (63,530), Project Respond contacts(2,040), urgent walk in clinic contacts (3,349) and utilization reviews (3,649).

Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

Next Year offer reflects the funding reduction of \$1,584,000.00 which will significantly reduce operation hours for Mobile outreach and Urgent Walk-in crisis services causing a negative impact to first responders and emergency departments in the county.

## Legal/Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$1,918,275	\$24,094	\$1,831,981
Contracts	\$1,220,787	\$2,957,413	\$933,836	\$1,644,365
Materials & Supplies	\$0	\$50,962	\$0	\$42,598
Internal Services	\$0	\$760,328	\$0	\$371,896
<b>Total GF/non-GF:</b>	<b>\$1,220,787</b>	<b>\$5,686,978</b>	<b>\$957,930</b>	<b>\$3,890,840</b>
<b>Program Total:</b>	<b>\$6,907,765</b>		<b>\$4,848,770</b>	
Program FTE	0.00	18.23	0.20	16.36
<b>Program Revenues</b>				
Indirect for dep't Admin	\$379,429	\$0	\$35,218	\$0
Fees, Permits & Charges	\$0	\$5,000	\$0	\$5,000
Intergovernmental	\$0	\$3,377,042	\$0	\$3,885,840
Other / Miscellaneous	\$0	\$2,304,936	\$0	\$0
<b>Total Revenue:</b>	<b>\$379,429</b>	<b>\$5,686,978</b>	<b>\$35,218</b>	<b>\$3,890,840</b>

## Explanation of Revenues

\$114,575 - State Mental Health Grant Local Admin;  
 \$300,697 - State Mental Health Grant Non Residential;  
 \$1,817,708 - State Mental Health Grant Flex funds: All based on FY13 grant award  
 \$1,652,860 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12  
 \$5,000 - Family Care fees based on FY13 received Y-T-D Revenue projections  
 \$957,930 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25055A, Behavioral Health Crisis Services

Organizational alignments have moved positions into this program offer: 1.00 Program Specialist Sr from program offer 25088 and 1.00 Program Manager Sr from 25058 and 25061. 1.4 Mental Health Consultants have moved to program offer 25067.

Professional services budget of \$1.6 million has been scaled to program offer 25055B. Program offer 25055B proposes the restoration to 24/7 behavioral health emergency crisis response system. The FY13 history for program offer 25055B is shown here.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:** 25055A

**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

This scaled offer represents the \$1,600,000 million state general fund FY12 reduction in crisis services that the county chose to backfill on a one-time-only basis for FY13. By backfilling again in FY14, the Mental Health and Addiction Services Division can continue to operate the complete 24 hour a day, seven day a week behavioral health emergency crisis response system continuum of services. FY13 services include a crisis hotline, mobile crisis outreach and an urgent walk-in clinic. This offer supports mobile crisis outreach and urgent walk-in services which are high intensity, higher cost services.

The amount of contacts for the first six months of FY13 indicate an increase of approximately 10% in all crisis contacts.

**Program Description**

The behavioral health crisis system in Multnomah County is comprised of several distinct, yet interconnected services: Multnomah County Call Center – This service is operated by Multnomah County 24/7, 365 days/year. The call center coordinates emergency mental health services for all county residents regardless of insurance status. Interpretation services are available for callers when needed. It also provides the following services: deploys mobile crisis resources as needed, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorizations for Multnomah Mental Health members, and authorizations for indigent medications and transportation. The total number of calls managed in FY12 was 63,530.

Utilization Review - This function operated in the call center provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis. This clinical function ensures that expenditures stay within budget. The total number of after hours contacts was 3,649 for FY12.

Project Respond – This is the mobile outreach service that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to those in crisis regardless of insurance status. In FY12, the total number of clients served was 2,040. The projected reduction in this program of only operating 14-hours a day Monday-Friday could reduce face to face contacts by 680 and negatively impact police response to the mentally ill and increase the use of Emergency Departments for those in crisis.

Urgent Walk-In Clinic (UWIC) – This is a clinic based service contracted with a community based organization, available from 7 a.m. to 10:30 p.m., 365 days/year, that provides crisis evaluation, triage, and stabilization on a walk-in basis. The Urgent Walk-In Clinic is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. The clients seen at the walk-in clinic are primarily indigent. The total number of clients served in FY12 was 3,349. The projected reduction to 10.5 hours-per-day Monday -Friday could reduce contacts by 1,500 and increase the use of Emergency departments for crisis evaluation and stabilization.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total Crisis System Contacts <sup>1</sup>	0	0	2,180	2,180
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	0.0%	0.0%	97.0%	97.0%

**Performance Measure - Description**

<sup>1</sup> Crisis system contacts included here reflect return to current service levels including 680 Project Respond contacts and 1,500 contacts at Urgent Walk-in, which are higher cost services.

Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$1,600,000
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,600,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,600,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$880,000
Other / Miscellaneous	\$0	\$0	\$0	\$720,000
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,600,000</b>

**Explanation of Revenues**

\$640,000 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
 \$240,000 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12  
 \$720,000 - Behavioral Health Reserves

**Significant Program Changes**

 **Significantly Changed**

**Last year this program was:** #25055B, Behavioral Health Crisis Services Scale Up

This program offer reflects the costs of the behavioral health crisis services restoration to 24/7 service. For FY13, program offer 25055B included staffing and operating costs that are now shown on the base offer 25055A. This offer for FY14 includes pass through dollars to support the system.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Mental Health and Addiction Services Division (MHASD) has identified alternatives to inpatient hospitalization as a missing service in the system of care. The Crisis Assessment and Treatment Center, CATC, offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 600 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

**Program Description**

CATC Sub-acute is a short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her mental illness. The target length of stay is 6 days. Since the individual remains linked to the community, length-of-stay is minimized and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of admissions that are Multnomah Mental Health members <sup>1</sup>	443	306	463	463
Outcome	# of Multnomah Mental Health inpatient(hospital) bed days per thousand members <sup>2</sup>	7	13	7	7
Output	# of admissions that are indigent Multnomah Residents	243	238	266	266
Output	# of inpatient days for uninsured/indigent adults <sup>2</sup>	4,044	4,544	3,672	3,672

**Performance Measure - Description**

<sup>1</sup> Number of Multnomah Mental Health (previously known as Verity) members and indigent/Medicare clients admitted who would otherwise have been hospitalized or jailed.

<sup>2</sup> Inpatient days refers to hospital stays- a lower number indicates a reduction in use of this highest and most expensive level of care.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$597,500	\$2,546,295	\$597,500	\$2,546,295
Internal Services	\$0	\$276,199	\$0	\$293,854
<b>Total GF/non-GF:</b>	<b>\$597,500</b>	<b>\$2,822,494</b>	<b>\$597,500</b>	<b>\$2,840,149</b>
<b>Program Total:</b>	<b>\$3,419,994</b>		<b>\$3,437,649</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$41,973	\$0	\$41,661	\$0
Intergovernmental	\$0	\$2,822,494	\$0	\$2,840,149
<b>Total Revenue:</b>	<b>\$41,973</b>	<b>\$2,822,494</b>	<b>\$41,661</b>	<b>\$2,840,149</b>

## Explanation of Revenues

\$405,173 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
 \$1,837,476 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12  
 \$597,500 - City of Portland: Based on FY13 budget  
 \$597,500 - County General Fund

## Significant Program Changes

Last year this program was: #25056, Mental Health Crisis Assessment and Treatment Center (CATC)



**Lead Agency:** County Human Services

**Program Contact:** Len Lomash

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The more intensive mental health needs of children and families enrolled in Oregon Health Plan are met through the following service types: psychiatric inpatient hospitalization services, psychiatric residential treatment services for children, and secure alternatives to psychiatric hospitalization for children. The three program elements combined provide a continuum of services for approximately 190 children each year who need secure placement outside the home for mental health care.

**Program Description**

Three distinct levels of higher intensity care are available in the mental health service continuum for children and families:

Psychiatric inpatient hospitalization is the most intensive and restrictive level of treatment for children suffering from mental illness. The Mental Health and Addiction Services Division (MHASD) Utilization Management Team (UR) coordinates with hospital and community providers. UR authorizes inpatient psychiatric hospitalization only when community-based care is inadequate to prevent a mental health crisis or manage severe symptoms, based on medical necessity and clinical criteria. The average hospital stay for a child is 8.7 days.

Sub-acute is a secure alternative to psychiatric hospitalization used to stabilize mental health symptoms for children who would otherwise require inpatient hospitalization. Service is provided at a secure community-based facility that is staffed 24 hours a day with medical and clinical personnel. Treatment includes clinical programming, family therapy, medication management and discharge planning. The MHASD Utilization Management Team authorizes the service.

Psychiatric Residential Services is the least intensive of these three service types. Psychiatric residential services treat children who, because of acute mental illness, are unable to manage their own behavior and who often present a threat to themselves and their parents. Highly trained staff provide 24-hour-a-day service, including psychiatric treatment and medication management. UR manages the authorization of these services and works with providers to discharge children into the community when appropriate.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total unduplicated children receiving inpatient, subacute & residential care <sup>1</sup>	197	193	188	188
Outcome	Average length of stay in psychiatric residential treatment <sup>2</sup>	107	90	106	105

**Performance Measure - Description**

<sup>1</sup>Total unduplicated children receiving inpatient, subacute, and residential psychiatric care.

<sup>2</sup> Average psychiatric residential treatment length of stay in number of days

## Legal/Contractual Obligation

Mental Health Organization contract with the State of Oregon. Risk Accepting Entity contract with Health Share of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$4,789,440	\$0	\$4,789,440
Internal Services	\$0	\$215,046	\$0	\$302,851
Total GF/non-GF:	<b>\$0</b>	<b>\$5,004,486</b>	<b>\$0</b>	<b>\$5,092,291</b>
Program Total:	<b>\$5,004,486</b>		<b>\$5,092,291</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$115,425	\$0	\$158,445	\$0
Intergovernmental	\$0	\$5,004,486	\$0	\$5,092,291
<b>Total Revenue:</b>	<b>\$115,425</b>	<b>\$5,004,486</b>	<b>\$158,445</b>	<b>\$5,092,291</b>

## Explanation of Revenues

\$5,092,291 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12

## Significant Program Changes

Last year this program was: #25057, Inpatient, Subacute & Residential MH Services for Children

**Lead Agency:** County Human Services

**Program Contact:** Jean Dentinger

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program (WLRP). The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate and determine whether individuals on an E-Hold present a risk of harm to themselves or others and if a court hearing should be recommended. Provision of commitment monitors is a requirement of the county as the Local Mental Health Authority (LMHA). In FY12 ICP investigated 1400 E-Holds for indigent residents and 4736 total holds; commitment staff monitored 546 patients and 160 trial visits. In FY12, the state also began funding the county to pay for hospital admissions of uninsured consumers who are committed and monitored by MHASD's commitment monitors.

**Program Description**

Commitment Services is comprised of several distinct, yet interconnected services:

**Involuntary Commitment Program:** An E-Hold places an individual in a hospital while ICP staff investigate the individual's mental health status to determine if the person has a mental illness and is dangerous to self and/or others. ICP staff file for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the Judge.

**Emergency Hold:** When an individual is placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

**Commitment Monitors:** Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment and discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial and medical entitlements, and ensure that individuals transition into the most appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

**State Hospital Waitlist Reduction Program (WLRP):** Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for four Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care and service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of E-Holds investigated for County residents <sup>1</sup>	1,243	1,250	4,050	3,500
Outcome	% of total E-Holds that did not go to Court hearing	93.0%	93.3%	92.0%	90.0%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment	87.0%	80.0%	85.0%	80.0%
Output	# of commitments monitored annually	643	600	600	560

**Performance Measure - Description**

<sup>1</sup> This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.

Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria. # of commitments monitored reflects both new commitments and existing commitments of Multnomah County residents in secure acute and residential placements.

## Legal/Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights; The state delegates the implementation of this statute to the counties.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$927,107	\$2,197,880	\$966,256	\$1,995,060
Contracts	\$205,000	\$4,082,451	\$205,000	\$3,467,451
Materials & Supplies	\$13,874	\$77,342	\$1,500	\$57,075
Internal Services	\$0	\$276,433	\$0	\$350,083
Total GF/non-GF:	<b>\$1,145,981</b>	<b>\$6,634,106</b>	<b>\$1,172,756</b>	<b>\$5,869,669</b>
Program Total:	<b>\$7,780,087</b>		<b>\$7,042,425</b>	
Program FTE	9.00	21.10	9.00	17.50
<b>Program Revenues</b>				
Intergovernmental	\$0	\$6,634,106	\$0	\$5,869,669
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$6,634,106</b>	<b>\$0</b>	<b>\$5,869,669</b>

## Explanation of Revenues

\$5,844,669 - State Mental Health Grant Flex Funds: Based on FY13 grant award

\$25,000 - State Mental Health Grant Regional Acute Inpatient Facility: Based on FY13 grant award

\$1,172,756 - County General Fund

## Significant Program Changes

**Last year this program was:** #25058, Mental Health Commitment Services

Organizational alignment has moved several positions into other program offers. 1.00 OA2 to Program Offer 25052; 1.00 Data Analyst to Program Offer 25053; 0.30 Program Specialist to Program Offer 25088; 0.80 Program Manager Sr to Program Offer 25055. Eliminated 0.5 Mental Health Consultant.

**Lead Agency:** County Human Services

**Program Contact:** David Hidalgo

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer provides an ongoing portion of the funding necessary for a peer-run supported employment program. Additional funding will come from private foundations and in-kind donations. These peer-run employment and education programs typically secure funding from federal, state, and local governments including municipal mental health departments and the national Substance Abuse and Mental Health Services Administration (SAMSHA). Every dollar of county general fund would directly provide employment for a person with a mental illness.

**Program Description**

This program offer would continue to support the peer-run supported employment center through continued funding of positions and operating costs. The Supported Employment center offers employment, wellness and administrative support to adults with a mental illness who want to become employed.

Continued funding through this offer would ensure that staff can continue to meet the training standards required for ICCD Certification. Certification requires that the peer-run entity meet a defined standard of service delivery.

Education is tightly linked with income and wealth, and less education is linked with poor health. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, and advocating for reasonable accommodations.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of active members	75	100	100	120
Outcome	Percent of members in paid employment positions	0.0%	12.0%	12.0%	15.0%
Output	Average daily attendance (ADA)	10	15	15	18

**Performance Measure - Description**

Performance measures reflect gradual increase in the total number of members enrolled in program.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$80,000	\$0	\$80,000	\$0
Total GF/non-GF:	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>
Program Total:	<b>\$80,000</b>		<b>\$80,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

\$80,000 - County General Fund

## Significant Program Changes

**Last year this program was:** #25059, Peer-run Supported Employment Center

For FY13, this program offer was funded as a one time only program. For FY14 the program offer includes ongoing funding.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program includes Mental Health Residential Services and Transitional Housing. Staff in Residential Services facilitate referral, screening and placement for individuals with a severe mental illness that require care in a 24-hour-a-day setting. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Foster Care Homes and a range of semi-independent supported housing programs. Transitional Housing focuses on individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing allows the individual a short-term stable housing opportunity to decrease the likelihood that they will need crisis and acute services until more permanent housing is obtained.

**Program Description**

Residential services is comprised of two distinct, yet interconnected services:

**Residential Services** - Residential staff screen and place adults with severe and persistent mental illness in structured housing where licensed caregivers provide mental health and social services in 64 separate facilities/homes with a total bed count of 382. Staff have received 358 referrals in FY12, with 39% placement rate. Staff monitor facilities for licensing, civil rights and treatment requirements. Staff provide training, technical assistance, and assist with development and siting of new facilities.

**Transitional Housing** - Royal Palm is a 50 bed transitional housing facility, providing 20 dormitory shelter beds and 30 units of Single Room Occupancy. This is low barrier housing for individuals with a mental illness who are homeless or at imminent risk of homelessness. The facility is staffed 24-hours-a-day and provides on-site case management and mental health treatment services. The Royal Palm housed 101 clients in FY12. Residential Services also monitors nine additional supported housing programs with a total of 120 beds.

Residential Services and Transitional Housing link mental health treatment to stable, short and long-term housing. Programs provide intervention and service coordination in the provision of housing and comprehensive community supports and services, as well as facilitate discharge of adults with mental illness to community residential programs from local acute care inpatient psychiatric facilities and the Oregon State Hospital, allowing consumers to increase their independence in the least restrictive level of care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of New Residential Services Referrals	358	350	386	350
Outcome	% of Residential Services referrals placed	39.0%	45.0%	40.0%	45.0%

**Performance Measure - Description**

Measure One allows residential services to assess the percentage of referrals it is able to place and provides information related to the gap in number of existing residential treatment beds to the number of referrals for placement.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$474,903	\$374,920	\$454,935	\$419,194
Contracts	\$609,084	\$8,846,414	\$587,614	\$8,549,766
Materials & Supplies	\$16,224	\$29,000	\$9,440	\$36,320
Internal Services	\$61,448	\$14,543	\$58,260	\$61,451
Total GF/non-GF:	<b>\$1,161,659</b>	<b>\$9,264,877</b>	<b>\$1,110,249</b>	<b>\$9,066,731</b>
Program Total:	<b>\$10,426,536</b>		<b>\$10,176,980</b>	
Program FTE	4.50	4.10	4.30	4.30
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,760	\$0	\$4,014	\$0
Intergovernmental	\$0	\$9,226,273	\$0	\$9,066,731
Other / Miscellaneous	\$0	\$38,604	\$0	\$0
<b>Total Revenue:</b>	<b>\$1,760</b>	<b>\$9,264,877</b>	<b>\$4,014</b>	<b>\$9,066,731</b>

## Explanation of Revenues

\$2,182,538 - State Mental Health Grant Non Residential Designated Services;  
 \$2,153,056- State Mental Health Grant Non-Residential Adult Mental Health;  
 \$2,594,197 - State Mental Health Grant Residential Treatment Services;  
 \$741,099 - State Mental Health Grant Flex Funds;  
 \$310,925 - State Mental Health Grant Local Admin;  
 \$276,868 - State Mental Health Grant Community Support Services Homeless;  
 \$244,034- State Mental Health Grant Supported Employment Ext. Services;  
 \$64,739 - State Mental Health Grant Adult Foster Care;  
 \$49,235 - State Mental Health Grant Older/Disabled Mental Health Services:  
 All Based on FY13 grant award  
 \$177,040 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12  
 \$273,000 - City of Portland: Based on grant agreement  
 \$1,110,249 - County General Fund

## Significant Program Changes

Last year this program was: #25060A, Mental Health Residential Services



**Lead Agency:** County Human Services

**Program Contact:** Len Lomash

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Adult Mental Health Initiative (AMHI): diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develops supports to maximize independent living.

**Program Description**

Mental Health and Addiction Services (MHASD) AMHI staff work with other MHASD units, OSH, Addictions and Mental Health (AMH), other Coordinated Care Organizations (CCO) and counties to coordinate the placement and movement of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by AMHI can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs care coordination to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs, referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of AMHI is assisting individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH; supporting quick, safe and appropriate discharges from OSH into the community; and providing supports (skills training, etc.) to help individuals achieve as independent living as possible in the least restrictive housing environment. These three goals are quantified as Qualifying Events (QEs) in the Performance Measures.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of Clients Served in AMHI	550	600	650	700
Outcome	Number of Qualifying Events	208	208	105	110

**Performance Measure - Description**

✔ **Measure Changed**

The contractual measure of performance are total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living). Lower Qualifying Event Outcome numbers after FY12 reflect a change in the way these are defined in the AMHI contract, which increase parameters in order to target specific sub-populations.

**Legal/Contractual Obligation**

State of Oregon Mental Health Organization contract

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$1,049,551	\$0	\$567,944
Contracts	\$0	\$507,314	\$0	\$1,260,550
Materials & Supplies	\$0	\$961,343	\$0	\$1,044,158
Internal Services	\$0	\$126,634	\$0	\$151,062
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$2,644,842</b>	<b>\$0</b>	<b>\$3,023,714</b>
<b>Program Total:</b>	<b>\$2,644,842</b>		<b>\$3,023,714</b>	
Program FTE	0.00	10.98	0.00	6.25
<b>Program Revenues</b>				
Indirect for dep't Admin	\$25,333	\$0	\$25,707	\$0
Intergovernmental	\$0	\$2,600,263	\$0	\$3,023,714
Other / Miscellaneous	\$0	\$44,579	\$0	\$0
<b>Total Revenue:</b>	<b>\$25,333</b>	<b>\$2,644,842</b>	<b>\$25,707</b>	<b>\$3,023,714</b>

**Explanation of Revenues**

\$1,889,881 - State Mental Health Grant Flex Funds: Based on FY13 grant award

\$1,133,833 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12

**Significant Program Changes****Last year this program was:** #25061, Adult Mental Health Initiative (AMHI)

Organizational alignment has moved several positions to other program offers. 0.20 to Program Offer 25053; 3.00 Mental Health Consultants to Program Offer 25062; 1.30 Mental Health Consultants to Program Offer 25067; 0.20 Program Mgr to Program Offer 25055A.

A budget modification will be done mid year FY13 to increase State AMHI funds and professional services; that budget increase is shown on this program offer.

**Lead Agency:** County Human Services

**Program Contact:** Len Lomash

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Multnomah Mental Health, the county's mental health organization. The continuum addresses the needs of adults at emergent (most acute), urgent and routine (least acute) levels of care. Psychiatric hospitalization treats persons at immediate risk to themselves or others. Respite services provide intervention when an individual's symptoms have risen beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to over 9,000 adults annually.

**Program Description**

This service continuum contains three distinct service elements that contribute to a system of care for adults: psychiatric inpatient, respite and outpatient services. Psychiatric inpatient hospitalization is the most intensive level of care in the adult system. Hospital admission is carefully monitored to ensure that it is only offered where medically and clinically appropriate.

Once admitted, individuals receive the full range of treatment services provided in a hospital setting. The Mental Health and Addiction Services Division (MHASD) Crisis Services works with the hospitals and providers to provide individuals a safety net of services as they transition into the community following discharge. The call center coordinated these services for 1,195 inpatient discharges in FY12.

Mental health respite services are a community-based approach to stabilize individuals whose symptoms have exceeded the scope of outpatient treatment. The goal is to prevent hospitalization through early intervention with short-term, intensive residential treatment. Respite care contains a range of treatment options, including medication management, clinical treatment and post-discharge transition planning. It has been defined as a best practice when used in a continuum of treatment services.

Adult mental health outpatient services provide a comprehensive array of treatment options that address the needs of each individual, including several categories of individual and group therapy, general and intensive case management for individuals with severe mental illness, intensive outreach and medication management. Outpatient services address long and short-term mental health needs to lessen the need for more acute services. An average of 4,677 adults receive outpatient services each month, with many remaining in treatment for several months.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total adults receiving outpatient mental health services <sup>1</sup>	9,670	9,789	9,487	9,300
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge <sup>2</sup>	18.1%	20.0%	17.7%	17.3%

**Performance Measure - Description**

<sup>1</sup> Number of unduplicated Multnomah Mental Health (previously known as Verity) adult enrollees who received an outpatient mental health service during the measurement period.

<sup>2</sup> Percent of unduplicated Multnomah Mental Health (previously known as Verity) adult enrollees who were readmitted to inpatient hospitalization within 30 days of discharge during the measurement period.

**Legal/Contractual Obligation**

Mental Health Organization contract with state of Oregon. Risk Accepting Entity contract with Health Share of Oregon.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$75,255	\$0	\$345,851
Contracts	\$0	\$17,609,506	\$0	\$19,079,852
Materials & Supplies	\$0	\$3,103	\$0	\$18,703
Internal Services	\$0	\$1,031,137	\$0	\$907,052
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$18,719,001</b>	<b>\$0</b>	<b>\$20,351,458</b>
<b>Program Total:</b>	<b>\$18,719,001</b>		<b>\$20,351,458</b>	
Program FTE	0.00	0.50	0.00	4.45
<b>Program Revenues</b>				
Indirect for dep't Admin	\$425,348	\$0	\$460,906	\$0
Intergovernmental	\$0	\$18,441,720	\$0	\$20,351,458
Other / Miscellaneous	\$0	\$277,281	\$0	\$0
<b>Total Revenue:</b>	<b>\$425,348</b>	<b>\$18,719,001</b>	<b>\$460,906</b>	<b>\$20,351,458</b>

**Explanation of Revenues**

\$188,827 - State Mental Health Grant Flex Funds;

\$20,162,614 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12

**Significant Program Changes**

**Last year this program was:** #25062, Mental Health Services for Adults

Organizational alignment increased 3.95 FTE by adding the following from other Program Offers: 0.5 Program Manager, 0.25 Program Supervisor, 1.5 Mental Health Consultant, and 1.0 Program Specialist from Program Offer 25061; 0.7 Mental Health Consultant from Program Offer 25055.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience symptoms of severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or significant decompensation, but are uninsured and ineligible for Oregon Health Plan (OHP). MTF addresses immediate health and safety concerns until insurance or OHP coverage is obtained. Due to a state funding reduction of \$260,000 in FY12, MTF will provide mental health services to approximately 617 adults, which is 231 fewer adults than in FY12.

**Program Description**

These funds will support an array of services for the over 600 individuals who experience severe mental illness and are uninsured and without financial resources. The Mental Health and Addiction Services Division (MHASD) provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, a designated adult services coordinator performs chart reviews for clinical necessity, choice of intervention, and financial eligibility. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, dual diagnosis treatment, care coordination, and crisis intervention. While the person is receiving services, he/she can be linked to other supports and acquire assistance in securing OHP benefits through the DCHS Benefits Recovery Project and health care through the Multnomah County Health Department or other clinics serving indigent clients. This fund in FY12 and FY13 continues to struggle to meet the mental health community's, the Multnomah County Department of Community Justice and Health Department requests' for access to mental health treatment services and medication when other resources are not available.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total # of adults who received county-funded outpatient services or medication <sup>1</sup>	848	617	750	617
Outcome	Average emergency hold hospitalizations per uninsured adult served <sup>2</sup>	1	2	2	2

**Performance Measure - Description**

<sup>1</sup> Unduplicated uninsured adults who received at least one county funded outpatient mental health service or at least one county funded medication during the measurement period.

<sup>2</sup> Total number of emergency holds for uninsured adults divided by the number of unduplicated uninsured adults identified in item #1 (above).

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$1,343,582	\$53,190	\$1,373,812	\$0
<b>Total GF/non-GF:</b>	<b>\$1,343,582</b>	<b>\$53,190</b>	<b>\$1,373,812</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,396,772</b>		<b>\$1,373,812</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$27,400	\$0	\$0
Other / Miscellaneous	\$0	\$25,790	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$53,190</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$1,373,812 - County General Fund

**Significant Program Changes**

Last year this program was: #25063, Mental Health Treatment & Medications for the Uninsured

**Lead Agency:** County Human Services

**Program Contact:** Ebony Clarke

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 15-25 who demonstrate initial symptoms of psychosis, with the goal of managing long-term problems and consequences. EASA offers formal psychiatric treatment services as well as vocational and educational support, and involves the young person's family in treatment. The program will provide services for approximately 88 clients.

**Program Description**

The EASA team identifies young people experiencing the first episodes of psychosis and offers them a broad array of individualized treatment avenues and community-based care. Services include assessment, treatment planning, case management, medication management, psycho-educational workshops, multi-family groups, occupational assessments and interventions, and assistance with accessing supported employment and educational opportunities. These services are provided by a multidisciplinary team that includes a psychiatrist, a nurse, a vocational and occupational therapist and mental health consultants. The team's composition and activities are designed to meet the standards of a defined evidence-based practice model as required by the state. Research suggests that the median age for the onset of initial episodes of psychosis is under the age of 25. Research also suggests that early intervention and immediate access to treatment can directly reduce hospitalization rates and the incidence of psychosis' long-term disabling consequences.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total individuals enrolled in program receiving ongoing services <sup>1</sup>	90	82	88	88
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment	61.0%	87.0%	61.0%	60.0%

**Performance Measure - Description**

<sup>1</sup> This measure compares the hospitalization rate for the 3 months prior to services with the rate for the 6 months post EASA service enrollment which is an indication of the stabilization of the individual.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$704,752	\$0	\$775,378
Contracts	\$0	\$315,960	\$0	\$319,760
Materials & Supplies	\$0	\$26,416	\$0	\$34,950
Internal Services	\$0	\$83,475	\$0	\$128,187
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$1,130,603</b>	<b>\$0</b>	<b>\$1,258,275</b>
<b>Program Total:</b>	<b>\$1,130,603</b>		<b>\$1,258,275</b>	
Program FTE	0.00	7.20	0.00	7.95
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,220	\$0	\$831	\$0
Intergovernmental	\$0	\$834,319	\$0	\$1,258,275
Other / Miscellaneous	\$0	\$296,284	\$0	\$0
<b>Total Revenue:</b>	<b>\$1,220</b>	<b>\$1,130,603</b>	<b>\$831</b>	<b>\$1,258,275</b>

## Explanation of Revenues

\$387,297 - State Mental Health Grant Flex Funds: Based on FY13 grant award

\$834,319 - State Mental Health Grant Non-Res Youth & Young Adult: Based on FY13 grant award

\$36,659 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12

## Significant Program Changes

**Last year this program was:** #25064, Early Assessment and Support Alliance

Organizational alignment increased 0.25 Mental Health Consultant; added 1.00 new Case Mgr 1; and moved 0.50 Program Supervisor to Program Offer 25068.



**Lead Agency:** County Human Services

**Program Contact:** David Hidalgo

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer co-funds 1 FTE with the City of Portland to perform mental health assessments of individuals receiving domestic violence-related services in Multnomah County, including at domestic violence shelters and the Gateway Center for Domestic Violence Services.

**Program Description**

Through this City/County partnership, individuals who are receiving domestic violence-related services in Multnomah County receive on-site mental health assessments, including the four domestic violence shelters and the Gateway Center for Domestic Violence Services. The clinician who serves as a liaison between domestic violence and mental health and addiction providers, travels to each of the shelters on a regular basis and spends approximately two-thirds of the time at the Gateway Center. The clinician attends the appropriate domestic violence community meetings and events (such as the monthly Family Violence Coordinating Council meetings) and provides training to facilitate increased knowledge and understanding between the mental health and domestic violence providers. The clinician also carries a small caseload of uninsured consumers and provides evidence-based group services such as Seeking Safety and a domestic violence process group that supplements what is offered within the domestic violence agency settings.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of unique clients served annually	229	250	250	250
Outcome	Percentage of clients reporting they are better able to make informed decisions	92.0%	95.0%	95.0%	95.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$67,000	\$36,850	\$30,150
Total GF/non-GF:	<b>\$0</b>	<b>\$67,000</b>	<b>\$36,850</b>	<b>\$30,150</b>
Program Total:	<b>\$67,000</b>		<b>\$67,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$33,500	\$0	\$30,150
Other / Miscellaneous	\$0	\$33,500	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$67,000</b>	<b>\$0</b>	<b>\$30,150</b>

## Explanation of Revenues

\$36,850 - County General Fund  
 \$30,150 - City of Portland

## Significant Program Changes

**Last year this program was:** #25065A, Mental Health Services for Victims and Survivors of Domestic Violence  
 \$3,350 for One-Stop Domestic Violence Center at Gateway included as part of the City/County agreement to backfill City of Portland reductions.

**Lead Agency:** County Human Services

**Program Contact:** Edward Jones

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The county's managed mental health organization, Multnomah Mental Health, is required to pay a 1% provider tax to the state to leverage additional federal funds for the Oregon Health Plan. The additional funds received by the state are then redistributed through the Oregon Health Plan reimbursement.

**Program Description**

The Oregon State Legislature approved a tax on managed care plans to support benefits for Oregon Health Plan Standard enrollees. The dollars raised by the tax on managed care plans are eligible to be matched by federal Medicaid funds. The federal government will match every dollar the state raises with \$1.50. This additional money is used by the state to fund Oregon Health Plan benefits so that individuals at a higher percentage of the federal poverty level can receive health care, including mental health care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

## Legal/Contractual Obligation

Provider Tax is a requirement of participation in Oregon Health Plan as a Mental Health Organization under contract with the State of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$427,728	\$0	\$3,000
Total GF/non-GF:	<b>\$0</b>	<b>\$427,728</b>	<b>\$0</b>	<b>\$3,000</b>
Program Total:	<b>\$427,728</b>		<b>\$3,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$427,728	\$0	\$3,000
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$427,728</b>	<b>\$0</b>	<b>\$3,000</b>

## Explanation of Revenues

\$3,000- Oregon Health Plan Premium revenues received directly from the State: Based on FY13 Rate per Client times number of clients as of 12/31/12

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25066, Mental Health Organization Provider Tax  
Mental Health Organization provider tax, which formerly came through this program, is now received directly by the Coordinated Care Organization (Health Share of Oregon). The amount budgeted for FY14 reflects phasing out this program.

**Lead Agency:** County Human Services

**Program Contact:** Ebony Clarke

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This mental health service array serves children and youth up to age 21. Services range from prevention/early intervention in the Early Childhood and Head Start program that serves 5,874 children annually, to a comprehensive outpatient service system that successfully maintains children in their homes, schools, and community.

**Program Description**

This array provides a continuum of services for over 11,000 children by combining Early Childhood and Head Start Mental Health Services, Child Abuse Mental Health Services provided at CARES NW, Children's Mental Health Outpatient Services (Multnomah Mental Health), and Intensive In-Home and Community Mental Health Services for Children.

Services include evidence-based counseling for at risk children and their families, Incredible Years parent groups, early childhood classroom consultation, psychiatric day treatment, crisis respite, individual and group therapy, skill building and medication management. Care is coordinated with allied agencies such as Child Welfare, MESD and schools, Head Start programs, Developmental Disabilities, the juvenile justice system, Multnomah Wraparound, and physical healthcare providers to ensure the best outcomes for children and youth.

Services offered are culturally competent and promote the development of healthy attachments and positive parenting practices so that needs are addressed before they become acute. The goal of every program in this array is to promote educational success and to keep vulnerable children in home settings with their families, permanent foster care families or other long-term caregivers. Special effort is taken to guarantee families are provided opportunities for planning and choosing their care.

The prevention and early intervention services provided by the Early Childhood and Head Start Program address child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces trauma of vulnerable children and their families which, in turn, reduces their risk of developing long-term health and mental health problems. Outpatient Services deliver a family-centered model that leads to long-term stability for children and parents. Intensive mental health treatment intervenes in crisis situations to keep children at home, in school, and out of trouble.

This service array is in keeping with the goals of both the Early Childhood and School Aged Policy Frameworks as they relate to strengthening families and promoting educational success for children with mental illness.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total children receiving outpatient services <sup>1</sup>	4,662	4,423	4,621	4,621
Outcome	% of children demonstrating improvement in their global distress score <sup>2</sup>	0.0%	0.0%	75.0%	75.0%
Outcome	% of children with improved behavior in school. <sup>3</sup>	0.0%	80.0%	0.0%	0.0%

**Performance Measure - Description**

 **Measure Changed**

<sup>1</sup> This measure is the number of unduplicated children and youth ages 0 - 20 with at least one reported mental health treatment encounter in any outpatient service. Healthshare of Oregon Multnomah Mental Health, Verity, and Multnomah Treatment Fund (MTF) claims data.

<sup>2</sup> This is a new measure for FY13. The ACORN is a short and frequent survey on which the clients rate their symptoms. The global distress score is the average score of all items on the ACORN questionnaire, and with repeat measurement provides an accurate measure of change over time. Previously this measure was "Percentage of children with improved behavior in school as reported in state mental health CPMS closed case data."

<sup>3</sup> This previous outcome measure of "Percentage of children with improved behavior in school as reported in state mental health CPMS closed case data" cannot be calculated for FY12 or later due to state CPMS data reporting requirement changes which occurred during FY12.

## Legal/Contractual Obligation

Mental Health Organization contract with State of Oregon. County Financial Assistance Agreement. Risk Accepting Entity contract with Health Share of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,254,392	\$719,978	\$1,302,751	\$1,071,998
Contracts	\$138,543	\$9,167,358	\$138,543	\$9,167,358
Materials & Supplies	\$41,198	\$10,508	\$17,168	\$14,017
Internal Services	\$243,014	\$452,154	\$154,207	\$544,202
<b>Total GF/non-GF:</b>	<b>\$1,677,147</b>	<b>\$10,349,998</b>	<b>\$1,612,669</b>	<b>\$10,797,575</b>
<b>Program Total:</b>	<b>\$12,027,145</b>		<b>\$12,410,244</b>	
Program FTE	11.80	6.55	11.84	9.61
<b>Program Revenues</b>				
Indirect for dep't Admin	\$223,161	\$0	\$228,092	\$0
Intergovernmental	\$106,788	\$10,349,998	\$111,432	\$10,797,575
<b>Total Revenue:</b>	<b>\$329,949</b>	<b>\$10,349,998</b>	<b>\$339,524</b>	<b>\$10,797,575</b>

## Explanation of Revenues

\$382,897 - State Mental Health Grant Flex Funds: Based on FY13 grant award

\$152,280 - Title XIX-OMAP payments: Based on FY13 revised budget

\$54,189 - Fee for Service Insurance Receipts: Based on current year projections

\$148,092 - Head Start Contracts: Based on FY13 grant awards

\$10,060,117 - Oregon Health Plan Premium: Based on FY13 Rate per Client times number of clients as of 12/31/12

\$111,432 - FQHC County General Fund

\$1,501,237 - County General Fund

## Significant Program Changes

**Last year this program was:** #25067, Community Based Mental Health Services for Children and Families

Organizational alignment increase 3.10 FTE by the following: Moved 2.60 Mental Health Consultants and 0.5 Program Supervisor from program Offers 25061 and 25055.

**Lead Agency:** County Human Services

**Program Contact:** Ebony Clarke

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Multnomah Wraparound is made up of the Care Management Organization (CMO) and the Administrative Service Organization (ASO). The CMO has oversight of intake, screening and eligibility determination for children/youth in need of the most intensive mental health services, wraparound facilitation and care coordination. The CMO is a combination of funding from partnering entities such as child welfare, MESD, school districts, juvenile justice and mental health. The primary goal of the ASO is to maximize available resources for approximately 165 children, youth, and families served by multiple systems.

**Program Description**

The Administrative Services Organization (ASO) addresses system issues by identifying trends and establishing success indicators. It builds partnerships to facilitate planning, decision making and oversight. It supports family and youth involvement as primary decision makers in the development, implementation and modification of the system of care for children and families. The ASO coordinates and sustains funding, ensures quality assurance and utilization management, access to information technology systems, and evaluates effectiveness. Pooling resources to serve clients involved in more than one system reduces duplication and fragmentation of services. It also reduces cost shifting.

The ASO also maintains the governance structure to oversee the full implementation of the respective systems responsibilities as outlined in an intergovernmental agreement. The ASO ensures that the policies and procedures are culturally competent and that services provided are compatible with the families' cultural beliefs, practices, literacy skills and language.

The CMO intake unit provides 325 screenings on children per year for intensive service array level care and provides wraparound team facilitation and care coordination for up to 129 children/youth with severe mental health needs who are involved in at least two other systems. This includes forming and facilitating Child and Family Teams to develop a single plan of care with blended resources. The plan of care is family-guided, culturally competent, multidisciplinary and includes natural supports to help children stay with family, in the community, in school and out of trouble. The CMO is also responsible for assurance that appropriate authorizations are in place and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of unduplicated children served through Wraparound	164	138	165	165
Outcome	% of children who are meeting their goals on Wraparound service plan <sup>1</sup>	90.0%	90.0%	91.0%	80.0%
Outcome	% of children completing the ISA Progress review each quarter <sup>2</sup>	90.0%	75.0%	92.0%	90.0%
Output	Number of unique children screened for Integrated Service Array eligibility <sup>3</sup>	309	300	300	309

**Performance Measure - Description**

<sup>1</sup> % of children rated as stable or making progress on their goals in the quarterly ISA Progress Review.

<sup>2</sup> Outcome measure modified to better align with state requirement for quarterly progress reviews of all youth receiving services in the Integrated Service Array (ISA).

<sup>3</sup> Reported number of unique screenings includes both new ISA eligibility and change in level of care screenings.

**Legal/Contractual Obligation**

Mental Health Organization contract with State of Oregon. Risk Accepting Entity contract with Health Share of Oregon.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$1,193,895	\$0	\$1,347,577
Contracts	\$0	\$220,347	\$0	\$220,347
Materials & Supplies	\$0	\$194,361	\$0	\$88,645
Internal Services	\$0	\$161,690	\$0	\$252,782
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$1,770,293</b>	<b>\$0</b>	<b>\$1,909,351</b>
<b>Program Total:</b>	<b>\$1,770,293</b>		<b>\$1,909,351</b>	
Program FTE	0.00	13.20	0.00	13.70
<b>Program Revenues</b>				
Indirect for dep't Admin	\$34,375	\$0	\$38,895	\$0
Intergovernmental	\$0	\$1,757,792	\$0	\$1,909,351
Other / Miscellaneous	\$0	\$12,501	\$0	\$0
<b>Total Revenue:</b>	<b>\$34,375</b>	<b>\$1,770,293</b>	<b>\$38,895</b>	<b>\$1,909,351</b>

**Explanation of Revenues**

\$1,718,965 - OHP Premium: Based on FY13 Rate per client times number of clients as of 12/31/12  
 \$128,526 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
 \$61,860 - Wraparound ASO school funding based on FY13 funding levels

**Significant Program Changes**

**Last year this program was:** #25068, Multnomah Wraparound  
 Organizational alignment has moved 0.50 Program Supervisor here from program offer 25064.



**Lead Agency:** County Human Services

**Program Contact:** Ebony Clarke

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

School Based Mental Health is an essential component of the mental health system of care for children and families. This program serves 1,150 children and teens with serious mental health disorders in over 89 school settings throughout the county. Mental health professionals provide culturally competent, family-focused, evidence-based treatment. Children and teens receive service that decreases the risk of hospitalization or other restrictive and costly services. Additional children with emotional and behavioral needs are helped through 11,003 consultation contacts with school-based health center staff and others that avert the need for a higher level of care.

**Program Description**

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 1,150 underserved families. This program reaches youth who have not accessed services in a mental health center and 52% of those served were children of color. Approximately 93% of the children served were uninsured or insured by the Oregon Health Plan.

School based mental health consultants provide crisis intervention, mental health assessment, individual, group and family treatment and clinical case management as well as interventions with schools to help manage a child's mental health disorder. Consultation on children's mental health is provided to school and school based health clinic staff, as well as community providers. Mental health consultants are co-located in School-based Health Clinics when possible to provide integrated services. About 57% of the families receive linkage services for mental health screenings and referral to community mental health centers.

Locating mental health services in schools is a best practice and Multnomah County has been a leader in the nation by providing this program since 1967. Through this program children and teens who are at risk of harming themselves or others are identified and receive intervention. This is important because, in Oregon, suicide is the second leading cause of death among young people. Earlier identification and treatment can divert children from needing higher cost and more restrictive services. This program meets a child's basic need for mental health and is congruent with the goals of the School Age Policy Framework.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total unduplicated children receiving mental health services	1,152	1,050	1,152	1,152
Outcome	% of children receiving services showing improved school behavior & attendance*	91.4%	86.0%	92.4%	92.4%

**Performance Measure - Description**

\* Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community.

## Legal/Contractual Obligation

Revenue contracts with school districts.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$573,237	\$880,058	\$586,759	\$1,007,810
Materials & Supplies	\$18,056	\$29,182	\$7,960	\$22,945
Internal Services	\$114,356	\$2,666	\$58,489	\$83,235
Total GF/non-GF:	<b>\$705,649</b>	<b>\$911,906</b>	<b>\$653,208</b>	<b>\$1,113,990</b>
Program Total:	<b>\$1,617,555</b>		<b>\$1,767,198</b>	
Program FTE	5.12	8.73	5.12	9.56
<b>Program Revenues</b>				
Intergovernmental	\$152,212	\$911,906	\$152,213	\$1,113,990
<b>Total Revenue:</b>	<b>\$152,212</b>	<b>\$911,906</b>	<b>\$152,213</b>	<b>\$1,113,990</b>

## Explanation of Revenues

\$769,368 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
\$10,000 - Parkrose School District;  
\$75,000 - Centennial School District;  
\$26,497 - Roosevelt High School: All Based on FY13 revenue contracts  
\$233,125 - Fee for Service Insurance Receipts: Based on current year projections  
\$152,213 - FQHC: Based on FY13 revised budget  
\$500,995 - County General Fund

## Significant Program Changes

**Last year this program was:** #25075, School Based Mental Health Services

A budget modification done in FY13 added 0.83 School Based Mental Health Consultant, funded by the Gresham-Barlow school district.

**Lead Agency:** County Human Services

**Program Contact:** David Hidalgo

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid increases mental health literacy in the community. Increasing mental health literacy is a preventive and empowering tool in the community. It provides the public with the education necessary to intervene before they potentially reach mental health crisis.

The program offer funds two Mental Health First Aid trainings per month with up to 30 participants per training. It also provides funds to host a Youth Instructor Certification training to increase the number trainers certified in youth Mental Health First Aid in the area.

**Program Description**

Mental Health First Aid USA is coordinated by the National Community for Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. They train and certify instructors to deliver the 12-hour Mental Health First Aid course in our communities. Youth Mental Health First Aid is an 8-hour course. The interactive 12-hour course presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Participants of 12-hour course become certified as Mental Health First Aiders and learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The 12-hour Mental Health First Aid USA course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of individuals trained in Mental Health First Aid	0	0	0	720
Outcome	% of individuals who report greater understanding of mental illness.	0.0%	0.0%	0.0%	95.0%

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$207,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$207,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$207,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$207,000 - County General Fund

**Significant Program Changes**

**Last year this program was:**

New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Neal Rotman

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Culturally specific outpatient mental health services provide treatment for five underserved communities in our county (Asian-American, African-American, Eastern European, Latino and Native-American). These communities have encountered difficulty finding mental health treatment that incorporates their culture, tradition and language. These services provide culturally and linguistically relevant care for these populations, mitigating historical inequities accessing services. Some communities of color are also over-represented in the criminal justice system. Approximately 702 individuals received services in FY12.

**Program Description**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, DCHS contracts for mental health services for individuals from five communities currently underserved or insufficiently served. Those communities are: Eastern European, African-American, Asian-American, Latino, and Native American. Multnomah County Mental Health prevalence data suggests that members of the African-American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. African-Americans are also over represented in the correctional facilities and the criminal justice system. Culturally specific services address mental health problems through early access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Treatment also reduces the risk of inappropriate incarceration or homelessness. These mental health providers understand community cultural norms and have a relationship of trust with the communities they serve.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total culturally diverse individuals receiving services <sup>1</sup>	702	750	712	712
Outcome	Culturally specific persons served per 1000 culturally diverse in population <sup>2</sup>	3	4	3	3

**Performance Measure - Description**

<sup>1</sup> This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs.

<sup>2</sup> Service Rate Per 1000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2011.

## Legal/Contractual Obligation

Funding for culturally specific contracts is a longstanding policy initiative of the Multnomah County Board of County Commissioners.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$1,324,545	\$0	\$1,354,347	\$0
Total GF/non-GF:	<b>\$1,324,545</b>	<b>\$0</b>	<b>\$1,354,347</b>	<b>\$0</b>
Program Total:	<b>\$1,324,545</b>		<b>\$1,354,347</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

\$1,354,347 - County General Fund

## Significant Program Changes

Last year this program was: #25078, Culturally Specific Mental Health Services

**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The adult treatment continuum consists of: outpatient addictions treatment including various counseling options; medication management and relapse prevention; residential treatment (intensive addictions services in a 24-hour setting); community recovery (aftercare services for clients learning to live sober); and a specialized program for persons who are severely addicted, diagnosed with multiple problems, and homeless. The continuum will serve approximately 3,500 clients next year. Research shows that every dollar invested in addiction treatment yields a cost offset of up to \$11.05 in other publicly-supported services.

**Program Description**

The Oregon Health Authority estimates 300,000 Oregonians have a diagnosable substance use disorder, roughly 18% of those needing addiction services access treatment, and more than 40% of those who try to get help experience barriers related to cost or lack of insurance. The overall goal of addiction treatment is to have as many clients as possible successfully complete treatment and maintain sobriety. Our successful completion rate is almost 50%, higher than the national rate of 45%.

Our adult treatment continuum supports recovery and a return to a healthy lifestyle by offering access to addictions treatment that addresses the negative consequences of alcohol and other drugs and teaches prosocial alternatives to addictive behaviors through clinical therapy, skills building, and peer delivered services. Community recovery support programs provide a variety of clean and sober social support activities for clients and their families.

Services are delivered throughout Multnomah County by a network of state licensed providers. These providers are culturally competent and many have bilingual staff. Outpatient treatment allows a client to work, go to school, attend job training, socialize, and otherwise carry on a normal life. The system treats about 3,500 outpatient clients annually.

Residential treatment provides intensive services in a 24/7 setting with clients living in the treatment center during their course of treatment, usually for two to six months. Clients needing this level of care often have multiple failures in outpatient treatment, often related to the severity and length of their addiction, as well as risk factors like chronic unemployment and housing problems. Residential treatment serves about 500 clients annually.

Treatment helps clients shift from ambivalence and denial about their addiction to acceptance and incentive to change.

Clients address issues that are barriers to recovery, and develop strategies and skills to overcome them. Providers also address the self sufficiency needs of each client through help with: parenting skills; stress and anger management; housing issues; independent living skills; referrals for physical and mental health issues; linkages to employment services; and recreation and healthy use of leisure time.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number served in treatment (all levels)	3,501	3,500	3,714	3,500
Outcome	Percentage of clients who successfully complete <sup>1</sup> treatment (Outpatient)	49.0%	58.0%	49.0%	50.0%

**Performance Measure - Description**

<sup>1</sup> "Successful completion of treatment" is defined as the client meeting the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition Revised (ASAM PPC 2R) discharge criteria, completing at least two thirds of their treatment plan goals, and demonstrating 30 days of abstinence.

## Legal/Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer and Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$276,476	\$584,547	\$187,838	\$621,162
Contracts	\$2,690,421	\$8,013,766	\$2,789,558	\$5,513,210
Materials & Supplies	\$17,907	\$840	\$3,513	\$7,155
Internal Services	\$51,536	\$8,425	\$19,922	\$66,407
Total GF/non-GF:	<b>\$3,036,340</b>	<b>\$8,607,578</b>	<b>\$3,000,831</b>	<b>\$6,207,934</b>
Program Total:	<b>\$11,643,918</b>		<b>\$9,208,765</b>	
Program FTE	2.70	5.99	1.50	6.33
<b>Program Revenues</b>				
Intergovernmental	\$0	\$8,607,578	\$0	\$6,207,934
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$8,607,578</b>	<b>\$0</b>	<b>\$6,207,934</b>

## Explanation of Revenues

\$293,046 - State Mental Health Grant Local Admin: Based on FY13 grant award  
 \$103,350 - State Mental Health Grant Special Projects: Based on FY13 award  
 \$1,803,195 - State Mental Health Grant A&D Adult Residential: Based on FY13 award  
 \$1,054,500 - State Mental Health Grant A&D Adult Residential Capacity: Based on FY13 award.  
 \$301,563 - State Mental Health Grant A&D Dependent Child Res.: Based on FY13 award  
 \$2,495,897 - State Mental Health Grant Flex Funds: Based on FY13 award  
 \$126,383 - Local 2145 Beer and Wine Tax Revenues: Based on FY13 revenue projections  
 \$3,030,831 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25080, Adult Addictions Treatment Continuum

This program offer reflects a reduction of about \$2.6 million in state funding and pass through budget. The state residential alcohol and drug treatment funds are moving to the Coordinated Care Organization (Health Share of Oregon) for FY14.



**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with problem or pathological gambling. Based on 2011-2012 data the county's community-based providers treated approximately 329 gamblers and their family members. Countywide data shows that problem gamblers and family members seeking treatment can access services in less than five days 99% of the time.

**Program Description**

Multnomah County's Problem Gambling Services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Gambling treatment and prevention services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues, for the person who gambles, family members, and communities. In 2011-2012 292 gamblers enrolled in treatment. As noted, family participation is important and approximately 37 family members enrolled in treatment as well.

Multnomah County has one of the highest rates, per capita (18 years and older), of lottery sales statewide. Approximately 86% of the gambling treatment clients report video poker as their primary gambling activity. Problem gambling treatment services are closely aligned to the county's Basic Living Needs priority by promoting healthy behaviors. The treatment focus is on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, learning gambling prevention techniques, and maintaining recovery.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Gamblers and family members accessing treatment annually <sup>1</sup>	329	309	319	339
Outcome	Gambler successful completion rate <sup>2</sup>	41.0%	36.0%	40.0%	41.0%

**Performance Measure - Description**

<sup>1</sup>'Gamblers and family members accessing treatment annually' means the number of problem and/or pathological gamblers completing enrollment and entering treatment annually.

<sup>2</sup> 'Successful completion rate' is defined as the gambling client having completed a minimum of 75% of the short-term treatment goals, completion of a continued wellness plan, and lack of engagement in problem gambling behaviors for at least 30 days prior to discharge.

The source of this performance data is the State's Gambling Performance Monitoring System (GPMS). Data is provided to all counties throughout Oregon by the GPMS system.

## Legal/Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$36,000	\$0	\$21,000
Contracts	\$0	\$680,000	\$0	\$760,000
Internal Services	\$0	\$1,995	\$0	\$0
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$717,995</b>	<b>\$0</b>	<b>\$781,000</b>
<b>Program Total:</b>	<b>\$717,995</b>		<b>\$781,000</b>	
Program FTE	0.00	0.31	0.00	0.17
<b>Program Revenues</b>				
Intergovernmental	\$0	\$717,995	\$0	\$781,000
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$717,995</b>	<b>\$0</b>	<b>\$781,000</b>

## Explanation of Revenues

\$781,000 - State Mental Health Grant Flex Funds: Based on FY13 award

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25085, Addiction Services Gambling Treatment and Prevention

State treatment funds that were formerly budgeted here are now moving to the Coordinated Care Organization (Health Share of Oregon) for FY14. This has reduced pass through budget for FY14 by \$179,495.

**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The alcohol and drug prevention program provides an array of prevention services for children and families at high risk for substance abuse, school failure and juvenile justice problems. Prevention services include structured after-school activities (homework assistance, tutoring and home visits), individualized support for youth, and a family engagement/education program. These programs promote school success, family bonding, improved parenting skills and youth life skills. The aim is to reduce youth substance abuse, school failure and juvenile crime. The program is primarily focused on serving youth living in public housing, and is projected to provide over 3,000 prevention service contacts to over 200 participants. In addition, a new state grant-funded initiative is addressing alcohol abuse and dependence among young adults through environmental prevention strategies, e.g., changes in community policies, laws and norms.

**Program Description**

The structured after-school program for public housing residents is a long-standing collaboration with Home Forward (formerly the Housing Authority of Portland--HAP), providing afternoon and evening services offering on-site homework help, socializing and skill-building activities to a minimum of 200 youth whose families live in public housing. The structured services at Home Forward housing sites also include tutoring, mentoring and family-support home visits, primarily serving children and youth between 5 - 15 years old.

By directly addressing community risk factors, prevention reduces multiple problem behaviors and improves outcomes for children and families. The Multnomah County prevention program builds partnerships with collaborative community partners and local prevention coalitions, using natural helpers, volunteer organizations, professionals and cultural mentors to promote developmental assets and academic achievement.

As one of 12 counties to receive an Oregon Strategic Prevention Framework State Incentive Grant (SPF-SIG), Multnomah County has initiated a new collaborative effort to reduce high risk drinking among young adults ages 18-25. High risk drinking is defined as binge drinking, heavy drinking and underage drinking. A community needs assessment identifying consumption patterns, consequences, contributing factors and local conditions has been completed along with an implementation plan to reduce high risk drinking in Multnomah County. Two task forces have formed to carry out the plan: one task force works with colleges and universities to adopt best practice policies and programs and foster positive campus norms; the other engages stakeholders in Portland's "nightlife and entertainment district" to reduce over-service and advocate for policies that promote prevention.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Youth served at public housing sites <sup>1</sup>	339	200	250	200
Outcome	Core group <sup>2</sup> youth w/ improved behavior	71.0%	75.0%	75.0%	75.0%
Outcome	Core group youth w/ improved academic achievement	78.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

<sup>1</sup> This Public Housing measure is for the entire collaborative after-school program serving youth in public housing, including all participants in after-school activities.

<sup>2</sup> Intensive core group services will be provided to 30 families with youth exhibiting behavioral and academic risk factors, based on youth self-reports, parent feedback and teacher observation. Outcomes of improved behavior (e.g., less disruptive, better attendance, fewer suspensions) and improved academic achievement are good predictors of reduced future substance abuse.

## Legal/Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements A-D 70 (Prevention Services), MHS 37 (Flexible Funding, MHS Special Projects), and A-D 60 (Strategic Prevention Framework - SPF).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$339,501	\$0	\$319,452
Total GF/non-GF:	<b>\$0</b>	<b>\$339,501</b>	<b>\$0</b>	<b>\$319,452</b>
Program Total:	<b>\$339,501</b>		<b>\$319,452</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$301,952	\$0	\$319,452
Other / Miscellaneous	\$0	\$37,549	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$339,501</b>	<b>\$0</b>	<b>\$319,452</b>

## Explanation of Revenues

\$226,759 - State Mental Health Grant Flex Funds: Based on FY13 award

\$92,693 - State Mental Health Grant A&D Special Projects: Based on FY13 award

## Significant Program Changes

Last year this program was: #25086, Addiction Services Alcohol and Drug Prevention

**Lead Agency:** County Human Services

**Program Contact:** Jean Dentinger

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Coordinated diversion includes three jail and/or hospital diversion programs for consumers with a serious mental illness. Three teams of qualified mental health professionals staff the Community Court, Mental Health Court and Forensic Diversion Program.

All three programs provide assertive, short term support for persons with serious mental illness, with the goal of connecting them with appropriate ongoing community treatment options. A primary goal of all the programs is to divert mentally ill persons from lengthy jail stays and promote stability in the community. Staff with the Forensic Diversion Program focus on avoiding or decreasing days of unnecessary jail time and provide linkage to community resources. In FY12 Community Court served 788 clients, Forensic Diversion served 332 clients, and Mental Health Court served 79.

**Program Description**

The three coordinated diversion programs target persons in the criminal justice system with serious mental illness who are at risk of lengthy stays in jail or hospitals unless provided additional treatment, support, and resources.

The Community Court Program addresses quality of life crimes with a focus on restorative justice. Clients are able to participate in a variety of social services as an alternative to jail or community service.

Mental Health Court provides time-limited intensive case management services to persons involved in the criminal justice system while connecting them to community treatment, housing, and financial and medical entitlements. Staff provide ongoing monitoring and support for persons enrolled in Mental Health Court. Staff initiated services to 66 in FY12.

The Forensic Diversion Program focuses on diversion from the criminal justice system for persons charged with misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSP). Staff provide mental status evaluations, as well as linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the OSP. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community.

The three diversion programs address the needs of residents with a mental illness who can be safely diverted from jail and/or the State Hospital, provide support for successful completion of court directives and provides linkage to community services that provide stability. Initial case management and coordination protects the legal and civil rights of these individuals, ensures appropriateness of resources and decreases the unnecessary expense of time in jail or the State Hospital.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of participants in Community Court	788	750	760	750
Outcome	% of participants in good standing or have successfully completed services	54.0%	60.0%	60.0%	60.0%
Output	# of participants engaged with Forensic Diversion	332	325	330	325
Outcome	% of participants successfully engaged with Forensic Diversion	65.0%	70.0%	65.0%	65.0%

**Performance Measure - Description**

The outcomes measure the program's effectiveness to engage clients toward community based stabilization.

**Legal/Contractual Obligation**

State of Oregon Financial Assistance Agreement.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$208,618	\$611,860	\$222,865	\$676,093
Materials & Supplies	\$4,849	\$19,997	\$1,723	\$86,900
Internal Services	\$17,337	\$50,738	\$26,606	\$79,820
Total GF/non-GF:	<b>\$230,804</b>	<b>\$682,595</b>	<b>\$251,194</b>	<b>\$842,813</b>
Program Total:	<b>\$913,399</b>		<b>\$1,094,007</b>	
Program FTE	2.00	6.00	2.00	6.30
<b>Program Revenues</b>				
Intergovernmental	\$0	\$682,595	\$0	\$842,813
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$682,595</b>	<b>\$0</b>	<b>\$842,813</b>

**Explanation of Revenues**

\$284,040 - State Mental Health Grant Adult Non-Residential: Based on FY13 award  
 \$442,912 - State Mental Health Grant Flex Funds: Based on FY13 award  
 \$115,861 - State Mental Health Grant Local Admin: Based on FY13 award  
 \$251,194 - County General Fund

**Significant Program Changes**

Last year this program was: #25088, Coordinated Diversion for Persons with Mental Illness

**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Detoxification and Supportive Housing are two vital steps to working towards long-term recovery and stability. Detoxification, a medically monitored inpatient service, is the primary entrance point into addiction services for many low income people who are facing a severe addiction. There are approximately 2,400 admissions to detoxification annually. Supportive Housing is available for people who are homeless addicts who have completed detoxification and are continuing treatment. Benefiting from both clinical and housing support, clients move from active addiction, through treatment and into the recovery community; and from homelessness through supportive housing and into permanent housing.

**Program Description**

Alcohol and drug detoxification medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol and drug treatment and connects them to other services needed to resolve homelessness and health issues.

Supportive Housing greatly increases post-detoxification treatment retention rates and promotes recovery. Supportive housing for people who are homeless addicts is one of the vital steps to working towards long-term recovery and stability. After detoxification, Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Detoxification services are provided 24 hours-a-day, 7 days-a-week. Clients receive prescribed medication to ease withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. The program includes an integrated medical clinic with primary care and dual-diagnosis services. Detoxification is provided in a culturally competent manner that includes a variety of services: counseling and case management, physical and mental health care, housing resources (permanent housing, rent assistance, eviction prevention), food and transportation, and economic independence (introduction to job training, employment referrals, benefits eligibility screening).

After detoxification, homeless clients who are entering outpatient treatment are referred to supportive housing services. Supportive Housing (\$29 per unit per day) is an evidence-based, low cost resource when compared to inpatient hospitalization (\$2,348 per day) or adult residential treatment (\$106 per day) and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. Findings from a 2006 study of adults who are homeless in Portland showed a 36% reduction in community cost when supportive housing is provided. Each of the 58 supportive housing units can house 2 to 3 clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of admissions annually to detoxification <sup>1</sup>	2,399	2,400	2,490	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	90.0%	90.0%	94.0%	90.0%
Output	Number served in supportive housing units <sup>3</sup>	0	24	133	133

**Performance Measure - Description**

<sup>1</sup> A person who completes the enrollment process and enters detoxification is an admission. There can be multiple admissions for a person annually.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Supportive housing increases post-detoxification treatment retention rates, so it is important that the supportive housing units are utilized to their fullest extent. Our outcome measures the annual utilization rate.

<sup>3</sup> The FY13 Current Year Purchased number of 24 is for 8 beds in the FY13 Scale up Program Offer 25090B. The Current Year Estimate and Next Year Offer reports the number served in all 58 housing units.

## Legal/Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer and Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$1,379,308	\$1,878,359	\$1,410,343	\$2,081,207
<b>Total GF/non-GF:</b>	<b>\$1,379,308</b>	<b>\$1,878,359</b>	<b>\$1,410,343</b>	<b>\$2,081,207</b>
<b>Program Total:</b>	<b>\$3,257,667</b>		<b>\$3,491,550</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,878,359	\$0	\$2,081,207
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,878,359</b>	<b>\$0</b>	<b>\$2,081,207</b>

## Explanation of Revenues

\$1,650,226 - State Mental Health Grant A&D Continuum of Care: Based on FY13 grant award  
 \$418,917 - Local 2145 Beer & Wine Tax Revenues: Based on FY13 grant award  
 \$12,064 - State Mental Health Grant Flex Funds: Based on FY13 grant award  
 \$1,410,343 - County General Fund

## Significant Program Changes

Last year this program was: #25090A, Addictions Detoxification and Post-Detoxification Housing



**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Sobering program provides a safe, secure holding environment for persons who are publicly intoxicated due to alcohol or drug abuse. As these individuals regain their functionality, staff encourages them to seek further care. The Sobering program has more than 6,000 annual admissions.

**Program Description**

The Sobering program is a multi-jurisdictionally-funded community resource that operates 24 hours per day, 7 days per week. The program provides special emphasis on ethnic minorities, people who are homeless, and women. Staff is appropriately licensed and credentialed (such as Emergency Medical Technicians) and is knowledgeable about acute alcohol/drug intoxication and emergency first aid techniques. The Sobering program serves more than 6,000 clients annually. The average length of stay is 5.5 hours.

The Sobering program serves a public safety function by providing a medically monitored environment in which these individuals become responsive to their surroundings while they are protected from abuse and neglect. This program reduces the use of critical and finite police, fire and emergency services. The Sobering program includes the CHIERS (Central City Concern Hooper Inebriate Emergency Response Service) mobile outreach van, funded by the City of Portland, to transport intoxicated persons to the program.

The Sobering program also provides a behavioral health function by providing a point of intervention for these persons who are publicly intoxicated. Before the individual is released, staff gives them information about chemical dependency, alcohol and drug treatment options, and access to additional health care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total Admissions <sup>1</sup>	6,806	9,000	6,490	6,500
Outcome	Percentage of clients that successfully discharge <sup>2</sup>	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

<sup>1</sup> Total admissions to Sobering have been declining for the last 3 years (FY10 = 9,564, FY 11 = 7,152, and FY 12 = 6,806.) Prior to July 2009, City of Portland police officers had discretion to issue a citation for some low level crimes, such as disorderly conduct and offensive littering. The police could then take the individual to the Sobering program on a civil hold if they were intoxicated. However, in July 2009 a policy change was implemented and police started making arrests for low-level offenses. At about the same time, the City Attorney advised the Portland Police Bureau that they could not transport individuals under a civil hold from private property. This decision reduced the number of individuals transported by the CHIERS mobile outreach van to the Sobering program. CHIERS had its hours of operation decreased by 6 hours a day on 7/1/2012 which is dropping the number of admissions to the Sobering program again.

<sup>2</sup> A successful discharge includes: a) no deaths in sobering (the program had one death six years ago); and b) clients are cognizant of surroundings and no longer in immediate danger of harm to self or others.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$643,415	\$0	\$657,892	\$0
Total GF/non-GF:	<b>\$643,415</b>	<b>\$0</b>	<b>\$657,892</b>	<b>\$0</b>
Program Total:	<b>\$643,415</b>		<b>\$657,892</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$657,892 - County General Fund

**Significant Program Changes**

Last year this program was: #25091, Sobering

**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program provides a continuum of youth outpatient and residential addictions treatment, including culturally-specific outpatient services for high-risk minority youth. It also provides alcohol and drug free housing resources for families in which the adult parent(s) are in early addiction recovery. In FY14, about 140 youth will be provided appropriate addiction services; a minimum of 62 families will receive housing supports in recovery-focused housing communities.

**Program Description**

Youth alcohol and drug treatment focuses on the developmental issues of youth up to age 18 to intervene in the immediate and long-term consequences of substance abuse. Our youth treatment continuum funds both outpatient and residential services, and reflects collaboration with schools and juvenile justice services.

The target population for youth outpatient services (both "generic" youth slots as well as culturally-specific services for minority youth) is uninsured youth through age 18 whose families' income is less than 200% of Federal Poverty Level. Most youth eligible for our services qualify for and will become enrolled in the Oregon Health Plan/Healthy Kids; since they may not be insured at time of treatment enrollment, our slots allow for immediate treatment access and provide bridge funding until OHP enrollment is complete. Some youth need a higher level of care and youth residential treatment addresses the needs of some of the most vulnerable and at-risk county adolescents, a subset of whom have significant mental health issues.

The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers and includes 88 units of Central City Concern long-term transitional housing for families who are rebuilding their lives following the devastation of their addictions. These housing communities provide a clean, safe and sober living environment in which parents can raise their children while new recovery principles are reinforced. This offer funds an array of services aligned for FAN families - including rent assistance, family mentoring, and housing case management - to support family reunification and build family stability, economic self-sufficiency, healthy community involvement and success in permanent housing.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of households that received rent assistance	61	67	62	62
Outcome	Exiting families that move into long-term permanent housing	51.0%	85.0%	52.0%	52.0%
Output	Number of families that received housing coordination services	0	0	100	105

**Performance Measure - Description**

 **Measure Changed**

The performance measures shown above are consistent with the performance measures attached to these funds by the State. The percentages shown are based on the providers quarterly reports submitted to the State via Multnomah county. The output measure of families receiving housing coordination services had not been reported previously (FY13). The 85% current year purchased (FY13) was entered erroneously and is not supported by the annual reports submitted by the service provider to Multnomah County. The staffing for housing coordination was significantly reduced in the current biennium via the funding allocation in the State's contract process. This reduction has reduced the contractors staff available to assist families to secure employment and the income to be able to afford market rate housing.

## Legal/Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer and Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol and drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$274,279	\$881,475	\$134,279	\$878,279
Total GF/non-GF:	<b>\$274,279</b>	<b>\$881,475</b>	<b>\$134,279</b>	<b>\$878,279</b>
Program Total:	<b>\$1,155,754</b>		<b>\$1,012,558</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$881,475	\$0	\$878,279
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$881,475</b>	<b>\$0</b>	<b>\$878,279</b>

## Explanation of Revenues

\$231,482 - State Mental Health Grant A&D Special Projects: Based on FY13 grant award.  
 \$622,097 - State Mental Health Grant Flex Funds: Based on FY13 award.  
 \$24,700 - Local 2145 Beer & Wine Tax Revenues: Based on FY13 revenue projections.  
 \$134,279 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25094, Family and Youth Addictions Treatment Continuum

In previous years, the County has sent County General Funds to the state Addictions and Mental Health Division to be matched with Medicaid funds and contracted back to a Multnomah County youth residential treatment provider. Due to the changes brought on by healthcare transformation, this may no longer be possible, or to the county's benefit. Contracting with a residential provider directly will allow us to ensure that uninsured Multnomah County youth receive services that are currently not available to them. The Coordinated Care Organizations managing Medicaid funds will have to evaluate the need for youth residential services and fund them if deemed necessary.

**Lead Agency:** County Human Services

**Program Contact:** Devarshi Bajpai

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Family Involvement Team (FIT) for Recovery program is a collaborative effort with Department of Human Services/Child Welfare, alcohol and drug treatment providers, social service agencies, and the Family Dependency Court. In FY13, the FIT for Recovery program connected 445 clients with addictions treatment as expeditiously as possible and provided enhanced services to assist clients to successfully complete treatment and maintain recovery.

**Program Description**

The FIT for Recovery Core Team, housed at the Family Dependency Court, work with Child Welfare parents and their children until they enter addictions treatment. Additional team members, located at the five treatment providers, begin working with the parents and their children once the parent and/or the parent and child enter treatment. In addition to addiction treatment, staff at the treatment agencies provide the family with support services including case management, family therapy, and wrap around services to assist the client to remain successful in treatment. By accepting services, parents are demonstrating to the State Department of Human Services (DHS) Child Welfare that they recognize that drugs or alcohol are affecting their abilities to parent effectively and are willing to take steps to become effective parents. FIT partners include: DHS Child Welfare, Family Dependency Court, LifeWorks NW, Cascadia, NARA, Central City Concern, Volunteers of America, Morrison Center and CODA.

With the end of the Department of Health & Human Services - Administration for Children and Families/Children's Bureau - Regional Partnership Grant in 2012, there are reductions in FY14 to the number of clients receiving FIT Triage Services, treatment services, and case management services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average number of FIT Triage starts per month <sup>1</sup>	0	65	71	79
Outcome	Average monthly number of clients in treatment <sup>2</sup>	187	190	170	187
Output	Annual number of FIT clients receiving case management services <sup>3</sup>	0	0	0	210

**Performance Measure - Description**

<sup>1</sup> The average number of triage starts per month was a new performance indicator for FY13. Therefore, there was no previous year actual data. This indicator tracks the number of new clients entering FIT Triage per month. Triage is the process that staff use to determine if a Child Welfare client referral warrants further assessment for drug and/or alcohol use or abuse and, if positive, what level of treatment is appropriate.

<sup>2</sup> The average monthly number of clients enrolled in treatment is a count by treatment provider of all clients enrolled in that month and receiving treatment.

<sup>3</sup> The annual number of FIT clients receiving case management services is a new performance measure for FY14. Therefore, there is no previous year actual data.

Performance data is available through the FIT database, which is administered by Family Court staff.

## Legal/Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$1,137,696	\$0	\$995,995
Materials & Supplies	\$0	\$11,424	\$0	\$0
Internal Services	\$0	\$6,875	\$0	\$0
Total GF/non-GF:	\$0	\$1,155,995	\$0	\$995,995
Program Total:	\$1,155,995		\$995,995	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$3,690	\$0	\$0	\$0
Intergovernmental	\$0	\$1,155,995	\$0	\$995,995
<b>Total Revenue:</b>	<b>\$3,690</b>	<b>\$1,155,995</b>	<b>\$0</b>	<b>\$995,995</b>

## Explanation of Revenues

\$995,995 - State Mental Health Grant Flex Funds: Based on FY13 grant award

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25098, Family Involvement Team

In FY13, FIT case management services were provided by eleven case managers with an average annual caseload of 30 clients. In FY14, with the loss of the Department of Health & Human Services - Administration for Children and Families/Children's Bureau - Regional Partnership Grant, funding will be available for 7 FIT case managers. This will reduce the number of clients case managed by a minimum of 120 clients annually.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Homeless Families' Shelter and Emergency Services (HFSES) provides year-round day and night shelter, access and referral to supportive services, housing placement and retention support, and increased winter capacity through the Family Warming Center to approximately 270 homeless households with children and 50,000 callers to 211info annually.

In partnership with faith-based congregations, non-profit providers, the City of Portland, and the community, the County's financial investment is leveraged, on average \$2 for every \$1 invested.

200 households annually are placed into housing and provided with rent assistance, as well as placement retention support resulting in 90% remaining in permanent housing six months after exit from service.

**Program Description**

In the most recent data available the Oregon Department of Human Services (DHS) documented 6,122 households with children receiving food stamps in Multnomah County who self-reported that they were homeless. The majority of these families are largely invisible to the community because they are much more likely to be doubled up or couch surfing.

The most recent Point-In-Time Street Count continues to document significant increases in the number of families with children living on the streets, in cars, or other places not meant for human habitation.

Leveraging faith-based, non-profit, and jurisdictional partnerships, the County has created a true year-round system of care for homeless families, providing day and night shelter, access and referral to supportive services, housing placement and retention support, and increased winter capacity. Utilizing this base, the investment of general funds is leveraged and maximized. It is also anticipated that over time, by providing services year round, potential need during the winter may be reduced as families won't have to wait until the winter in order to leave the streets or other unsafe or inappropriate living situations.

211info provides general health and human services referrals for the community at large, specialized winter shelter access services, and emergency response functions as part of the system of care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	638	270	270	340
Outcome	% of households served that remain in permanent housing 6 months after exit	99.0%	80.0%	90.0%	90.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$1,013,312	\$349,545	\$809,265	\$475,258
Materials & Supplies	\$0	\$0	\$1,850	\$0
Internal Services	\$0	\$11,435	\$0	\$14,853
<b>Total GF/non-GF:</b>	<b>\$1,013,312</b>	<b>\$360,980</b>	<b>\$811,115</b>	<b>\$490,111</b>
<b>Program Total:</b>	<b>\$1,374,292</b>		<b>\$1,301,226</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$6,138	\$0	\$7,723	\$0
Intergovernmental	\$0	\$360,980	\$0	\$490,111
<b>Total Revenue:</b>	<b>\$6,138</b>	<b>\$360,980</b>	<b>\$7,723</b>	<b>\$490,111</b>

**Explanation of Revenues**

\$490,111 - OHCS D SHAP,EHA,ESG: Based on current grant award  
 \$811,115 - County General Fund

**Significant Program Changes**

Last year this program was: #25111A, Homeless Families' Shelter and Emergency Services



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer provides \$60,000 of pass-through to create staff capacity in order to continue maximum utilization of existing County General Fund outreach to homeless households camping or living on the streets in East County.

Approximately 90 households annually - families with children, single individuals, and/or veterans - are contacted through referral by sheriff deputies and local city law enforcement officers, faith-based organizations, and local community members for outreach and housing placement.

Up to 15 households will be placed in housing. 80% of those placed in housing will remain in permanent housing six months after exit from service.

**Program Description**

Rent Assistance for homeless households in East County has been funded for several years. Using existing staff capacity, outreach for East County has been leveraged. Positive working relationships with law enforcement and others in East County has created demand that exceeds current leveraged staff capacity. In order to continue this successful partnership, staff capacity must be created.

We will contract with a community based organization for one FTE which will be assigned to work specifically in East County and continue to use approximately \$75,000 in rent assistance dedicated to households camping or living on the streets.

Services include outreach, assertive engagement, housing placement and retention, and support services referral to appropriate agencies.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	0	0	0	15
Outcome	% of households served that remain in permanent housing 6 months after exit	0.0%	0.0%	0.0%	80.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$60,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$60,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$60,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$60,000 - County General Fund

**Significant Program Changes****Last year this program was:**

New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer provides \$390,000 to build upon the successful FY13 contingency-funded pilot exploring coordinated entry and mobile housing placement for homeless families on the shelter wait list. Funding will implement system-wide coordinated entry for the homeless families' system of care - screening, mobile housing placement, flex funds, and data management.

Adding this service component into the existing system of care brings the entire system into alignment with national best practice, federal HEARTH requirements, and local learning about what works with homeless families.

**Program Description**

National research continues to emphasize the effectiveness of rapid re-housing for homeless families. Locally, the system of care for homeless families has created an unintended expectation that to access housing placement and rent assistance, households must first go to the Warming Center, be placed on the wait list for shelter, and then once at the shelter access housing placement.

Because of the significant size of the wait list for shelter prior to winter, the Board funded a pilot that offered universal screening through 211info and immediate access to mobile housing placement in order to by-pass this assumed required pathway to housing. If in a reasonably safe temporary situation, households do not come into the Warming Center or shelter but instead begin immediate work to secure housing.

In a rental market with currently less than a 3% vacancy rate, the challenge to finding housing for these families is significant. 2 FTE were contracted for in the belief that specifically trained staff with access to flex funds for move-in and other costs, as well as six months of rent assistance would be effective. Starting December 2012, these newly trained housing placement staff have already placed over 35 households into permanent housing and will continue to do so through June 2013.

Services include additional capacity for 211info to perform all screening and referral into housing placement staff caseloads, 4 FTE housing placement specialists, flex funds, and data management for the system.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of screenings through 211Info	0	0	0	150
Outcome	HMIS reports completed on time and accurately	0	0	0	100

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$0	\$43,860	\$0
Contracts	\$0	\$0	\$343,582	\$0
Materials & Supplies	\$0	\$0	\$2,558	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$390,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$390,000</b>	
Program FTE	0.00	0.00	0.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$390,000 - County General Fund

**Significant Program Changes****Last year this program was:**

New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$610,000 to build upon the successful FY13 contingency-funded pilot exploring coordinated entry and mobile housing placement for homeless families on the shelter wait list. Funding flex funds and rent assistance for 174 families.

Adding this service component into the existing system of care brings the entire system into alignment with national best practice, federal HEARTH requirements, and local learning about what works with homeless families.

Approximately 174 households, including households leaving domestic violence situations, will receive services. Of those placed, 90% will remain in permanent housing six months after exit from service.

**Program Description**

National research continues to emphasize the effectiveness of rapid re-housing for homeless families. Locally, the system of care for homeless families has created an unintended expectation that to access housing placement and rent assistance, households must first go to the Warming Center, be placed on the wait list for shelter, and then once at the shelter access housing placement.

Because of the significant size of the wait list for shelter prior to winter, the Board funded a pilot that offered universal screening through 211info and immediate access to mobile housing placement in order to by-pass this assumed required pathway to housing. If in a reasonably safe temporary situation, households do not come into the Warming Center or shelter but instead begin immediate work to secure housing.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	0	0	0	174
Outcome	% of households served that remain in permanent housing 6 months after exit	0.0%	0.0%	0.0%	90.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$610,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$610,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$610,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$610,000 - County General Fund (OTO)

**Significant Program Changes**

 **Significantly Changed**

Last year this program was: #25111A, Homeless Families' Shelter and Emergency Services

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Homeless Benefits Recovery Project (HBR) utilizes a proven program model to assist 120 chronically homeless individuals with mental illness, addictions, and disabilities in accessing federal benefits, such as Social Security Disability Insurance (SSI/SSDI), and services to which they are entitled but have been unable to receive because their disabilities prevent them from successful navigation of the application or appeals system. Based on census data estimates and data from the Social Security Administration, locally only 11% of those eligible receive benefits.

In FY12, HBR assisted 207 individuals, 82% of whom obtained SSI/SSDI benefits, successfully transitioning their treatment costs from the Multnomah Treatment Fund.

**Program Description**

HBR assists approximately 120 individuals annually who are served by the Multnomah Treatment Fund. The Multnomah Treatment Fund is a County General Fund program serving a limited number of individuals with mental illness and without insurance or benefits.

HBR services include: eligibility screening, application assistance, appeals process advocacy, case management, and medical and other documentation to individuals evaluated to be potentially eligible for SSI/SSDI. HBR targets those who would potentially not be on the County's caseload if they had access to the benefits for which they are eligible, or those currently on the County's caseload whose cost of care is not reimbursed. Local estimates using census data identifies 39% of the chronic homeless population as eligible for SSI/SSDI as a result of mental illness and 46% eligible as a result of their physical health. Benefit recovery efforts are a key strategy of the local 10 Year Plan to End Homelessness.

Without benefits, individuals are either without services and utilizing expensive, locally-funded safety net services – jail, hospital/medical care, or other safety net services – or have their treatment paid for with scarce local community (non-federal) funds.

At the start of services, HBR clients were earning an average of \$143 per month and at exit, they were earning \$705 per month. 86% of clients had no primary health care option at the start of services and are now covered through Medicaid. In the year prior to services, HBR clients now receiving federal benefits used \$35,585 in mental health services from the Treatment Fund; were put on emergency holds for a total of 94 days, the equivalent of \$75,200; and had 23 instances of mobile outreach with Project Respond, the equivalent of \$1,360.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of individuals served	207	120	120	120
Outcome	% of individuals served who receive benefits	82.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$411,297	\$0	\$420,551	\$0
Total GF/non-GF:	<b>\$411,297</b>	<b>\$0</b>	<b>\$420,551</b>	<b>\$0</b>
Program Total:	<b>\$411,297</b>		<b>\$420,551</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$420,551 - County General Fund

**Significant Program Changes**Last year this program was: #25115A, Homeless Benefit Recovery Project



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Community Services Division Administration (CSD) ensures that all requirements for divisional operation are maintained to county, state, and federal standards.

CSD is responsible for providing, contracting for, and/or coordinating the County's investments in three core service/policy areas: Energy, Homelessness and Housing, and Anti-Poverty/Prosperity.

Division supported services are provided to 20,624 Multnomah County households annually. The Division also functions as the County's legislatively mandated Community Action Office.

**Program Description**

45% of Portland households pay more than 30% for housing (cost burdened). Workers with a full-time, minimum wage job cannot afford apartments of any size at fair market rate in the metro area without being cost burdened. Current rental housing vacancy rates hover around 3% while County unemployment rates continue to stay in double digits. 25% of County children under the age of five live in poverty, with children of color represented at three times the rate of Caucasian children.

When the economy is bad and too many of us are struggling to meet our basic needs, Community Services provides creative, innovative, and strategic leadership, taking action to invest in economic development of human capital, remove barriers, and build upon strengths so that we all have the greatest opportunity possible to succeed and thrive as a prosperous, caring community.

Managing the work of 30.5 FTE, CSD effectively administers a package of direct services, contract services, and community initiatives representing approximately \$30 million dollars of County, state, and federal funds investment.

As the County's Community Action Office, CSA provides leadership for cross-jurisdictional homelessness and housing, and anti-poverty/prosperity efforts. CSA works to create opportunities for all citizens to experience prosperity through key partnerships and collaborations with local, regional, and statewide public, private and community stakeholders including consumer, business, faith, jurisdictional and other partners.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of staff attending at least 10 hours of skill bldg/professional development	100.0%	85.0%	85.0%	90.0%
Outcome	% of stakeholders expressing satisfaction with services received	85.0%	60.0%	85.0%	85.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$797,395	\$0	\$613,354	\$0
Contracts	\$3,000	\$0	\$17,963	\$0
Materials & Supplies	\$24,288	\$0	\$22,706	\$0
Internal Services	\$83,750	\$0	\$67,414	\$0
Total GF/non-GF:	<b>\$908,433</b>	<b>\$0</b>	<b>\$721,437</b>	<b>\$0</b>
Program Total:	<b>\$908,433</b>		<b>\$721,437</b>	
Program FTE	7.50	0.00	5.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$721,437 - County General Fund

**Significant Program Changes****Last year this program was:** #25118, Community Services Administration

A vacant Administrative Analyst position and a vacant Research and Evaluation Analyst Sr position were cut from the budget for FY14.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Energy Services (ES) ensured that over 17,000 fixed and low-income households have financial assistance to help meet their energy costs, avoiding shutoff and potential loss of housing in FY12.

Direct utility payments to income eligible households, along with energy education, case management, and other services help households manage and pay for their energy costs. Services prevent utility shutoff for vulnerable households. Services are primarily tax and rate payer funded by the state and federal government.

**Program Description**

Energy bill payment assistance works through nine community agencies to make utility payments for fixed and low-income households. In FY12 more than 70,000 households were income eligible for service; of those, 17,160 were served.

Services are delivered through the SUN Service System (SUNSS) Anti-Poverty System, a countywide integrated and coordinated system of care for school-age youth and their families.

Energy Education helps fixed and low-income households understand their energy use and provides the necessary tools - such as light bulbs, window stripping and showerheads - to better control energy expenses. All households receiving Energy Services receive education on how to reduce energy costs.

Energy services contribute to reducing the number of households living in poverty by increasing household self-sufficiency and improving local economic conditions through energy conservation. Energy costs disproportionately affect low-income households. The Department of Energy (DOE) estimates low-income households pay an average of 12.6% of their income for energy expenses compared with 2.7% for the average household. In some fixed income households, energy costs can reach as high as 35% of total monthly expenses.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	17,160	10,000	10,000	10,000
Outcome	% of households served after receiving shutoff notices who avoid disconnection	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$311,536	\$0	\$438,006
Contracts	\$6,200	\$688,972	\$6,200	\$1,215,732
Materials & Supplies	\$8,937	\$7,765,178	\$6,972	\$7,920,823
Internal Services	\$55,849	\$397,766	\$38,799	\$529,268
<b>Total GF/non-GF:</b>	<b>\$70,986</b>	<b>\$9,163,452</b>	<b>\$51,971</b>	<b>\$10,103,829</b>
<b>Program Total:</b>	<b>\$9,234,438</b>		<b>\$10,155,800</b>	
Program FTE	0.00	4.04	0.00	5.20
<b>Program Revenues</b>				
Indirect for dep't Admin	\$207,764	\$0	\$275,222	\$0
Intergovernmental	\$0	\$9,163,452	\$0	\$10,103,829
<b>Total Revenue:</b>	<b>\$207,764</b>	<b>\$9,163,452</b>	<b>\$275,222</b>	<b>\$10,103,829</b>

**Explanation of Revenues**

\$5,333,333 - LIEAP Leverage Energy Grant: Based on current grant award  
 \$4,680,536 - OEAP-Energy Grant: Based on current grant award  
 \$89,960 - PDX Water/Sewer: Based on FY13 revised budget  
 \$51,971- County General Fund

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #25119, Energy Assistance

FY14 reflects increased State LIEAP funds by over \$1 million. This has increased pass through funds. Change in FTE reflects a shift in staffing in this program offer and 25121 Weatherization.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Weatherization (WX) provided repair and appliance replacement to approximately 1,152 households in FY12. Services are primarily tax and rate payer funded by the state and federal government.

According to an Oregon Housing and Community Services (OHCS) study, services create \$1.78 of economic activity within the county for every \$1 invested in WX.

**Program Description**

Weatherization (WX) provides energy use audits, weatherization, furnace repairs and replacement, and appliance replacement to fixed and low-income households. County staff and vendors provide services. In FY12, more than 70,000 households were income eligible for service; of those, 1,152 were served.

Weatherization contributes to reducing the number of households living in poverty by increasing household self-sufficiency and improving local economic conditions through energy conservation. Energy costs disproportionately affect low-income households. The Department of Energy (DOE) estimates low-income households pay an average of 12.6% of their income for energy expenses compared with 2.7% for the average household. In some fixed income households, energy costs can reach as high as 35% of total monthly expenses. DOE estimates WX households save an average \$274 annually in energy costs.

WX provides jobs for local contractors and revenue for businesses who supply materials, and indirectly creates another 1.25 jobs in Oregon for every administrative position funded. National research indicates that WX has multiple "non-energy related" benefits including affordable housing preservation, regional energy conservation, long-term home improvement, safer housing conditions and improved physical health. Locally, Oak Ridge National Laboratory found that WX increases household property values, maintains affordable housing and improves the environment through reduced consumption of fossil fuels.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	1,152	750	900	750
Outcome	# of affordable housing units maintained for 10 years	939	500	402	500

**Performance Measure - Description**

Weatherization of multi-family buildings requires landlord commitment to a minimum 10 years of affordability. While numbers of units weatherized fluctuate based on funding availability and specific project costs, it's one of the best ways to preserve and improve the quality of current affordable housing stock.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$807,047	\$0	\$582,653
Contracts	\$0	\$38,926	\$0	\$599,614
Materials & Supplies	\$32,964	\$1,532,896	\$0	\$2,523,072
Internal Services	\$33,955	\$486,885	\$0	\$447,607
<b>Total GF/non-GF:</b>	<b>\$66,919</b>	<b>\$2,865,754</b>	<b>\$0</b>	<b>\$4,152,946</b>
<b>Program Total:</b>	<b>\$2,932,673</b>		<b>\$4,152,946</b>	
Program FTE	0.00	9.96	0.00	6.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$65,872	\$0	\$94,236	\$0
Intergovernmental	\$0	\$2,465,754	\$0	\$3,399,729
Other / Miscellaneous	\$0	\$400,000	\$0	\$753,217
<b>Total Revenue:</b>	<b>\$65,872</b>	<b>\$2,865,754</b>	<b>\$94,236</b>	<b>\$4,152,946</b>

**Explanation of Revenues**

\$1,358,372 - LIEAP Weatherization: Based on current grant award  
 \$238,859 - DOE Weatherization: Based on current grant award  
 \$1,714,998 - ECHO Grant: Based on current grant award  
 \$25,000 - Energy Show Rebates: Based on current year income projections  
 \$438,500 - County Weatherization Rebates: Based on FY13 revised budget  
 \$314,717 - County Weatherization Rebates Beginning Working Capital  
 \$62,500 - PDX Water/Sewer: Based on FY13 revised budget

**Significant Program Changes**

**Last year this program was: #25121, Weatherization**  
 Change in FTE reflects a shift in staffing in this program offer and 25119 Energy Services.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Community Healing Initiative (CHI) supports community-based, culturally, and gender-specific prevention services to Asian and Native American young people and their families at highest risk of gang membership, and intervention services to African-American and Latino young people and their families who are already involved with the juvenile justice system.

Approximately 240 young people and their families will be served. It is expected that 85% of youth served increase their academic achievement, and avoid or reduce subsequent juvenile justice system involvement.

**Program Description**

In FY12 approximately 114 Asian and Native American families received prevention services and 58 African- American and Latino families on supervision with the juvenile division received intervention services. Referrals are managed directly by the Department of Community Justice.

CHI is a proven best practice successful in intervening with these young people and families. By utilizing a specific, proven best practice model that provides intensive family-focused support and intervention, services are culturally and gender specific, as well as tailored to individual client needs. Services include:

Mental health assessment and addictions treatment; school re-entry and retention; pro-social skill building activities; employment readiness and placement; basic needs; case management; linkage to support services; and flexible client service funds. Monthly system/joint case staffing meetings ensure seamless referrals between the juvenile justice system and community-based providers.

Intensive family support and intervention has been proven effective in successfully reducing or eliminating gang-related behaviors. OSU research indicates that 20% of youth offenders commit 80% of juvenile offenses, and that most of this 20% are "early bloomers" who committed crimes before the age of 15. CHI prioritizes this specific population in relationship to gang involvement, youth violence, and juvenile delinquency.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of Asian and Native American families served	114	140	140	140
Outcome	% of Asian/NA families served who avoid or reduce juvenile justice involvement	90.0%	90.0%	75.0%	75.0%
Output	# of African-American and Latino families served	58	100	100	100
Outcome	% of AA/Latino families served who avoid subsequent felony or arrest	85.0%	50.0%	50.0%	50.0%

**Performance Measure - Description**

Increase in number of African-American and Latino families to be served reflects start of program services in October 2011.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$98,941	\$0	\$103,197	\$0
Contracts	\$1,199,930	\$0	\$1,226,928	\$0
Materials & Supplies	\$2,111	\$0	\$1,693	\$0
Internal Services	\$10,050	\$0	\$8,987	\$0
Total GF/non-GF:	<b>\$1,311,032</b>	<b>\$0</b>	<b>\$1,340,805</b>	<b>\$0</b>
Program Total:	<b>\$1,311,032</b>		<b>\$1,340,805</b>	
Program FTE	1.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$1,340,805 - County General Fund

**Significant Program Changes**Last year this program was: #25123, Youth Gang Prevention - Community Healing Initiative



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25133B

**Program Characteristics:**

**Executive Summary**

Housing Stabilization for Vulnerable Populations provides rent assistance and transitional housing to more than 873 homeless households with children annually. Of those placed in housing, 90% will remain in permanent housing six months after exit from service.

These services help our most vulnerable homeless and marginally housed families with children maintain their housing and avoid homelessness; once homeless, find homes; and, receive long-term support, working on a path to self-sufficiency.

Bridges to Housing (B2H), facility-based transitional housing, and the County's Housing Team are also included in this program offer.

**Program Description**

The unified Short Term Rent Assistance (STRA) System serves 521 households with rent assistance, mortgage payment, and emergency shelter vouchers annually. Approximately 90% of those placed in permanent housing remain housed six months after exit from services.

Three facilities-based transition housing sites house approximately 98 households for up to two years.

Bridges to Housing (B2H) serves approximately 139 of the highest resource-using households annually with housing and long-term support services.

The County invests in a number of housing and support services programs within DCHS and other departments. Services have been targeted to specific populations, exist within different departments and divisions, and for the most part have operated in isolation from each other. The County's Housing Team - representing all County departments and divisions - determines opportunities for collaboration or potential efficiency across programs, and shares best practice, results and innovation.

Cross-jurisdictional work with the City of Portland, the City of Gresham, and Home Forward is also supported - especially with the 10 Year Plan to End Homelessness Reset Report.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	873	794	935	935
Outcome	% of households served who remain in permanent housing 6 months after exit	90.0%	80.0%	75.0%	80.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$286,069	\$43,698	\$305,362	\$38,769
Contracts	\$1,824,918	\$1,340,118	\$1,731,351	\$1,363,435
Materials & Supplies	\$7,558	\$0	\$51,482	\$0
Internal Services	\$35,744	\$76,418	\$15,147	\$101,348
<b>Total GF/non-GF:</b>	<b>\$2,154,289</b>	<b>\$1,460,234</b>	<b>\$2,103,342</b>	<b>\$1,503,552</b>
<b>Program Total:</b>	<b>\$3,614,523</b>		<b>\$3,606,894</b>	
Program FTE	2.56	0.44	2.62	0.38
<b>Program Revenues</b>				
Indirect for dep't Admin	\$38,602	\$0	\$39,764	\$0
Intergovernmental	\$0	\$1,460,234	\$0	\$1,503,552
<b>Total Revenue:</b>	<b>\$38,602</b>	<b>\$1,460,234</b>	<b>\$39,764</b>	<b>\$1,503,552</b>

**Explanation of Revenues**

\$1,172,942 - HUD Family Futures: Based on current grant award  
 \$330,610 - OHCSH HSP, LIRHF, SHAP, EHA: current grant award  
 \$2,103,342 - County General Fund

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #25133A, Housing Stabilization for Vulnerable Populations  
 The FY13 program offer 25114 Bridges to Housing is included in this program offer for FY14. The history is shown here.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Short-Term Rent Assistance System (STRA) provides rent assistance, limited mortgage assistance, and emergency motel vouchers to individual and family households at risk of or experiencing homelessness.

STRA is a collaboration among the County, the City of Portland, and Home Forward as a key strategy of the 10 Year Plan to End Homelessness.

This program offer provides \$1,500,000 of pass-through to continue current County investment matching increased funding by Home Forward (\$500,000) and leveraging continued funding from City of Portland general funds (\$500,000).

Approximately 1,000 additional households will be served and are expected to maintain a 90% rate of permanent housing six months after exit from service.

**Program Description**

Research shows that prevention of homelessness is a much more effective and efficient use of community resources than intervention once a household has entered homelessness. Local data reinforces this, with exceedingly high housing stability after six months achieved by households who have often accessed less than three months of assistance.

Through the 10 Year Plan to End Homelessness Reset Report, the County, the City of Portland, and Home Forward have integrated the majority of each jurisdiction's rent assistance funding into a single system. STRA, managed by Home Forward on behalf of all partners, executes and manages one contract per provider, and collects one set of data and seeks one set of outcomes - rather than the three or more that used to exist.

Access to services is maintained for both single and family households, as well as culturally specific services for racial/ethnic communities, domestic violence victims, homeless youth, and others.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	521	500	538	1,000
Outcome	% of households served who remain in permanent housing 6 months after exit	90.0%	80.0%	80.0%	80.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$500,000	\$0	\$1,500,000	\$0
Total GF/non-GF:	<b>\$500,000</b>	<b>\$0</b>	<b>\$1,500,000</b>	<b>\$0</b>
Program Total:	<b>\$500,000</b>		<b>\$1,500,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$1,500,000 - County General Fund (OTO)

**Significant Program Changes****Last year this program was:** #25133B, HSVP - Short-Term Rent Assistance

In FY13 this program was funded with one time only funds. This program offer requests ongoing funding for this purpose.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer funds \$40,000 of pass-through to continue support for the Rose City Resource Guide, a pocket guide to health and human services in the metro area. Streetroots, in collaboration with 211info, publishes the guide annually. County departments - Health, the Sheriff's Office, County Human Services, and Community Justice - all distribute the guides to clients.

Funds will leverage City of Portland funding to ensure availability of guides for use by County staff and programs.

**Program Description**

The Rose City Resource Guide is recognized and used by homeless and low-income individuals across the metropolitan area. Streetroots, a small grassroots newspaper by, for, and about issues of concern to homeless and low-income people, produces the guide annually. The guide is made available at no cost to those using it.

County departments provide the guide to clients and members of the public entering County buildings and service sites. While many departments are dues-paying members of Streetroots, this contribution does not cover the cost of the guides being used by them.

This program offer leverages current investment by the City of Portland in order to pay for the County's use of the guides.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of guides produced	45,000	45,000	45,000	85,000
Outcome	% of guides distributed	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$20,000	\$0	\$40,000	\$0
Total GF/non-GF:	<b>\$20,000</b>	<b>\$0</b>	<b>\$40,000</b>	<b>\$0</b>
Program Total:	<b>\$20,000</b>		<b>\$40,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$40,000 - County General Fund

**Significant Program Changes** **Significantly Changed****Last year this program was:** #25133D, HSVP - Streetroots

This program offer was funded in FY13 as one time only. This program offer provides \$20,000 ongoing and \$20,000 one time only funding.

\$20,000 was added from County general fund for an additional 40,000 copies of the Rose City Guide.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer provides \$30,000 of pass-through to continue FY13 contingency funding for flexible funds used to assist the Veterans' Administration (VA) in fully utilizing all available Section 8 vouchers for homeless veterans.

**Program Description**

The local Veterans' Administration has struggled to fully utilize Section 8 vouchers specifically prioritized for homeless veterans. In FY13 a task force of stakeholders - government, providers, advocates, and others - convened to address the barriers to full utilization.

A significant barrier identified was the lack of flexible funding to facilitate VA case management staff placing veterans into permanent housing. Expenses such as security deposits, cleaning deposits, move-in costs, first and last month rent could not easily be covered through VA resources and when able to be covered were not immediately available to their staff.

In order to eliminate this barrier, the County, the City of Portland, Home Forward and the United Way each contributed funding for use by VA case managers. Access to these funds was managed through Home Forward and the Short-Term Rent Assistance (STRA) system.

Early results have been encouraging in terms of an increase in the numbers of veteran households able to use their housing voucher.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of veterans served	0	0	71	75
Outcome	% of veterans served who successfully use their housing voucher	0.0%	0.0%	100.0%	100.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$30,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$30,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$30,000 - County General Fund

**Significant Program Changes****Last year this program was:**

New program offer. This program was funded in mid FY13 via a budget modification. This program offer requests ongoing funding for this program.



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$238,009 in one-time-only pass-through to provide bridge funding for three facilities based transitional housing programs. Bridge funding provides time for non-profit providers to seek other sources for this funding during FY14 as there is no plan to provide this resource in FY15.

Funds provide match for two HUD McKinney grants and rent assistance at a third affordable housing community site, leveraging approximately \$339,984 in federal funds. Approximately 60 households are served annually, 70% of whom remain in permanent housing six months after exit.

**Program Description**

When funding for these services was first provided over 15 years ago, best practice identified transitional housing as an effective intervention for homeless families with children. As research has continued to explore what really works and new models have been developed, there has been a trend nationally to move away from traditional transitional housing programs. Current research and experience, both nationally and locally, point to a Housing First/Rapid Re-Housing approach as significantly more effective for a greater range of family situations. In fact, HUD McKinney funds are moving away from funding transitional housing as a priority.

Locally, the three housing sites have been developed and operated collaboratively with our jurisdictional partners - Home Forward and Portland Housing Bureau. Any reduction of current funds destabilizes the buildings and potentially impacts aligned investments and leverage.

In order to ensure that any changes or re-modeling of current programs are implemented in a timely fashion, bridge funds are needed to give all stakeholders time to pursue hard conversations about best use of shared resources, as well as time for current providers to seek other sources of funding for this match and subsidy. Bridge funding protects the building assets and current housing for homeless families which are important resources to the community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households served	98	60	60	60
Outcome	% of households served who remain in permanent housing 6 months after exit	85.0%	70.0%	70.0%	70.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$238,009	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$238,009</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$238,009</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$238,009 County General Fund (OTO)

**Significant Program Changes** **Significantly Changed**

**Last year this program was:** #25133A, Housing Stabilization for Vulnerable Populations  
 This program offer is included as a one-time-only offer for FY14.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25135B

**Program Characteristics:**

**Executive Summary**

Commercial Sexual Exploitation of Children (CSEC) is a growing concern nationally. Locally, the Pacific NW has gained the unenviable reputation as a hub for this crime. Efforts to address CSEC comprehensively through a variety of strategies and services involving an exceptionally diverse group of stakeholders have been extremely successful.

As a part of these efforts, a system of care for victims' services has been developed and is actively implemented. Funds are provided for system support, coordination, and on-going development through the Victims' Services Implementation Team (VSIT).

Results of a process evaluation conducted by the Department of County Human Services (DCHS) determined that 90% of those participating in VSIT found value in networking with others providing services in the system of care and 75% were satisfied with the overall functioning of the group.

**Program Description**

Based upon our local nationally-recognized system of care model for homeless youth, VSIT is charged with community-based accountability and oversight for the continuum of services available for girls under the age of 18 who have been victimized by CSEC.

Highly skilled facilitation, public education and media management, systems development, and collaborative service delivery is supported through monthly meetings of the VSIT and on-going linkage both within the system of care, with allied service systems such as child welfare and mental health and addictions treatment, and with other components of the larger CSEC response continuum. VSIT leverages a significant amount of community funding for direct service provision.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of VSIT meetings held	12	12	12	12
Outcome	Amount of cash donations leveraged	40,000	40,000	40,000	40,000

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$420,000	\$0	\$30,675	\$46,278
<b>Total GF/non-GF:</b>	<b>\$420,000</b>	<b>\$0</b>	<b>\$30,675</b>	<b>\$46,278</b>
<b>Program Total:</b>	<b>\$420,000</b>		<b>\$76,953</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$0	\$0	\$46,278
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$46,278</b>

**Explanation of Revenues**

\$46,278 - Donations; based on current year estimates  
 \$30,675 - County General Fund

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #25135, Commercial Sexual Exploitation of Children - Victims' System of Care  
 FY13 program offer 25135 has been separated into a program offer for existing funding in target for system support, coordination, and ongoing development, and a scaled program offer requesting ongoing funding for direct client services. The scaled offer (25135B) was funded as one time only in FY13.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25135A

**Program Characteristics:**

**Executive Summary**

The system of care for victims of commercial sexual exploitation serves 10-15 girls under 18 years of age annually with highly intensive and population-specific shelter and support services in order to intervene with this significantly traumatized group of children.

Funds currently support mid-term housing for approximately 15 young women and assertive engagement for approximately 40 young women under the oversight of the Victims' Services Implementation Team (VSIT) that works to provide accountability and leverage significant community and other jurisdictional support.

In FY13 services were funded with one-time-only funds. This program offer provides \$429,450 of pass-through to continue current funding levels and seeks on-going funding status for these services as presented to the Board as part of the five year funding plan.

**Program Description**

In FY10 the County received a planning grant from the federal government to assess the problem of commercial sexual exploitation of children (CSEC) locally and to develop an integrated law enforcement response that included community-based intervention. In FY11 a multi-jurisdictional working group was convened and charged with the development of a comprehensive system of care for these children. Services are provided in a holistic manner and coordinated systems collaboration among law enforcement, child welfare, juvenile justice, and community advocates has been established.

In November 2011 County funding made possible the opening of the first mid-term housing for these children. On-going funding to support these beds and the services attached to them was requested at this time. VSIT continues to be engaged with leveraging funding from other systems of care, the faith community continues to conduct significant fund raising efforts, and providers are carefully monitoring federal funding opportunities in order to match the County's investment.

Research and networking nationally points to the designed and implemented system of care as a promising best practice.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of youth served	131	55	55	55
Outcome	% of youth served who remain enrolled in the program for at least 6 months	64.0%	50.0%	50.0%	50.0%

**Performance Measure - Description**

Reduction in numbers served reflects improved accuracy of data collection by contract agencies.

Due to trauma of the population, success is defined as keeping youth participating with the program instead of running away, returning to their abuser and commercial sexual exploitation.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$429,450	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$429,450</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$429,450</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$429,450 - County General Fund

**Significant Program Changes** **Significantly Changed**

**Last year this program was:** #25135, Commercial Sexual Exploitation of Children - Victims' System of Care  
 FY13 program offer 25135 has been separated into a program offer for existing funding in target for system support, coordination, and ongoing development, and a scaled program offer requesting ongoing funding for direct client services. The scaled offer (25135B) was funded as one time only in FY13.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25136B

**Program Characteristics:**

**Executive Summary**

The Homeless Youth System (HYS) is a highly collaborative system comprised of four non-profit agencies that provide a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment and health services to approximately 1,000 homeless youth up to age 25 annually.

This system is integrated with the public safety system and is a jointly funded collaboration among DCHS, DCJ, the City of Portland, Portland Police Bureau, Citizens Crime Commission, Portland Business Alliance, the State of Oregon, Outside In, New Avenues for Youth, Janus Youth Programs, Native American Youth & Family Center and the community.

Services ensure that up to 75% of those served exit to safe stable housing and that 75% of those remain in safe, stable housing for at least six months after exit from service.

**Program Description**

The HYS provides late stage intervention for approximately 1,000 homeless youth annually through: 24/7 crisis and safety services; shelter; assertive engagement and linkage to long-term community supports; transitional and permanent housing; education and employment services; alcohol, tobacco and other drugs intervention and treatment; and, mental and other health services. Housing, services, and support to teen parents - both homeless and not - are also provided.

System accountability is managed through the Homeless Youth Oversight Committee (HYOC), a citizen body appointed by the Chair with representation that includes the Citizen's Crime Commission, Portland Business Alliance, DHS, Juvenile Rights Project, City of Portland, Health and Community Justice Departments, service providers, and homeless youth.

The HYS continues to implement the Positive Youth Development Assertive Engagement model, using a System Logic Model, Fidelity Scale, and data collection reports to monitor progress made.

Homeless youth are particularly vulnerable to crime, to be preyed upon, or to victimize others as they attempt to survive on the streets. Through joint planning and regular cross jurisdictional meetings, services are exceptionally integrated with public safety and other service systems, with significant community oversight.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of youth served	1,304	1,000	1,151	1,000
Outcome	% of youth served who remain in permanent housing 6 months after exit	92.0%	75.0%	73.0%	80.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$82,121	\$0	\$85,654	\$0
Contracts	\$566,801	\$3,310,555	\$572,945	\$3,410,081
Materials & Supplies	\$1,830	\$0	\$1,405	\$0
Internal Services	\$10,833	\$22,124	\$4,190	\$98,325
<b>Total GF/non-GF:</b>	<b>\$661,585</b>	<b>\$3,332,679</b>	<b>\$664,194</b>	<b>\$3,508,406</b>
<b>Program Total:</b>	<b>\$3,994,264</b>		<b>\$4,172,600</b>	
Program FTE	0.83	0.00	0.83	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$11,024	\$0	\$49,196	\$0
Intergovernmental	\$0	\$1,522,625	\$0	\$1,659,145
<b>Total Revenue:</b>	<b>\$11,024</b>	<b>\$1,522,625</b>	<b>\$49,196</b>	<b>\$1,659,145</b>

**Explanation of Revenues**

\$367,961 - HUD Home Safe: Based on current grant award  
 \$277,642 - HUD Horizons/Pathways: Based on current grant award  
 \$146,542 - OHCS D EHA: Based on current grant award  
 \$867,000 - PDX General Fund: Based on current grant award  
 \$664,194 - County General Fund  
 \$1,849,261 - County General Fund - Video Lottery

**Significant Program Changes**

Last year this program was: #25136A, Homeless Youth System



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

### Executive Summary

This program offers provides \$471,000 to continue FY13 contingency funding for mental health and addictions treatment engagement and support services for young people accessing services within the Homeless Youth Services Continuum and implement identified system capacity as presented to the Board in response to the FY13 budget note.

Approximately 300 homeless youth will continue to receive treatment engagement, support, and recovery services including peer mentorship, pro-social activities, and flex funds.

### Program Description

In FY13 the Children's Levy ceased to fund the Metamorphosis Program, a model program providing mental health and addictions treatment engagement and support services to homeless youth. Because of the critical need for these services, the Board of County Commissioners granted one-time-only funding for current service levels and directed the Homeless Youth Oversight Committee (HYOC) to conduct a review process to determine the optimum service package for the population.

In October 2012, the resulting service model recommendation and report was presented to the Board.

Services provided include mental health and addictions support specialists, peer recovery advocates, pro-social recreation groups and activities, and wraparound client assistance all aligned to maximize engagement with and participation in treatment funded through the County's Mental Health and Addictions Services Division (MHASD), resulting in sobriety and on-going recovery.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of youth served	0	0	150	300
Outcome	% of youth served who successfully complete their treatment program	0.0%	0.0%	50.0%	50.0%

### Performance Measure - Description

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$471,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$471,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$471,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$471,000 - County General Fund (OTO)

**Significant Program Changes****Last year this program was:**

New program offer. This program was funded via budget modification with County general funds mid year FY13.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25138B

**Program Characteristics:**

**Executive Summary**

Runaway Youth Services provide a 24/7 Reception Center, crisis line, shelter, support services, family counseling and reunification services, and gender-specific transitional housing services for approximately 1,600 youth ages 12-17 who have run away, or who are at risk of running away, as well as their families.

This program is a collaboration among DCHS, DCJ and DHS. 85% of those served return home or to another stable living environment at exit from service.

**Program Description**

Runaway Youth Services include: Reception Center - a collaboration among law enforcement, DCJ and DHS - to directly receive from officers, youth found to have committed minor status offenses such as curfew violation, truancy, etc. as an alternative to detention. The Center is co-located with runaway crisis response services, creating a countywide "child receiving center" for youth up to age 18.

Crisis Line - 24/7 youth and family help line that serves as a central access point for services. Telephone intervention and face-to-face, drop-in intervention are also available. This is the only community-based resource for runaway youth and families in the County.

Emergency Shelter - shelter and emergency assistance in an 11-bed, co-ed group home with services focused on family reunification. Youth receive food, safety from the street, medical care, transportation and case management services. Shelter services operate within a 72-hour intervention timeline. Research shows that the longer a young person is separated from family (where no abuse is present), the potential for eventual reunification decreases and further involvement in the child welfare system increases.

Support Services/Case Management - intake; assessment; individual service plans targeting family reunification; addiction treatment referrals; mental health counseling; and family mediation.

Gender Specific Transitional Housing provides two beds for girls in a group home setting. Research shows that a single gender environment results in better self-sufficiency outcomes for young women.

Services successfully impact detention reform efforts and reduce the number of children entering the child welfare system. County investment in RYS is leveraged by investments from law enforcement, the juvenile justice system and DHS. When families are able to appropriately raise their children at home, community resources are not depleted.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of youth and families served	1,668	2,000	2,002	2,002
Outcome	% of youth served who return home or exit to other stable housing	85.0%	85.0%	85.0%	85.0%

**Performance Measure - Description**

Stable housing can describe being in DHS custody which could include foster or group home placement, but most youth are reunited with family.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$16,819	\$0	\$17,544	\$0
Contracts	\$784,517	\$194,990	\$802,034	\$0
Materials & Supplies	\$356	\$0	\$285	\$0
Internal Services	\$1,711	\$0	\$1,528	\$0
<b>Total GF/non-GF:</b>	<b>\$803,403</b>	<b>\$194,990</b>	<b>\$821,391</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$998,393</b>		<b>\$821,391</b>	
Program FTE	0.17	0.00	0.17	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$194,990	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$194,990</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$821,391 - County General Fund

**Significant Program Changes** **Significantly Changed****Last year this program was:** #25138A, Runaway Youth Services

State funding to maintain the FY13 level of service can be found on program offer 25138B.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:** 25138A

**Program Characteristics:**

**Executive Summary**

Runaway Youth Services provide a 24/7 Reception Center, crisis line, shelter, support services, family counseling and reunification services, and gender-specific transitional housing services for approximately 1,600 youth ages 12-17 who have run away, or who are at risk of running away, as well as their families, 85% of those served return home or to another stable living environment at exit from service.

Due to reorganization at the state level, funding to maintain current service levels is unknown at this time. If expected funding were to be redirected, the ability to provide current services will be compromised. This program offer requests \$161,132 of pass-through to maintain current service level.

**Program Description**

Runaway Youth Services include: Reception Center - a collaboration among law enforcement, DCJ and DHS - to directly receive from officers, youth found to have committed minor status offenses such as curfew violation, truancy, etc. as an alternative to detention. The Center is co-located with runaway crisis response services, creating a countywide "child receiving center" for youth up to age 18.

Crisis Line - 24/7 youth and family help line that serves as a central access point for services. Telephone intervention and face-to-face, drop-in intervention are also available. This is the only community-based resource for runaway youth and families in the County.

Emergency Shelter - shelter and emergency assistance in an 11-bed, co-ed group home with services focused on family reunification. Youth receive food, safety from the street, medical care, transportation and case management services. Shelter services operate within a 72-hour intervention timeline. Research shows that the longer a young person is separated from family (where no abuse is present), the potential for eventual reunification decreases and further involvement in the child welfare system increases.

Support Services/Case Management - intake; assessment; individual service plans targeting family reunification; addiction treatment referrals; mental health counseling; and family mediation.

Gender Specific Transitional Housing provides two beds for girls in a group home setting. Research shows that a single gender environment results in better self-sufficiency outcomes for young women.

Services successfully impact detention reform efforts and reduce the number of children entering the child welfare system. County investment in RYS is leveraged by investments from law enforcement, the juvenile justice system and DHS. When families are able to appropriately raise their children at home, community resources are not depleted.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of youth and families served	0	0	0	2,002
Outcome	% of youth served who return home or exit to other stable housing	0.0%	0.0%	0.0%	85.0%

**Performance Measure - Description**

Stable housing can describe being in DHS custody which could include foster or group home placement, but most youth are reunited with family.

Total number served is not increased as a result of funding this program offer.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$161,132
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$161,132</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$161,132</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$161,132
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$161,132</b>

**Explanation of Revenues**

\$161,132 - OCCF Youth Investment: Based on OCCF estimated funding

**Significant Program Changes** **Significantly Changed****Last year this program was:** #25138A, Runaway Youth Services

The state funding to maintain the FY13 level of service is shown on this scaled offer.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Anti-Poverty Services (APS) contribute to the County's anti-poverty/prosperity system of care designed to assist low-income households to gain the skills necessary to achieve self-sufficiency and future prosperity, as well as address the root causes of societal poverty.

Services delivered through the SUNSS Anti-Poverty System using the Action for Prosperity program model, youth employment support services, low-income tax preparation services, CourtCare, school-based initiatives, benefits outreach, and the County's Interfaith Initiative are funded in this offer.

Approximately 840 households receive assistance ranging in both length of service – immediate, short, and long-term - and in intensity of service provided.

**Program Description**

Four core services - Basic Needs, Action for Prosperity, Housing, and System Collaboration - are delivered as part of the SUNSS Anti-Poverty System, a countywide integrated and coordinated system of care for school-age youth and their families. Services assist households seeking help and provide them with or make connections to meet their needs as they relate to food, housing, employment, and school success. Working with community-based providers and other stakeholders, services leverage funder investments to maximize resources, coordinate and link services to create efficiencies and improve outcomes, and ensure that quality and accountability is maintained throughout the System. 1,020 households were served last year.

In the most recent data available, 72% of the households served were at or below the Federal Poverty Level and 52% were headed by a single parent (48% were single female parents). 56% of the adults in households served identify themselves as ethnic minorities. By utilizing a multi-intervention approach targeted to a mix of needs, households become and remain stably housed.

25 low-income youth receive flexible client assistance funds to support their employment training activities.

Approximately 500 tax returns are prepared by IRS volunteers at no cost to the filing household. For every \$1 of general fund invested \$20 is returned to the household and spent in the local economy.

The Interfaith Initiative provides staffing and support to elected official and other County staff efforts to partner with faith communities seeking to assist with the County's core mission and delivery of social services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households receiving case management	1,020	600	842	850
Outcome	% of households served that remain in permanent housing 6 months after exit	92.0%	85.0%	70.0%	80.0%

**Performance Measure - Description**

Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$158,041	\$215,119	\$168,614	\$270,807
Contracts	\$965,246	\$744,497	\$1,025,805	\$726,642
Materials & Supplies	\$4,547	\$2,903	\$8,465	\$0
Internal Services	\$20,100	\$35,138	\$31,875	\$34,964
<b>Total GF/non-GF:</b>	<b>\$1,147,934</b>	<b>\$997,657</b>	<b>\$1,234,759</b>	<b>\$1,032,413</b>
<b>Program Total:</b>	<b>\$2,145,591</b>		<b>\$2,267,172</b>	
Program FTE	1.70	2.88	1.70	3.30
<b>Program Revenues</b>				
Indirect for dep't Admin	\$16,614	\$0	\$18,182	\$0
Intergovernmental	\$0	\$942,414	\$0	\$996,377
<b>Total Revenue:</b>	<b>\$16,614</b>	<b>\$942,414</b>	<b>\$18,182</b>	<b>\$996,377</b>

**Explanation of Revenues**

\$806,812 - OHCSO CSBG: Based on current grant award  
 \$59,513 - Oregon Supplemental Nutrition Assistance Program (SNAP); based on current grant award  
 \$100,000 - Oregon Healthy Kids: Based on current grant award  
 \$30,052 - Oregon Judicial Department: Based on FY14 grant award  
 \$1,234,759 - County General Fund  
 \$36,036 - County General Fund - Video Lottery

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #25139A, Anti-Poverty Services  
 Court Care, FY13 program offer 25127, is included in this program offer.

Grant funded, former Commission on Children, Families, and Community (CCFC) staff, 3 FTE are included in this program offer.



**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer provides \$20,000 of pass-through to continue FY13 one-time-only funding to increase current capacity to provide 500 low-income households with tax preparation services, including claiming the Earned Income Tax Credit (EITC) and other available state/federal tax credits.

Services provide direct cash return to low-income households, increasing their ability to meet the needs of their families, as well as supporting the local economy through increased buying power.

For every dollar invested in program services, at least \$20 is realized by participants.

**Program Description**

Services include: outreach to local businesses employing significant numbers of low-income workers, education sessions for eligible employees, multiple tax preparation sites, and trained and certified tax preparation assistance.

By assisting low-income households to file their taxes in a timely manner and access all credits eligible to them, they are supported in avoiding predatory tax preparation costs, "refund anticipation loans", and potential IRS action. In addition, our entire community benefits from these households' increased spending in the local economy as they are better able to meet their own needs for goods and services.

Financial literacy is a critical skill necessary to achieve economic stability and prosperity.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of tax returns prepared	0	0	500	500
Outcome	\$ leveraged per CGF investment	79	20	20	20

**Performance Measure - Description**

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$20,000	\$0	\$20,000
Total GF/non-GF:	<b>\$0</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$20,000</b>
Program Total:	<b>\$20,000</b>		<b>\$20,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$20,000 - County General Fund Video Lottery

**Significant Program Changes** **Significantly Changed****Last year this program was:** #25139A, Anti-Poverty Services

This program was funded with Video Lottery dollars in FY13 as a one-time-only program. This program offer includes ongoing funding from the video lottery fund.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$20,000 of pass-through to continue FY13 funding to provide computers for low-income families whose children are graduating from Head Start and entering kindergarten.

Having access to a computer and internet services supports school success for these children at the start of, and hopefully throughout, their academic career.

40 households will be provided with computers and support to enroll in subsidized internet access.

**Program Description**

This program provides resources necessary for Head Start providers to participate in the national program providing low-cost computers and internet access to low-income households.

Computers are purchased and technical assistance to register for subsidized internet access are provided to eligible families with children successfully completing Head Start and entering kindergarten.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of households receiving computers	0	40	40	40
Outcome		0	0	0	0

**Performance Measure - Description**

There are no outcomes associated with this program offer other than provision of the computer and internet access.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$20,000	\$0	\$0	\$20,000
Total GF/non-GF:	<b>\$20,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,000</b>
Program Total:	<b>\$20,000</b>		<b>\$20,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$20,000 - County General Fund Video Lottery (OTO)

**Significant Program Changes****Last year this program was:** #25139A, Anti-Poverty Services

This program was funded in FY13 as one time only. This program offer includes video lottery funding.

**Lead Agency:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Community Development administers public resources to expand affordable housing and infrastructure in low and moderate income communities through the federal Community Development Block Grant (CDBG), the Affordable Housing Development Program (AHDP), and the home improvement loan program.

The program is a collaboration among DCHS, the cities of Gresham, Wood Village, Fairview, Troutdale, Maywood Park, Portland, and the community and will potentially complete two public works projects and deed three properties for affordable housing development in the coming year.

**Program Description**

Using a regional collaborative approach, an advisory board comprised of citizens living in East County cities outside of Portland and Gresham administers Community Development Block Grant funds targeted to neighborhood revitalization, public services, and housing rehabilitation in East County.

The Affordable Housing Development Program (AHDP) deeds foreclosed properties to non-profit community development corporations for affordable housing development and manages an ongoing portfolio of approximately 450 units for program compliance and real estate transactions.

A no-cost home improvement loan program for fixed and low-income homeowners is maintained on behalf of the Portland Development Commission.

Federal and state funds improve the livability of existing low and moderate income housing and neighborhoods. Annually, 54% of funding for the homeless is directed to shelters and transitional housing, while only 12% supports permanent housing.

Studies conducted for the 10 Year Plan to End Homelessness Reset Report make it clear that without abandoning people in need of immediate temporary housing, the County must devote greater resources to long-term solutions. Housing programs are designed to make investments in alignment with this policy direction.

Significant reductions in federal funding have deeply impacted program ability to deliver affordable housing units in the foreseeable future.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of public works projects completed	3	2	1	2
Outcome	% of affordable housing units created	0	40	0	0

**Performance Measure - Description**

Lack of anticipated development and preservation funds have reduced the number of units able to be created.

**Legal/Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$61,646	\$39,776	\$65,323	\$39,563
Contracts	\$0	\$291,113	\$0	\$278,600
Materials & Supplies	\$0	\$1,766	\$1,693	\$0
Internal Services	\$3,565	\$18,929	\$8,987	\$14,287
<b>Total GF/non-GF:</b>	<b>\$65,211</b>	<b>\$351,584</b>	<b>\$76,003</b>	<b>\$332,450</b>
<b>Program Total:</b>	<b>\$416,795</b>		<b>\$408,453</b>	
Program FTE	0.61	0.39	0.62	0.38
<b>Program Revenues</b>				
Indirect for dep't Admin	\$5,765	\$0	\$7,429	\$0
Intergovernmental	\$0	\$289,584	\$0	\$289,450
Other / Miscellaneous	\$0	\$62,000	\$0	\$43,000
<b>Total Revenue:</b>	<b>\$5,765</b>	<b>\$351,584</b>	<b>\$7,429</b>	<b>\$332,450</b>

**Explanation of Revenues**

\$289,450 - Multnomah County HUD CDBG: Based on current grant award  
 \$43,000 - Loan Repays: Based on current year projected income and BWC  
 \$76,003 - County General Fund

**Significant Program Changes**

Last year this program was: #25140A, Community Development

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The SUN Service System Division Administration (SUNSS) is responsible for management and oversight functions for the contracted and county-provided direct services through the SUNSS, as well as development and maintenance of partnerships with the system's stakeholders and sponsors. The 17 FTE in this Division provide direct services, manage contracts, provide technical assistance and training, monitor programs, oversee data collection and reporting, conduct program evaluation and coordinate service delivery associated with the SUN Service System and the Baltazar Ortiz Center. Programs operated through this division serve more than 82,000 people annually.

**Program Description**

SUNSS administration staff has responsibility for leadership, partnership development, direct staff supervision and program oversight for the SUN Service System Division. Responsibilities include supporting the overall county policy promoting school-age services, ensuring high quality evidenced-based services by both county staff and contracted service providers, and maintaining communication internally and with the SUN Service System and partner communities. Oversight for contract management functions and ensuring that accurate data is collected and reported to stakeholders, contractors, the Board of County Commissioners and to funders are also critical functions of administrative staff. Data collection, technical assistance, reporting to funders and program evaluation functions are implemented across both the SUNSS and the Community Services divisions of the department.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of times school district and System partners meet to align & monitor service	23	20	20	25
Outcome	% funder required reports completed and submitted on time	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

Alignment and monitoring meetings include meetings of SUNSS Coordinating Council and its workgroups, the Every School A Community School workgroup, SUNSS Districts Council, and grant, policy and sustainability groups.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$765,133	\$0	\$797,515	\$0
Contracts	\$49,880	\$0	\$49,880	\$0
Materials & Supplies	\$23,670	\$0	\$20,882	\$0
Internal Services	\$99,689	\$0	\$105,140	\$0
Total GF/non-GF:	<b>\$938,372</b>	<b>\$0</b>	<b>\$973,417</b>	<b>\$0</b>
Program Total:	<b>\$938,372</b>		<b>\$973,417</b>	
Program FTE	7.30	0.00	7.25	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$973,417 - County General Fund

**Significant Program Changes**

Last year this program was: #25143A, SUN Service System Administration



**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:** 25149B

**Program Characteristics:** Measure 5 Education

**Executive Summary**

SUN Community Schools (SUN CS) provide school-based educational, recreational, social and health services focusing on school-age children at risk of academic failure and their families. The 50 county-supported full-service sites in this offer serve approximately 15,500 students, 77% of whom receive free or reduced lunch. SUN's nationally recognized award-winning program removes barriers for students and families so that they can achieve educational success and lifelong self-sufficiency. Last year, participants had a 95% school attendance rate and 76% improved academic benchmark scores in reading and 73% in math. SUN CS is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

**Program Description**

SUN CS is a jointly owned collaboration of the City of Portland, 6 school districts, non-profits, the state and Multnomah County. The SUN partnership leverages significant contributions including an estimated \$3.5 million in cash from the city and 67 total SUN CS sites countywide, having expanded by 3 last year due to contributions by partners.

SUN Community Schools in this offer provide 15,500 youth with a comprehensive array of social and support services that allow students to come to school ready to learn and succeed academically and that foster family success. Services are developmentally appropriate and operate year-round at elementary, middle and high schools. They include: 1) social and health services to meet basic needs; 2) out-of-school-time activities: a broad range of academic support, enrichment, social and behavioral skill development, recreation and adult education; 3) family engagement: support and education for family members so they can prepare children for school and have positive involvement with schools; 4) community and business involvement; and 5) service integration: oversight and coordination of a comprehensive, accessible system of services. SUN Community Schools focus on prevention and also provide significant intervention services, working to reduce poverty and other high-cost service needs in the future. SUN CS is a national model that utilizes best practices and tailors services to the specific needs of local neighborhoods and schools.

Our local evaluation demonstrates that SUN CS are effective in improving student academic success and attendance, as well as engagement, pro-social behaviors and other skills that lead to life success. Outcomes are measured on regularly attending students, approx. 7,800 youth annually. SUN CS participants exceed outcome targets and overall perform better than state expectations. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 71% are racial/ethnic minorities, 24% are English Language Learners and 77% receive free or reduced lunch (compared to 35%, 13% and 46% respectively in school districts).

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of children (ages 5-18) served <sup>1</sup>	14,859	10,000	10,000	10,000
Outcome	% who improve state test scores in Reading <sup>2</sup>	76.0%	75.0%	75.0%	75.0%
Outcome	% of school days attended <sup>2</sup>	95.0%	92.0%	92.0%	92.0%
Outcome	% who improved classroom behavior <sup>2</sup>	57.0%	65.0%	65.0%	65.0%

**Performance Measure - Description**

<sup>1</sup> Outputs reflect the annual number served. Over-performance by contractors is not projected.

<sup>2</sup> Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshold; 7,385 children participated at this level last year. 92% attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$122,411	\$153,753	\$193,933	\$88,508
Contracts	\$3,443,182	\$886,096	\$3,715,778	\$789,128
Materials & Supplies	\$9,102	\$2,324	\$7,756	\$0
Internal Services	\$37,033	\$7,648	\$29,733	\$0
Total GF/non-GF:	<b>\$3,611,728</b>	<b>\$1,049,821</b>	<b>\$3,947,200</b>	<b>\$877,636</b>
Program Total:	<b>\$4,661,549</b>		<b>\$4,824,836</b>	
Program FTE	1.25	0.75	1.88	0.67
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,993	\$0	\$0	\$0
Intergovernmental	\$0	\$964,130	\$0	\$835,136
Other / Miscellaneous	\$0	\$85,691	\$0	\$42,500
<b>Total Revenue:</b>	<b>\$1,993</b>	<b>\$1,049,821</b>	<b>\$0</b>	<b>\$877,636</b>

## Explanation of Revenues

\$136,000 - City of PDX Parks & Rec: Based on revised agreement  
 \$37,500 - Institute for Education Leadership: Based on revised agreement  
 \$57,128 - Gresham-Barlow School District: Based on revised agreement  
 \$41,000 - David Douglas School District: Based on revised agreement  
 \$30,000 - Centennial School District: Based on revised agreement  
 \$48,000 - Parkrose School District: Based on revised agreement  
 \$168,000 - Reynolds School District: Based on revised agreement  
 \$3,333 - Kellogg Funding: Based on revised agreement  
 \$11,675 - Stuart Funding: Based on revised agreement  
 \$100,000 - COP Mayor's Office: Based on FY13 budget  
 \$240,000 - Portland Public School Commission School Support: Based on FY13 revised budget  
 \$3,947,200 - County General Fund and \$5,000 - Beginning Working Capital

## Significant Program Changes

 **Significantly Changed**

**Last year this program was:** #25145A, SUN Community Schools

Ongoing \$50,000 was added from County general funds for 50% funding for a new SUN School at Lincoln Park Elementary School. David Douglas school district will fund the other 50%.

One time only \$50,000 was added from County general funds for the installation of two turf fields at high needs SUN Community Schools (Jefferson and Madison High Schools), leveraging private matching funds.

One time only \$135,380 for 3 SUN schools included as part of the City/County agreement to backfill City of Portland reductions.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** Measure 5 Education

### Executive Summary

This program offer provides County General Fund (CGF) to assume funding for 8 SUN Community School sites that have historically been funded by the Portland Children's Levy. This agreement was made to offset impact on Levy revenue from the creation of a Library District for Multnomah County in November 2012. The 8 sites are located in high poverty areas primarily in East Portland and Mid/East County, reflecting the SUN Service System and Levy's shared priority for directing supports to underserved areas and populations. The specific sites are: Jackson MS, Whitman ES, Franklin HS, Mill Park ES, Gilbert Heights ES, Menlo Park, Glenfair ES and Parklane ES. Also included in this offer are 1.0 FTE Program Specialist and 1.0 FTE Data Analyst to support the increased contract monitoring, program development and evaluation work.

SUN CS provide critical educational, social and health supports to students at risk of dropping out and their families. This program will serve 1,600 students and 400 adults intensively and touch thousands of other youth and family members. SUN's nationally award-winning program removes barriers for students and families so that they can achieve educational success and lifelong self-sufficiency. Last year, participants had a 95% school attendance rate and 76% improved academic benchmark scores in reading and 73% in math. At the high school level, participants gained 7.8 credits on average (6 is required to be on course to graduate) and 90% either graduated or returned to finish in a 5th year.

### Program Description

These 8 SUN CS sites provide 1,600 youth and 400 adults with a comprehensive array of social and support services that allow students to come to school ready to learn and succeed academically, and foster families' stability and success. Services are developmentally appropriate and operate year-round. They include: 1) social and health services to meet basic needs; 2) out-of-school-time activities: a broad range of academic support, enrichment, social and behavioral skill development, recreation and adult education; 3) family engagement: support and education for family members so they can prepare children for school and have positive involvement with schools; 4) community and business involvement; and 5) service integration: oversight and coordination of a comprehensive, accessible system of services. The 8 sites serve over 10,000 duplicated children and adults in family, cultural and social service events. SUN Community Schools focus on prevention and also provide significant intervention services, working to reduce poverty and other high-cost service needs in the future. SUN CS is a national model that utilizes best practices and tailors services to the specific needs of local neighborhoods and schools.

Maintaining these CS site addresses an equity issue in distribution of SUN CS locations by maintaining the # of sites located in the East part of the County, where poverty rates have been skyrocketing in the last decade, matched by increases in English Language Learners and students of color.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of children (ages 5-18) served <sup>1</sup>	2,069	1,600	1,600	1,600
Outcome	% who improve state test scores in Reading <sup>2</sup>	76.0%	75.0%	75.0%	75.0%
Outcome	% of school days attended <sup>2</sup>	95.0%	92.0%	92.0%	92.0%

### Performance Measure - Description

<sup>1</sup> Outputs reflect the annual number served.

<sup>2</sup> Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshold; 92% attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$175,443	\$0
Contracts	\$0	\$0	\$800,360	\$0
Materials & Supplies	\$0	\$0	\$10,232	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$986,035</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$986,035</b>	
Program FTE	0.00	0.00	2.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$986,035 - County General Fund

**Significant Program Changes**

Last year this program was: #25145A, SUN Community Schools

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Child & Family Hunger Relief program lessens food insecurity and improves healthy eating by allowing SUN Community School (SUN CS) sites to increase the number of meals served to hungry children and families and develop on-going capacity to address family emergency food needs. The program served an additional 400,000 meals to children and family members in 11 SUN CS communities in FY12. The program is a partnership between the SUN Service System, Oregon Food Bank, six school districts, and Partners for a Hunger Free Oregon. The county investment leverages significant USDA federal funding through school districts, food through the Oregon Food Bank, and food and volunteer capacity through the community (faith, business and community partners).

**Program Description**

Oregon is currently ranked #2 in hunger, yet millions of dollars in available federal food funding for children goes untapped. 52% of children in the county are eligible for Free or Reduced (FRL) price meals through schools and 80% of SUN CS participants receive FRL. However, these students don't have access to food on non-school days and in summer only 31% of the students who eat FRL meals during the school year are fed. Parents/guardians of these students also suffer the effects of poverty including hunger, often foregoing regular meals so their children can eat.

The SUN CSs are designed to act as a vehicle for delivering services to children and families in an easily accessible and non-stigmatizing environment. This offer capitalizes on SUN's community-based capacity by 1) sustaining on-going capacity and relationships for weekend food distribution through 8 school-based emergency food pantries across the County and 2) increasing the number of meals served to hungry children and their families during summer. The offer supports staffing at 18 SUN CS during the summer to serve meals for 8-11 weeks in under-served communities in Mid and East County. Since summer 2010, this capacity provided 95,000 meals that would not otherwise have been possible. In addition to providing support for weekend food pantries at 8 SUN CS sites, the project will continue development of ongoing partnerships and resources for weekend food in partnership with Oregon Food Bank. A .5 FTE Program Development Specialist coordinates the project, provides technical assistance to community partners, develops partnerships and secures in-kind resources and supports.

Healthy nutrition is vital to brain development and capacity to learn for children and youth in all age groups. Even moderate under-nutrition has lasting impacts on cognitive development and school performance. This offer leverages over \$440,000 in federal meal reimbursement and significant in-kind support for weekend food for families from Oregon Food Bank and community donors, particularly faith and business partners. The incredible amount of leverage allowed the efforts to far exceed the 170,000 meals projected for FY12, providing 410,277 meals.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of meals provided to children and families <sup>1</sup>	410,277	170,000	300,000	370,000
Outcome	Retail \$ equivalent for every \$1 CGF invested in pantries <sup>2</sup>	7	6	6	6

**Performance Measure - Description**

<sup>1</sup> # of meals includes meals served through extended weeks of summer meals program and emergency pantries providing weekend meals to families.

<sup>2</sup> Exact amount leveraged for every \$1 of CGF invested was \$6.78. Online format does not allow decimals, so the number was rounded.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$43,993	\$0	\$46,977	\$0
Contracts	\$69,872	\$0	\$111,894	\$0
Materials & Supplies	\$3,889	\$0	\$1,438	\$0
Internal Services	\$7,246	\$0	\$7,253	\$0
Total GF/non-GF:	<b>\$125,000</b>	<b>\$0</b>	<b>\$167,562</b>	<b>\$0</b>
Program Total:	<b>\$125,000</b>		<b>\$167,562</b>	
Program FTE	0.50	0.00	0.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$167,562 - County General Fund

**Significant Program Changes**

Last year this program was: #25147A, Child and Family Hunger Relief

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:** 25149B

**Program Characteristics:**

**Executive Summary**

Social and Support Services for Educational Success program (SSSES) fosters academic achievement by providing year-round, school-linked, age-appropriate and culturally-specific academic support, case management, family engagement, and skill building groups. In 2012, SSSES served nearly 1,800 high-risk youth, 96% of whom identify as ethnic minorities; 82% of them participated in Free or Reduced Lunch meals. SSSES is part of the SUN Service System, a countywide, integrated and coordinated system of care for school-aged youth and their families.

**Program Description**

Social and Support Services for Educational Success provides services for 1,789 high-risk youth (ages 6-17) and their families to help ensure that youth remain in or return to school. These services are delivered at community and school sites to youth attending regular and/or alternative schools who are at risk of academic failure. SSSES targets six specific populations of youth and families of color: African American, African Immigrant, Asian Pacific Islander, Latino, Native American and Slavic. Key services include: case management with a focus on academic and life goals; advocacy in disciplinary and educational meetings; skill-building groups; academic support activities such as tutoring, mentoring, reading club, gender-specific groups, and conflict resolution classes; and parent outreach/engagement. SSSES staff work in collaboration with SUN Community Schools and other school personnel towards youth and family success.

Youth who participate in the SSSES program are at risk for academic failure due to poor attendance, failing grades, language barriers, family instability and behavior issues. Case managers support and mentor youth, allowing them to build personal assets leading to school and life success. SSSES staff engage youth at risk for academic failure in a variety of school and community activities. SSSES services that meet basic needs allow youth to focus on school and provides their caregivers with the resources to support educational success. In 2012, youth in the SSSES program showed improvements in school attendance and gained enough credits to be on track to graduate; in addition, 89% of 9th, 10th and 11th grade SSSES youth returned for their next year of high school. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. SSSES provides this link - in schools and in the community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of students (ages 6-18) served	1,789	1,700	1,700	1,400
Outcome	% who improve state test scores in reading	0.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

Output for FY14 reflects a 17% reduction due to potential loss of funding from Oregon Commission on Children and Families as part of Governor's Early Learning Initiative. Outcomes are analyzed for students who participate in case management for 45 days or more with at least 15 hours of service; 1,136 youth participated at this level last year (64% of youth served).

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$98,941	\$0	\$103,197	\$0
Contracts	\$1,841,555	\$311,871	\$1,892,985	\$0
Materials & Supplies	\$3,715	\$0	\$2,876	\$0
Internal Services	\$13,656	\$0	\$14,504	\$0
<b>Total GF/non-GF:</b>	<b>\$1,957,867</b>	<b>\$311,871</b>	<b>\$2,013,562</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,269,738</b>		<b>\$2,013,562</b>	
Program FTE	1.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$311,871	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$311,871</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

\$2,013,562 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25149A, Social and Support Services for Education Success

The outputs in this offer are reduced from FY13. This is due to a potential 17% reduction in revenue from the State Commission on Children and Families (through the local commission). The program model, services, contractors and FTE all remain the same.

State funding to maintain the FY13 level of service can be found on program offer 25149B.

One time only \$10,000 was added from County general fund for the Reaching and Empowering All People (REAP) Summer Leadership Academy.



**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:** 25149A

**Program Characteristics:**

**Executive Summary**

This program offer is a placeholder for 17% of the funding for the Social and Support Services for Educational Success (SSSES) program. The Oregon Commission on Children and Families (through the local Commission) has historically provided 17% of the funding for SSSES services.

Due to reorganization at the state level, funding to maintain current service levels is unknown at this time. If expected funding were to be redirected, the ability to provide these services at the current level will be compromised.

**Program Description**

Social and Support Services for Educational Success scale provides services for 300 high-risk youth (ages 6-17) and their families to help ensure that youth remain in or return to school. Absent this funding, 17% of program service levels will be reduced, potentially impacting all current service providers.

SSSES fosters academic achievement by providing year-round, school-linked, age-appropriate and culturally-specific academic support, case management, family engagement, and skill building groups. Students served are primarily from culturally-specific communities and their families are challenged with poverty, health disparities and other issues that make it difficult for youth to succeed. In 2012, 96% of SSSES participants identified as ethnic minorities; 82% of them participated in Free or Reduced Lunch meals. SSSES is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

These services are delivered at community and school sites to youth attending regular and/or alternative schools who are at risk of academic failure. SSSES targets six specific populations of youth and families of color: African American, African Immigrant, Asian Pacific Islander, Latino, Native American and Slavic. Key services include: case management with a focus on academic and life goals; advocacy in disciplinary and educational meetings; skill-building groups; academic support activities such as tutoring, mentoring, reading club, gender-specific groups, and conflict resolution classes; and parent outreach/engagement. SSSES staff work in collaboration with SUN Community Schools and other school personnel towards youth and family success.

Youth who participate in the SSSES program are at risk for academic failure due to poor attendance, failing grades, language barriers, family instability and behavior issues. Case managers support and mentor youth, allowing them to build personal assets leading to school and life success. SSSES staff engages youth at risk for academic failure in a variety of school and community activities. SSSES services that meet basic needs allow youth to focus on school and provides their caregivers with the resources to support educational success. In 2012, youth in the SSSES program showed improvements in school attendance and gained enough credits to be on track to graduate; in addition, 89% of 9th, 10th and 11th grade SSSES youth returned for their next year of high school. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. SSSES provides this link - in schools and in the community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of students (ages 6-18) served	300	300	300	300
Outcome	% who improve state test scores in reading	0.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

Output # reflects % of services that have been funded by State Commission funds, historically 17% of total funding. Outcomes are analyzed for students who participate in case management for 45 days or more with at least 15 hours of service.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$302,582
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$302,582</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$302,582</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$302,582
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$302,582</b>

**Explanation of Revenues**

\$302,582 - Oregon Commission on Children, Families, and Community - Youth Investment: Based on FY13 funding estimate

**Significant Program Changes**

✔ **Significantly Changed**

**Last year this program was:** #25149A, Social and Support Services for Education Success  
 The state funding to maintain the FY13 level of service is shown on this scaled offer.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:** 25151B

**Program Characteristics:**

**Executive Summary**

Parent Child Development Services (PCDS) provides services for young children (birth through age 5) and their parents to promote positive parenting, healthy child development and school readiness. In FY12, the overall program served 710 children in 469 families. PCDS uses a nationally recognized evidence-based curriculum, Parents As Teachers (PAT). This program is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

**Program Description**

PCDS creates opportunities for parents to interact with their children in mentored settings with child development specialists. In these settings they are able to build on healthy and age appropriate parenting skills, manage challenging behavior, and learn new ways to support their children and promote school readiness. In addition, PCDS staff broker and refer families for other necessary social support services. This program is critical for families who do not have other such opportunities and who are struggling to meet basic needs.

Specific services include: age appropriate parent-child play groups, parenting education and support services, developmental screening, immunization status checks and follow up, and access to other social and health services. The Ages and Stages child development screening tool is used to determine developmental stage. Children not meeting the relevant stage for their age are referred for early childhood intervention services.

PCDS services are delivered in community and school settings: siting these groups in schools helps break down barriers many families have about simply going into school buildings. Services are developmentally and culturally appropriate. The Parents As Teachers curriculum is used as the foundation for intervention with families: the outcomes for participating families are strong. Last year, at the time of exit from the program 90% of children served had up-to-date immunizations and 95% were within a normal developmental stage. Nearly all of the parents (98%) indicated they gained new skills from program participation. Our local results mirror national research showing that involvement in PAT home visiting programs increases children's readiness for school.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of children served	710	792	792	737
Outcome	% of children up to date on immunizations at exit	99.0%	95.0%	95.0%	95.0%

**Performance Measure - Description**

FY14 output measure is 7% lower than FY13 purchased due to a potential loss of funding from Oregon Commission on Children and Families as part of the Governor's Early Learning Initiative. See PO# 25251B PCDS Scale.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$98,940	\$0	\$103,197	\$0
Contracts	\$1,297,692	\$94,044	\$1,326,890	\$0
Materials & Supplies	\$4,148	\$0	\$2,876	\$0
Internal Services	\$13,656	\$0	\$14,504	\$0
<b>Total GF/non-GF:</b>	<b>\$1,414,436</b>	<b>\$94,044</b>	<b>\$1,447,467</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,508,480</b>		<b>\$1,447,467</b>	
Program FTE	1.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$94,044	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$94,044</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

\$1,447,467 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25151A, Parent Child Development Services

The outputs in this offer are reduced from FY13. This is due to a potential 7% reduction in revenue from the State Commission on Children and Families (through the local commission). The program model, services, contractors and FTE all remain the same.

State funding to maintain the FY13 level of service can be found on program offer 25151B.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:** 25151A

**Program Characteristics:**

**Executive Summary**

This program offer is a placeholder for 7% of the funding for the Parent Child Development Services program. The Oregon Commission on Children and Families (through the local Commission) has historically provided 7% of the funding for Parent Child Development Services. Due to reorganization at the state level, funding to maintain current service levels is unknown at this time. If expected funding were to be redirected, the ability to provide these services at the current level will be compromised.

**Program Description**

PCDS creates opportunities for parents to interact with their children in mentored settings with child development specialists. In these settings they are able to build on healthy and age appropriate parenting skills, manage challenging behavior, and learn new ways to support their children and promote school readiness. In addition, PCDS staff broker and refer families for other necessary social support services. This program is critical for families who do not have other such opportunities and who are struggling to meet basic needs.

Specific services include: age appropriate parent-child play groups, parenting education and support services, developmental screening, immunization status checks and follow up, and access to other social and health services. The Ages and Stages child development screening tool is used to determine developmental stage. Children not meeting the relevant stage for their age are referred for early childhood intervention services.

PCDS services are delivered in community and school settings: siting these groups in schools helps break down barriers many families have about simply going into school buildings. Services are developmentally and culturally appropriate. The Parents As Teachers curriculum is used as the foundation for intervention with families: the outcomes for participating families are strong. Last year, at the time of exit from the program 90% of children served had up-to-date immunizations and 95% were within a normal developmental stage. Nearly all of the parents (98%) indicated they gained new skills from program participation. Our local results mirror national research showing that involvement in PAT programs increases children's readiness for school.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# children participating in PCDS services	0	0	0	55
Outcome	% children up to date on immunization at time of exit	0.0%	0.0%	0.0%	95.0%

**Performance Measure - Description**

FY14 output number in this Program Offer reflects 7% of previous year's total target number. See PO# 25151A.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$105,189
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$105,189</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$105,189</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$105,189
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$105,189</b>

**Explanation of Revenues**

\$105,189 – Oregon Commission on Children, Families, and Community - Great Start: Based on FY13 revised estimates

**Significant Program Changes**

✔ **Significantly Changed**

**Last year this program was:** #25151A, Parent Child Development Services  
 The state funding to maintain the FY13 level of service is shown on this scaled offer.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Alcohol, Tobacco and other Drug (ATOD) program provides evidence-based prevention services to youth aged 12-17 and their families and screening for youth who may be at risk for abusing drugs and alcohol. Services focus on middle and high school students in SUN Community Schools. This program is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

**Program Description**

Prevention activities in this program use the Strengthening Families curriculum in school sites for students 10-14 years old and their families. This 7-week evidenced-based curriculum is designed to prevent or reduce adolescent substance use and other problematic behaviors in youth. Strengthening Families is, by design, a highly interactive video-based intervention designed to improve parenting skills, build life skills in youth and strengthen family bonds.

By preventing ATOD use and misuse the program helps youth remain in school, increasing the likelihood they will be successful academically and, ultimately, have a healthy and self-sufficient adulthood. Research indicates that the more successful a young person is in school, the less likely he/she is to use, abuse or become dependent on ATOD. This program targets youth in middle school to avoid long-term use and the need for more costly interventions.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of families who participate in Strengthening Families	160	120	120	120
Outcome	% of youth surveyed who report improvement in 4 or more areas in the survey	81.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

More families participated in FY12 than anticipated, however we will review participation in FY13 to determine whether the target will be adjusted.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$127,890	\$0	\$130,767	\$0
Total GF/non-GF:	<b>\$127,890</b>	<b>\$0</b>	<b>\$130,767</b>	<b>\$0</b>
Program Total:	<b>\$127,890</b>		<b>\$130,767</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$130,767 - County General Fund

**Significant Program Changes**

Last year this program was: #25154, Alcohol, Tobacco and Other Drug Services



**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Sexual Minority Youth Services (SMYS) program offers counseling, skill building and support services to over 800 sexual minority youth. Its direct service impact is enhanced through technical assistance and training to approximately 500 SUN Service System, school and other direct service staff so that they may work more effectively with sexual minority youth. SMYS is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

**Program Description**

The SMYS program utilizes two primary strategies: 1) providing direct services and a safe place in which sexual minority youth can feel comfortable and participate in supportive services that reflect their unique needs (70% of the program); and 2) enhancing the understanding and skill levels of community providers to provide competent and relevant services to sexual minority youth (30% of the program).

Due to difficulties with family, peers and the broader community, sexual minority youth often experience isolation and stigmatization, resulting in higher rates of emotional distress, homelessness, school drop outs, suicide attempts, risky sexual behavior and substance abuse. This program provides a safe place for over 800 youth to go for support and services that are culturally relevant and responsive; it directly supports the operation and service delivery at the Sexual Minority Youth Resource Center. The program fosters increased school retention and success; last year 92% of youth served in the drop in center re-enrolled or remained in school. In addition to the direct service impact, nearly 97% of training participants reported an increased knowledge of SMY issues and competency in serving these youth.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# youth who engage in counseling services(1)	31	40	40	40
Outcome	% of students who engage in counseling and who remain in or re-enroll in school	60.0%	90.0%	75.0%	75.0%

**Performance Measure - Description**

(1) Program output has been changed to capture only youth who engage in deeper service at the Center, rather than the raw # of youth who drop in for any type of service or support. Likewise, the outcome relates directly to the youth engaged in these longer services.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$109,614	\$0	\$112,080	\$0
Total GF/non-GF:	<b>\$109,614</b>	<b>\$0</b>	<b>\$112,080</b>	<b>\$0</b>
Program Total:	<b>\$109,614</b>		<b>\$112,080</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$112,080 - County General Fund

**Significant Program Changes**

Last year this program was: #25155, Services for Sexual Minority Youth

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Bienestar De La Familia (Well-being of the Family) is a social services program that provides culturally specific and linguistically appropriate service to the growing Latino community of Multnomah County. The 5.4 FTE bilingual and bi-cultural direct service staff provide case management, mental health assessment, counseling, and alcohol and drug prevention services in Spanish. The Bienestar De La Familia also provides information and referral, service linkage, coordination, and resource recruitment to address the needs of the Latino community.

**Program Description**

Bienestar de La Familia is unique because it provides immediate and multi-entry access to a wide range of services. It has become a hub of service in the county for low-income Latinos, those living in extreme poverty, and those facing critical life hardships. The skilled team provides culturally specific and linguistically appropriate service to the Latino population of Multnomah County. In recent years the growing diversity of the Cully neighborhood has meant that the program has become a resource for other cultural and ethnic-diverse groups including Somali and Ethiopian immigrants and Vietnamese and Russian families.

Staff provide case management, service linkage and coordination, mental health assessment and counseling, alcohol and drug prevention, food (nutrition) resources, energy assistance, information and referral, employment searches and connections, school support and advocacy, and research into appropriate resources to help the county's Latino residents to address important needs ranging from basic to crisis status. Program staff offer a range of groups including the Incredible Years, a Women's Group, a Men's Group, and youth empowerment groups to name a few. The monthly Harvest Share via Mercado makes fresh foods available to poor and low income families and children from throughout the County.

The addition of an AmeriCorps member has strengthened Bienestar's ability to engage youth and has brought more programs targeted towards the Latino and African immigrant youth in the Cully community. The formation of a community advisory council has created an opportunity to engage community members in thinking strategically about how the Bienestar De La Familia program is meeting the needs of the diverse community it serves.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of households served <sup>1</sup>	747	550	700	700
Outcome	Percentage of families whose needs were met	99.0%	75.0%	75.0%	80.0%
Output	Number of families who receive food to meet basic needs	1,702	1,870	1,870	1,890

**Performance Measure - Description**

<sup>1</sup> This number includes all direct services at Bienestar: basic needs, mental health & drug and alcohol services.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$551,513	\$0	\$552,153	\$0
Contracts	\$0	\$0	\$50,000	\$0
Materials & Supplies	\$19,051	\$0	\$27,818	\$0
Internal Services	\$72,460	\$0	\$78,321	\$0
Total GF/non-GF:	<b>\$643,024</b>	<b>\$0</b>	<b>\$708,292</b>	<b>\$0</b>
Program Total:	<b>\$643,024</b>		<b>\$708,292</b>	
Program FTE	5.40	0.00	5.40	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

\$708,292 - County General Fund

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #25156A, Bienestar Social Services

One time only funding of \$50,000 was added from County general funds for Cully Neighborhood Park Capital construction for trail development and playground equipment.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer supports funding a quasi-experimental evaluation of SUN Community Schools through a one-time-only investment.

**Program Description**

The SUN Community Schools (SUNCS) initiative has been in operation since the late 1990s. Over the years data has been collected and analyzed to demonstrate the benefits of program participation for students who engage in the many extended day activities offered through SUNCS. However, the County, nor its partners in SUN, has not been able to develop and carry out a quasi-experimental evaluation of this initiative. Such an evaluation can inform cause and effect of program participation: do the students who participate in SUNCS fare better academically than those who do not?

At this writing, the exact type of evaluation is not solidified. There are key questions about SUNCS that have surfaced over the years, and it is likely that some or many of these will be addressed in this evaluation. These include (this is not an exhaustive list): Are the right children and youth being served in SUNCS programming? How to children and youth who participate in SUNCS programming compare to students who don't participate? How do different lengths of participation impact academic outcomes? Does participation in certain types of extended day programming result in stronger outcomes? How do service outcomes compare across student populations? What impact does SUNCS participation have on the achievement gap? On attendance? How do students who participate in SUNCS fare over time?

The SUN Service System Division will engage with an outside entity to develop and conduct this quasi-experimental evaluation.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Evaluation partner identified	0	0	0	0
Outcome	Quasi-experimental evaluation is conducted & results disseminated	0	0	0	0

**Performance Measure - Description**

Both of these measures are generally outputs. It is impossible to state what the results of an evaluation would be; conducting the evaluation and disseminating the results are reasonable for this particular project.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$50,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$50,000 County General Fund (OTO)

**Significant Program Changes**

Last year this program was:  
New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides funding to continue for 6 months a full-time staff person to manage the early childhood services transition from the Commission on Children, Families & Community.

**Program Description**

The Commission on Children, Families and Community (CCFC) will sunset as of June 30, 2013, per legislation. Transitions of key funding and services currently contracted through the local CCFC are still uncertain. At this writing, it appears that local counties will be required to apply to the state to continue certain programs since full transition plans are not clearly defined by the state. There will be no administrative funds to support this maintenance of current services. Current staff capacity in the SUN Service System Division is very limited, and cannot take on this additional work without maintaining an existing CCFC staff person.

This offer will maintain an existing full-time FTE through December to manage these contracts and support the termination (or other state-directed transition) of other services currently funded by the CCFC, as those decisions are made by the state.

This staff person will also be able to support the County in its path to become an Early Learning Community Based Coordinator of Early Learning Services, (or Hub), should the County choose to apply to become a Hub. There will be many activities associated with this particular effort including: compiling data about the birth - five population in Multnomah County, convening early childhood partners to discuss the Hub partnerships, and writing or supporting the writing of the County's application to become a Hub, to name a few. The current staff person is knowledgeable about the issues involved in this Early Learning Community Based Coordinator process and will be able to seamlessly transition into these functions.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Staff person retained	0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$47,567	\$0
Contracts	\$0	\$0	\$2,433	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$50,000 County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**  
New program offer.



**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

### Executive Summary

This program offer includes one-time-only funding to provide services to improve the educational outcomes for African American students in the East County neighborhoods served by Reynolds and David Douglas School Districts.

### Program Description

The economic recession has pushed more families into poverty and more low-income African American families out of closer-in neighborhoods to lower-priced housing and multi-family residential housing located in the Outer East part of the City and County. For example, the rate of eligibility for free or reduced-price school meals in 2011-12 was 44.9% in Portland Public Schools, 71.5% in the Reynolds School District, and 77.4% in the David Douglas School District. This effort will provide the culturally specific support that many citizens in East County are presently traveling back to inner Northeast to get.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number served	0	0	0	150
Outcome	% students who move to a subsequent grade level	0.0%	0.0%	0.0%	90.0%

### Performance Measure - Description

The numbers are estimates.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$250,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$250,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$250,000 County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**

New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$500,000 in one-time-only funds to support capital development for the Early Works early learning wing at Earl Boyles SUN Community School in the David Douglas School District.

**Program Description**

The Early Works initiative at Earl Boyles elementary school is a partnership between the David Douglas School District and the Children's Institute. Early Works is designed to cost-effectively demonstrate in a local high need district how integrating early childhood programs with the primary grades can close the achievement gap and improve student outcomes in the long-term. Together, DDSD, the Children's Institute and its community partners are building a new model for education at Earl Boyles Elementary School in Southeast Portland.

The early learning wing will provide necessary physical space to anchor the school as a central hub supporting a full range of holistic services for children, families and the community. Currently Earl Boyles does not have the space for parents to engage with young children birth to 3 in playgroups, rooms to deliver parent or community education classes, areas for service providers to connect with families or for teachers and school administration to engage in cross-sector professional development. The Earl Boyles SUN Community School is a key element in creating this community hub for lifelong success and learning.

This one-time-only investment by Multnomah County will be paired with other public and private funds to build this early learning wing; in fact the school district's own bond measure will contribute over 50% of the funding needed.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Early learning wing is constructed	0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$500,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$500,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$500,000 - County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**  
New program offer.

**Lead Agency:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Children's Center at Stevens Creek Crossing (SCC) is an early learning and family support facility that will serve the residents of SW Portland and Stevens Creek Crossing. This is a partnership between Home Forward and Neighborhood House and an integral part of the full-scale redevelopment of Hillsdale Terrace, a public housing community in Southwest Portland serving low-income families and individuals. The redevelopment includes 122 units of public housing and will reopen in Spring of 2014. The Children's Center will open in September 2014. Multnomah County Board of Commissioners authorized a letter of support to the redevelopment of Hillsdale Terrace in 2011. Neighborhood House is funded by Multnomah County through the SUN Service System.

**Program Description**

Neighborhood House is a non-profit provider that delivers effective programs for low income people of all ages throughout the Portland area. Neighborhood House's early childhood programs are recognized as a leader in providing innovative, best-practice early childhood programs that work to promote school readiness and engage families early in their child's education.

The Children's Center at Stevens Creek Crossing will focus on early childhood programs and will include services for families and seniors. The facility will have three Head Start classrooms and space for outdoor learning opportunities. The project will also include a partnership with Home Forward's adult employment training program, parent education (PCDS activities) and other activities like community meetings, financial coaching and education, homework help and other youth services.

The one-time-only funding of \$125,000 will complete construction of the Children's Center. The \$4 million budget includes \$3.1 million committed funding from Home Forward. This one-time-only contribution will leverage private support to complete the fundraising of \$900,000 to fully fund the project.

Starting date and timeline: Children's Center construction will begin in April 2013, with tenant improvement work starting in August. Construction will be completed in March 2014 to coincide with returning and new residents at Stevens Creek Crossing. Family strengthening programs will begin shortly thereafter, with the first Head Start class open for children in September 2014.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Construction complete	0.0%	0.0%	0.0%	100.0%
Outcome		0	0	0	0

**Performance Measure - Description**

Construction will be complete by the end of the fiscal year. Programming will begin in September 2014.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$125,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$125,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$125,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

\$125,000 - County General Fund (OTO)

**Significant Program Changes**

**Last year this program was:**  
New program offer.

## Department Overview

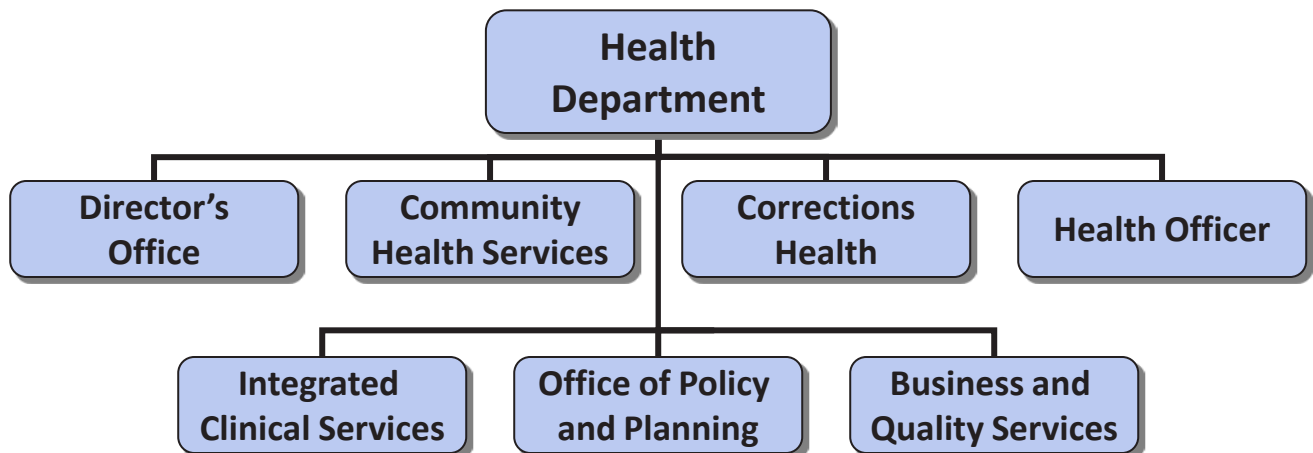
The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Health Department seeks to protect against threats to health, to ensure access to health care for Multnomah County residents, and to promote health. The Department does this by focusing its limited 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 the Department's capacity to achieve its mission.

The Health Department's five-year strategic plan for FY 2010-2014 establishes its priorities for FY 2014. 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.

The Health Department's day-to-day activities and work are central to achieving its mission. These strategic activities are those which reflect new or enhanced goals; they are direct, focused and prioritized over every day work; and they lay a pathway for the Department to measure and account for progress over time.

The Health Department's mission, vision, values and strategic plan directly support the County's mission, vision and values statement. Like the broader County, the Department prioritizes the health needs of the most vulnerable while promoting and protecting the health of the whole community. The Department incorporates the values of social justice, integrity, stewardship, innovation and sustainability into what it does and how it does it.



### Budget Overview

The FY 2014 budget for the Health Department is \$165.4 million with 1,007.93 FTE. Almost 60% – over \$97.5 million – of the budget comes from the County General Fund, with the remaining \$67.9 million coming from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees. Much like the change in FY 2012 that moved Federally Qualified Health Center (FQHC) wraparound funds from the Federal/State Fund into the General Fund, certain prospective payments will also be moved to the General Fund in FY 2014 to comply with recent changes in accounting standards and provide additional flexibility. These prospective payments are received by the Health Department for improving and maintaining the quality of services for high-need, high-risk poor and vulnerable Medicaid and uninsured clients. The prospective payments budgeted for FY 2014 amount to \$3.5 million, including \$1.0 million in beginning working capital.

The FY 2014 budget represents a 3.1%, or \$5.0 million, increase in total spending over the FY 2013 adopted budget. This is made up of an \$11.9 million, or 13.9%, increase in the General Fund and a \$6.9 million, or 9.2%, decrease in the Federal/State Fund. FTE have increased from 998.22 in FY 2013 to 1,007.93 in FY 2014, almost a 1.0% increase.

A number of changes in the Integrated Clinical Services Division are impacting the budget. Both the Southeast Health Clinic and the downtown dental clinic will be in their first full year of operations. The Southeast Health Clinic (40027) has a budgeted increase of \$1.7 million and 11.98 FTE. Dental Services (40017), which includes the downtown clinic, will increase by \$1.0 million with almost no change in FTE. The Pharmacy program (40031) will also increase by \$1.5 million and 10.00 FTE.

In addition to the budgeting of prospective payments, a significant factor in the Federal/State Fund decrease is a change in Immunizations (40014) with respect to the accounting treatment of the estimated value of certain vaccines (\$3.5 million in FY 2013). The estimated value is no longer included in the Health Department’s operating budget.

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 2012	FY 2013	FY 2013	FY 2014	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	1,004.94	998.22	998.22	1,007.93	9.71
Personnel Services	\$100,525,965	\$101,792,770	\$105,713,205	\$111,569,360	\$5,856,155
Contractual Services	17,231,372	14,893,023	13,741,299	16,036,071	2,294,772
Materials & Supplies	38,678,198	38,180,760	40,909,908	37,702,361	(3,207,547)
Capital Outlay	<u>102,195</u>	<u>1,063,312</u>	<u>0</u>	<u>93,631</u>	<u>93,631</u>
<b>Total Costs</b>	<b>\$156,537,730</b>	<b>\$155,929,865</b>	<b>\$160,364,412</b>	<b>\$165,401,423</b>	<b>\$5,037,011</b>

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



## Successes and Challenges

The challenges for the current year were summed up under the heading: designing a robust County structure to confront the changes in Federal and State transformation efforts around financing and service delivery of medical care and public health. The Health Department is taking steps to integrate and consolidate interventions to increase health impact, health outcomes, streamline programs and enhance accountability. The Department anticipates an influx of need for new services as more people are covered in 2014, and it will need to carefully evaluate how to meet this demand in collaboration with the Coordinated Care Organizations, regional health systems and other safety net providers in the region.

The Health Department's key successes this year position it for continued success in 2014. The Department has supported its goals for a healthy community by focusing resources on high risk populations and allocating funds to support evidence based best practices. Chronic diseases are among the most prevalent, costly, and preventable of all health problems. Both the clinical delivery system and public health community engagement and policy activities have prioritized and refocused activities into a more comprehensive approach to prevention work in the community and in individual encounters. The Department has evaluated its work processes in light of innovation, equity, quality and community involvement. It has maintained and enhanced its role to conduct and disseminate assessments focused on population health in the county and designed to provide important information on understanding health status, recognizing emerging trends, and identifying risk factors both personal and environmental to guide programs and policy decisions.

In FY 2013 the Westside Health clinic was relocated to Southeast Portland. The newly opened Southeast Health Center and the downtown Billi Odegaard dental clinic will have their first full year of operation in FY 2014. A federal grant will fund the opening of a new School Based Health clinic at Centennial High School in FY 2014. The Department has invested in its clinical infrastructure and will start next year with Primary Care, Pharmacy, Corrections Health and Dental services all on electronic health records systems, which allows the Department to share data and improve care with the major health systems in the region.

### Diversity and Equity

The Health Department mission is “Healthy People in Healthy Communities.” Its diversity and equity programs and projects are aimed at reducing health disparities so everyone can benefit from good health. The activities include:

- Cultural Competence (internal) – FY 2013 completed an assessment and developed policies; FY 2014 continue training of Health Department employees to eliminate health disparities for communities served.
- Cultural Competence (external) – training provided to Native American Youth Family Center (NAYA) and Oregon Health & Science University (OHSU); current partnership with Oregon Center for Nursing.
- Refugee Community Outreach – quality improvement grant received by Early Childhood Services and Human Resources to work with refugee communities around prenatal care and access.
- North Portland Healthy Eating Active Living (HEAL) Coalition - Coalition came together to promote healthy eating and physical activity for low income communities of color who are disproportionately affected by obesity and chronic diseases; final report completed December 2012.
- Diversity & Quality Team – monitors progress of department strategies, policies, and activities in the areas of diversity, quality and equity.
- Health Equity Initiative – works to address the root causes of socioeconomic and racial injustices that lead to health disparities.
- Recruitment – attract, hire and retain qualified diverse employees to provide quality public health services; update Manager Recruitment Guide.
- Workforce Development & Training – introduced new training: Public Health Competencies in Performance Planning and Review for Exempt staff.
- Health Share of Oregon, Cultural Competence Project – Human Resources staff member part of Health Share’s cultural competence workgroup to assess and analyze for setting policy and plans for Health Share.

### Budget by Division

Division Name	FY 2014 General Fund	Other Funds	Total Division Cost	Total FTE
Director’s Office	\$2,316,215	\$0	\$2,316,215	13.10
Community Health Services	18,566,184	20,985,564	39,551,748	250.11
Corrections Health	14,000,000	72,579	14,072,579	83.80
Health Officer	4,587,357	1,621,777	6,209,134	34.06
Integrated Clinical Services	45,017,977	42,506,904	87,524,881	521.88
Office of Policy and Planning	3,735,373	2,695,187	6,430,560	43.55
Business and Quality Services	<u>9,296,306</u>	<u>0</u>	<u>9,296,306</u>	<u>61.43</u>
<b>Total Health Department</b>	<b>\$97,519,412</b>	<b>\$67,882,011</b>	<b>\$165,401,423</b>	<b>1,007.93</b>

### Director's Office

The Health Department Director and Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in a Healthy Community; its mission is to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission. The Director's Office leads and is responsible for a Department of more than 1,000 employees with more than \$164 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, Integrated Clinical Services, the Office of Public Health Policy and Planning and 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.

### Significant Changes

In FY 2013 Health Transformation continues to be a major focus for the Director's Office. According to the Oregon Health Authority, the purpose of Oregon Health Transformation is "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral, and oral health to free up dollars trapped in an inefficient system, increase focus on prevention, and improve care". The Health Department is working across County departments, counties and private organizations such as hospitals to prepare and position the Department for the transformation.

In FY 2013, the division of Health and Social Justice was merged with the Community Wellness and Prevention program forming the Office of Public Health Policy and Planning which reports to the Department Director.

### Community Health Services

Community Health Services (CHS) addresses public health issues through direct services, initiatives, policy interventions and community partnerships with a focus on health equity, prevention and health promotion. There are six program areas: 1) Communicable Disease Services fulfills the mandate to limit the spread of reportable communicable diseases through timely identification, investigation and treatment of infectious disease. 2) Early Childhood Services (ECS) works to ensure that basic health and developmental needs of mothers, infants and young children are met through programs for high risk pregnant women and newborns. 3) The Women, Infants and Children (WIC) Program supports breastfeeding and provides developmental screening, referrals and supplemental nutrition to young families. 4) Environmental Health Services protects the safety of the county by providing health inspections of licensed facilities, controlling vector-borne disease and assuring healthy indoor environments. 5) The STD/HIV/Hepatitis C Program addresses sexually transmitted disease and those living with the chronic illnesses associated with these infections. Their Adolescent Health Promotion Program helps adolescents reduce participation in risky sexual activities while building healthy relationships. 6) The Community Epidemiology Services Program provides core public health services (epidemiology, informatics, communications, quality improvement) to all CHS programs.

### Significant Changes

Communicable Disease Services has been restructuring to meet the needs of a “21st century” metropolitan area communicable disease program. In 2012, the county experienced a series of major communicable disease events (pertussis, norovirus, influenza). This rapidly changing environment will require strengthened case and outbreak investigation capabilities and improved local disease response capacity.

The STD/HIV/Hepatitis C Community Prevention Program is in year two of a five year successive federal HIV prevention budget reduction in Oregon. Outreach and needle exchange services will be reduced slightly. Group education will also be reduced, with a shift to more testing and linkage to care per national guidance.

Potential changes to financial resources, policy and operations related to health care reform will influence the Maternal and Child Health programs— ECS, WIC, and Healthy Birth Initiative. ECS will continue its evidence-based services. WIC is collaborating with the Library—providing monthly classes teaching children to read and showing families how to access library services. The Healthy Birth Initiatives program is adding increased depression screening, education/support groups, leadership development, and men’s groups.

The Environmental Health Services Health Inspections and Education program has been responding to Oregon’s adoption of the new FDA Food Code. On July 1, 2013, 12 new violations will impact restaurant inspection scores— changing how the program addresses critical safety issues and requiring increased re-inspections and additional education by inspectors.

## Corrections Health

The Corrections Health program meets mandated standards that assure access to care, safeguards the health of those who are in detention and controls the legal risk to the County. A wide variety of health care services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center (MCDC), 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 U.S. Marshal custody; professionally trained health care personnel provide around-the-clock health evaluation, illness identification and treatment services for over 38,000 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 2,000 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 Corrections Health's work.

## Significant Changes

In FY 2013, Corrections Health successfully implemented several quality improvement activities, including:

- survey and accreditation by the National Commission on Correctional Health Care (NCCHC) (a nationally recognized measure of quality health care delivery);
- implementation of electronic medication administration, monitoring, and logging software;
- implementation of Electronic Health Records software at both adult jail sites;
- continued collaboration with the Sheriff's Office and other County departments to increase coordination and evaluate efficiency of suicide prevention strategies employed at the jails; and
- continued focus and monitoring of performance and strategies that will reduce costs and assure efficiency, quality, and safety.

### Health Officer

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

- Tri-County Health Officer (40002) provides public health physician consultation, technical direction, and leadership for Multnomah, Clackamas, and Washington counties. Activities focus on improving the consistency and quality of public health services in the Tri-County area.
- Emergency Medical Services (EMS) (40004) coordinates, regulates, and improves the quality of ambulance and other pre-hospital medical services for people experiencing a medical emergency, and provides physician medical direction to all EMS responders in the County.
- Public Health and Regional Health System Emergency Preparedness (40005) assure the Health Department and the community is prepared to manage the public health aspects of emergencies (e.g., disease investigation and mass vaccination), and that health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.
- Medical Examiner (40052) is responsible for establishing the cause and manner of death of county residents who die under special circumstances, notifying next of kin, and temporarily protecting the property of the deceased.

### Significant Changes

Multnomah County EMS is participating in health transformation and received a portion of the regional Health Commons Grant for an innovation program. The Innovation Program employs four Licensed Clinical Social Workers (LCSWs) to reduce the number of patients who frequently call 911 and would be better served by alternative health care resources such as primary care physicians, behavioral health, addiction and clinic services. Social workers work together with EMS response agencies to identify program candidates, perform patient assessments in field settings, determine and implement intervention strategies that reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs.

### Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. Culturally relevant clinical services provided by ICS link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, enabling services and preventive services such as well child health care. Integrating these personal health care services provides clients with continuity of care, improves quality, creates operational efficiencies, and maximizes opportunities with grants and programs for special populations.

Clinical services are provided in 7 primary care clinic sites. Oral health and prevention services, located at 6 dental sites, provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHC's) provide primary care services to adolescents in the schools and surrounding community. In FY 2014, Centennial High School will open the newest SBHC and will provide primary care services to approximately 600 school-aged youth per year.

ICS staff continue work responding to changes required by federal and state health reform. ICS's services and quality improvement efforts (patient-centered medical home/quality improvement initiative) aligns with the framework adopted to improve quality and reduce costs.

### Significant Changes

In FY 2013, ICS successfully implemented several quality or access improvement activities, including:

- Opened the new Billi Odegaard Dental Clinic in partnership with Central City Concern.
- Implemented electronic dental records (EDR) at all Department dental sites (increases quality, access and reduces cost).
- SBHC's collaborated with Centennial School District, awarded a federal grant to open a new SBHC at Centennial High School in FY 2014.
- Initiating primary care services at Southeast Health Center, May 2013 (coordinates with relocation of remaining homeless program patients to Southeast Health Center).
- Corrections Health implemented electronic health records (EHR), electronic medication administration records and received accreditation recognition by the National Commission on Correctional Health Care.

## Office of Policy and Planning

The purpose of the Office of Policy and Planning is to help define the public health priorities for the Health Department and advance innovative strategies that create positive population-wide impact for the community's most pressing and emerging public health needs.

The Office of Policy and Planning assists Health Department leadership by conducting public health surveillance and community health assessment; conducting planning and evaluations; mobilizing community partners and brokering relationships; implementing policy, systems, and environment change strategies; and pursuing health equity. The Office of Policy and Planning works with key leadership to develop strategic plans, set policy, and develop regulations that result in improved health outcomes for all communities in Multnomah County.

The combination of the core function areas brings together expertise and coordination in public health accreditation; chronic disease and violence prevention; community health worker training; health assessment; health impact assessment; policy analysis and development; communications; community-based planning; community capacity building; grant development; and program design and evaluation.

## Significant Changes

During FY 2013, Community Wellness and Prevention continued to ramp down its Communities Putting Prevention to Work Initiative funded through the Centers for Disease Control and Prevention. The Initiative catalyzed two years of intensive prevention efforts and capacity building within the Health Department as well as across the county at large, with a network of over thirty community partners funded through the Initiative.

The momentum and policy changes set in motion through the Initiative will sustain over time through strengthened partnerships and policy successes. Internally, the Health Department initiated organizational changes to apply learning from Communities Putting Prevention to Work, including the establishment of the Office of Policy and Planning to provide department-wide leadership for sustaining community partnerships and public health policy initiatives that address the social determinants of health.

The Office of Policy and Planning does not include new program areas but instead pulls together existing Department functions related to community health assessment, planning and evaluation, partnerships, and policy development to strengthen strategic leadership and leveraging of these functions for the purpose of greater positive impact on community health.



### Business and Quality Services

Business and Quality Services includes Workforce Development, Human Resources, and Training services for more than 1,000 full/part time permanent and temporary employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for a \$164 million organization. They are liaisons for the Department with the Department of County Assets, coordinating the provision of services such as IT, Facilities and Fleet services.

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

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

### Significant Changes

Three information technology and infrastructure positions were added to Business Services for FY 2014. The staff will work closely with Department of County Assets to upgrade and improve information technology throughout the Health Department. A focal point the first year will be to replace and upgrade numerous outdated systems used by Community Health Services.

Healthcare transformation continues to dominate the landscape for Medical Billing. Working closely with the Coordinated Care Organizations in the region, the State of Oregon, and the Centers for Medicare and Medicaid Services (CMS), Medical Billing is able to anticipate changes that affect medical fee revenue, including how the Department documents and substantiates those services.

### Health Department

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

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000	Health Department Leadership Team	\$1,616,122	\$0	\$1,616,122	6.00
40003	Health Department Leadership Team Support	700,093	0	700,093	7.10
<b>Community Health Services</b>					
40007	Health Inspections and Education	3,481,111	92,715	3,573,826	27.74
40008	Vector-Borne Disease Prevention and Code Enforcement	1,291,678	0	1,291,678	9.90
40009	Vital Records	0	631,477	631,477	5.36
40010	Communicable Disease Prevention and Control	2,261,720	1,260,278	3,521,998	25.65
40011	STD/HIV/Hep C Community Prevention Program	2,730,124	1,388,694	4,118,818	24.80
40012	Services for Persons Living with HIV	338,156	6,662,340	7,000,496	27.83
40013A	Early Childhood Home Based Services	3,358,593	2,929,687	6,288,280	32.85
40013B	Early Childhood Home and Community Based Services	2,211,823	3,070,194	5,282,017	31.30
40014	Immunizations	262,314	355,594	617,908	3.90
40015	Lead Poisoning Prevention	47,417	180,000	227,417	1.30
40018	Women, Infants and Children (WIC)	1,285,546	3,140,831	4,426,377	41.26
40025	Adolescent Health Promotion	298,757	396,206	694,963	5.40
40037	Environmental Health Education, Outreach and Housing	499,619	877,548	1,377,167	9.32
40048	Community Epidemiology	499,326	0	499,326	3.50
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention, Admissions and Housing	646,614	72,579	719,193	3.40
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,932,636	0	3,932,636	23.70
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,341,933	0	2,341,933	15.00
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	1,722,531	0	1,722,531	11.40
40051A	Corrections Health Inverness Jail (MCIJ) Base & Clinical Services	2,588,158	0	2,588,158	14.10
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,616,512	0	1,616,512	9.30
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,151,616	0	1,151,616	6.90

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Health Officer</b>					
40002	Tri-County Health Officer	238,470	350,000	588,470	2.30
40004	Ambulance Services (EMS)	1,817,610	474,645	2,292,255	9.40
40005	Public Health & Regional Health Systems Emergency Preparedness	44,457	678,900	723,357	4.16
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,428,966	118,232	1,547,198	9.00
40052A	Medical Examiner	1,019,854	0	1,019,854	8.80
40052B	Medical Examiner - Staff at Current Service Level	38,000	0	38,000	0.40
<b>Integrated Clinical Services</b>					
40016	Medicaid/Medicare Eligibility	288,542	1,148,613	1,437,155	14.55
40017	Dental Services	13,015,514	2,903,627	15,919,141	99.19
40019A	North Portland Health Clinic	1,944,064	2,296,483	4,240,547	28.30
40020	Northeast Health Clinic	3,025,698	3,071,280	6,096,978	39.60
40022	Mid County Health Clinic	5,715,445	5,722,430	11,437,875	69.00
40023	East County Health Clinic	4,234,943	4,455,506	8,690,449	56.40
40024	School Based Health Centers	3,794,857	2,258,242	6,053,099	34.79
40026	La Clinica de Buena Salud	750,928	1,067,586	1,818,514	11.20
40027	Southeast Health Clinic	1,318,731	2,019,846	3,338,577	21.10
40029	Rockwood Community Health Clinic	2,052,760	2,569,291	4,622,051	30.20
40031	Pharmacy	0	14,717,000	14,717,000	54.25
40032	Lab and Medical Records	3,102,873	0	3,102,873	25.70
40033	Primary Care and Dental Access and Referral	906,743	265,000	1,171,743	10.50
40034A	Quality Assurance	3,593,758	12,000	3,605,758	25.80
40034B	Quality Improvement for Primary Care	1,029,600	0	1,029,600	0.00
40036	Community Health Council and Civic Governance	243,521	0	243,521	1.30
<b>Office of Policy and Planning</b>					
40035A	Health Assessment, Planning and Evaluation	1,518,611	2,083,454	3,602,065	20.55
40038	Health Promotion and Community Capacity Building	653,647	409,515	1,063,162	8.80
40045	Health Equity Initiative (Racial Justice Focus)	388,082	0	388,082	3.45
40047A	Community Wellness and Prevention	874,508	202,218	1,076,726	8.55
40047B	Public Health Policy and Planning	225,525	0	225,525	2.20
40053	Fresh and Healthy Food Project	75,000	0	75,000	0.00

# Health Department

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Business and Quality Services</b>					
40039	Business and Quality - Human Resources and Training	2,385,823	0	2,385,823	17.33
40040A	Business and Quality - Financial Services and Operations	3,586,457	0	3,586,457	31.10
40041	Business and Quality - Medical Billing	<u>3,324,026</u>	<u>0</u>	<u>3,324,026</u>	<u>13.00</u>
<b>Total Health Department</b>		<b>\$97,519,412</b>	<b>\$67,882,011</b>	<b>\$165,401,423</b>	<b>1,007.93</b>

**Lead Agency:** Health Department

**Program Contact:** Lillian Shirley

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

DLT is responsible for systems-based integration of health services and operations to provide quality, best practice services; strategic partnerships; leadership and direction for public health issues and policy matters; 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 Policy and Planning Director is responsible for partnerships which support health disparity reductions and creates links within community systems. The Director supervises programs that provide best practices and timely health information and education to County, communities, policy makers and citizens. The Community Health Services (CHS) Director supervises communicable and environmentally influenced disease programs and services for families with young children and Oregon Health Plan enrollment and is responsible for partnerships with CDC, State, Conference of Local Health Officials, businesses and citizens. The Senior Advisor of Public Health and Community Initiatives oversees efforts related to developing, implementing, monitoring and maintaining policies that support outreach and delivery of culturally appropriate services, coordinates with programs that work cross functionally to support the health prevention needs of all communities and evaluates the quality of services and the impact of policy changes on community perception. The Integrated Clinical Services (ICS) Director is responsible for developing and maintaining strategic external (hospital systems, health insurance systems, state, and community) and internal partnerships; providing leadership for the efficient and cost-effective performance of a complex integrated clinical delivery system; and working with community, state and federal agencies to ensure access to high quality clinical care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Increased access to Health Dept. services as measured by # of clients served.	162,047	102,468	165,450	168,925
Outcome	Annual Federal and State resources \$ leveraged for services.	105,000,000	102,000,000	98,000,000	103,000,000
Output	# of times MCHD is in local and national news media	0	0	70	70

**Performance Measure - Description**

 **Measure Changed**

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.

Note: 4REAL federal grant funding ended in Sept 2010, leading to an overall decrease in clients served. The re-opening of the Southeast Health Center (Spring 2013) and the opening of a new School Based Health Center at Centennial High School (Fall 2013) will most likely result in an overall increase in the number of clients served by the Health Department. Increase is based on 2.1% per year for 2013 and 2014.

For FY 13-14, we are changing the # of business related/professional all staff dept communication to the # of times MCHD is in the local and national news media. This measure is more meaningful as it highlights internal and external communication efforts and increased visibility.

## 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	2013	2013	2014	2014
Personnel	\$1,064,753	\$0	\$1,127,321	\$0
Contracts	\$89,300	\$0	\$128,200	\$0
Materials & Supplies	\$228,845	\$0	\$185,852	\$0
Internal Services	\$143,097	\$0	\$174,749	\$0
Total GF/non-GF:	<b>\$1,525,995</b>	<b>\$0</b>	<b>\$1,616,122</b>	<b>\$0</b>
Program Total:	<b>\$1,525,995</b>		<b>\$1,616,122</b>	
Program FTE	6.00	0.00	6.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Health Department Leadership Team is funded with \$699,138 county general fund and \$916,984 county general fund indirect revenue. The county general fund includes \$50,000 of one-time only funding for the County's contribution to the Governor's Prevention and Wellness Health Demonstration Project.

## Significant Program Changes

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

**Lead Agency:** Health Department

**Program Contact:** Justin Denny

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of the Tri-County Health Officer provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to:

- (1) Improve the consistency and quality of public health services in the three counties,
- (2) Increase learning and collaboration across the counties, and
- (3) Improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties.

**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 maximize the departments' relatively small amount of public health physician resources more effectively and efficiently. In Multnomah County for example, the TCHO: (1) participates in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and, (4) participates in department administration.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control, and advise county and department staff on individual case management for communicable diseases.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Contract deliverables are met by the end of fiscal year.	90.0%	90.0%	90.0%	90.0%
Outcome	County stakeholders express satisfaction in program delivery and results.	90.0%	95.0%	90.0%	90.0%

**Performance Measure - Description**

The satisfaction of key customers with Health Officer services is a critical measure of program success. The key customers are the health administrators and public health program managers at each of the health departments. The TCHO program team meets monthly with stakeholders (i.e. key customers) and provides regular updates to health department administrators on the progress of workplan deliverables. Department administrators meet regularly with Health Officers to provide verbal feedback on service delivery, program satisfaction, and progress of individual workplan items.

The TCHO program assures completion of agreed-upon deliverables. Contract deliverables for FY14 will be negotiated and finalized by June 30, 2013. These will provide guidance for work priorities and program activities.

## Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements 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	2013	2013	2014	2014
Personnel	\$210,858	\$326,605	\$215,131	\$304,090
Contracts	\$3,334	\$0	\$500	\$0
Materials & Supplies	\$5,648	\$6,512	\$1,474	\$6,468
Internal Services	\$14,690	\$41,883	\$21,365	\$39,442
Total GF/non-GF:	<b>\$234,530</b>	<b>\$375,000</b>	<b>\$238,470</b>	<b>\$350,000</b>
Program Total:	<b>\$609,530</b>		<b>\$588,470</b>	
Program FTE	0.80	2.00	0.80	1.50
<b>Program Revenues</b>				
Indirect for dep't Admin	\$23,259	\$0	\$22,444	\$0
Intergovernmental	\$0	\$375,000	\$0	\$350,000
<b>Total Revenue:</b>	<b>\$23,259</b>	<b>\$375,000</b>	<b>\$22,444</b>	<b>\$350,000</b>

## Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. These IGA's are revenue agreements. Contractual revenues of \$350,000 (FY14) cover the full cost to provide services to Clackamas and Washington counties. Multnomah County General Funds of \$238,470 cover the cost to provide services in Multnomah County.

## Significant Program Changes

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

The Tri-County Health Officer program will continue to meet legal and contractual obligations to provide Health Officer Services in Multnomah, Clackamas and Washington Counties. The change in FTE is from transferring .50 fte of a Program Specialist Senior position to Community Health Services (CHS) to more accurately reflect the current practice of the Health Officer support for CHS. There is no anticipated negative impact to clients or services as a result of this change. Changes in staffing are expected to be positive as they more accurately reflect the needs of the Tri-County Health Officer program.



**Lead Agency:** Health Department

**Program Contact:** Lillian Shirley

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

The Department Leadership Team (DLT) support team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Policy and Planning Program Manager Senior, Community Health Services Program Manager Senior and their managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of projects completed on time with an error rate not to exceed 3%.	90.0%	90.0%	90.0%	92.0%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	8	8	9

**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
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$501,034	\$0	\$538,536	\$0
Contracts	\$65,000	\$0	\$60,000	\$0
Materials & Supplies	\$51,541	\$0	\$32,011	\$0
Internal Services	\$70,951	\$0	\$69,546	\$0
Total GF/non-GF:	<b>\$688,526</b>	<b>\$0</b>	<b>\$700,093</b>	<b>\$0</b>
Program Total:	<b>\$688,526</b>		<b>\$700,093</b>	
Program FTE	6.80	0.00	7.10	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Health Department Leadership Administrative Support is funded by \$290,180 county general fund and \$409,913 county general fund indirect revenue.

## Significant Program Changes

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

The FTE for the Administrative Specialist position that supports the Director of Nursing Practice was increased from 0.80 FTE to 1.00 FTE. The increase in FTE more accurately reflects the increased responsibilities for supporting the Director of Nursing Practice in program functions, initiatives and roles.

The inclusion of the Research/Evaluation Analyst 2 position at 0.10 FTE supports evaluating DLT cross cultural training initiatives as goals are achieved. The inclusion of this position also supports the DLT strategic goal of a learning organization, which translates into improved customer service.

**Lead Agency:** Health Department

**Program Contact:** Darrell Knott

**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 MC EMS Program has five major functions:

- 1) Management of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.
- 2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.
- 3) Establishment of quality standards for EMS services provided to the citizens of Multnomah County. MC EMS uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided to the public.
- 4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.
- 5) Coordination of medical first response and medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 9-1-1 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR) Multnomah County.

Additionally, MC EMS coordinates major event planning, medical equipment specifications, liaison and coordination with local hospitals, and emergency medical services disaster response in the county. The Program's visibility within public safety contributes to citizens feeling safe.

In the coordination of these services, MC EMS ensures timely medical response is available to all County residents and visitors experiencing a medical emergency and emphasizes collaborative coordination of services by multiple public and private agencies.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Ambulance response times - 8 min. 90% of calls	90.1%	90.0%	90.1%	90.0%
Outcome	Cardiac arrest survival to hospital	40.0%	32.0%	40.0%	33.0%

**Performance Measure - Description**

The major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less.

Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital. This single benchmark is one of the best measurements of the overall quality and integration of the EMS system in the community. This medical outcome is benchmarked against other communities. Current year estimates of cardiac arrest survival are best estimates with the data available. Program measure change: The "Cardiac arrest survival to hospital discharge" measure is no longer being used as an EMS program measure because hospital outcome data for these patients is not available. The data was available in previous years a grant and because the EMS program does not currently participate in the grant, the data is no longer assessable.

## 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	2013	2013	2014	2014
Personnel	\$728,573	\$0	\$766,110	\$449,565
Contracts	\$737,363	\$0	\$789,096	\$0
Materials & Supplies	\$270,295	\$0	\$166,368	\$25,080
Internal Services	\$78,545	\$0	\$96,036	\$0
Total GF/non-GF:	<b>\$1,814,776</b>	<b>\$0</b>	<b>\$1,817,610</b>	<b>\$474,645</b>
Program Total:	<b>\$1,814,776</b>		<b>\$2,292,255</b>	
Program FTE	5.40	0.00	5.40	4.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$975,486	\$0	\$1,627,593	\$0
Intergovernmental	\$612,290	\$0	\$70,017	\$474,645
Other / Miscellaneous	\$227,000	\$0	\$120,000	\$0
<b>Total Revenue:</b>	<b>\$1,814,776</b>	<b>\$0</b>	<b>\$1,817,610</b>	<b>\$474,645</b>

## Explanation of Revenues

All costs of the program are recovered from licenses, fees, and reimbursement for supplies and training for other jurisdictions. The fees are established and collected through revenue agreements with AMR and other jurisdictions in Multnomah County. The County ambulance contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements for EMS providers.

Additionally, MC EMS has received a Health Commons Grant for the innovation program described below.

Ambulance license: \$28,000

Franchise fee: \$898,191

Supply and joint training reimbursements: \$771,419

Fines: \$120,000

Health Commons Grant: \$474,645

## Significant Program Changes

✔ Significantly Changed

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

MC EMS received grant funding through the regional Health Commons Grant for an innovation program. The grant supports the Oregon health care transformation movement. The Innovation Program employs four Licensed Clinical Social Workers (LCSWs) to reduce the number of patients who frequently call 911 and would be better served by alternative health care resources such as primary care physicians, behavioral health services, addiction and clinic services. Social workers work together with EMS response agencies to identify program candidates, perform patient assessments in field settings, determine and implement intervention strategies that reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs. The EMS innovation program is also working to extend the grant-funded services into adjacent counties.

**Lead Agency:** Health Department

**Program Contact:** Justin Denny

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multijurisdictional, 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 (such as 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) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts).

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 a 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 coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3; specifically, implementing the new Public Health Adaptation Plan. Minimal resources are available for this participation.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of Incident Management Team members trained & annually exercised	181	240	211	211
Outcome	Centers for Disease Control's technical assistance review score	97.0%	90.0%	97.0%	99.0%
Outcome	Improved health emergency response	100.0%	95.0%	98.0%	98.0%
Quality	Program satisfaction	100.0%	95.0%	98.0%	98.0%

**Performance Measure - Description**

- 1) Output: # of Incident Management Team members trained & annually exercised.
- 2) Outcome: Centers for Disease Control's technical assistance review score.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a 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 intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority 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
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$529,313	\$0	\$489,213
Contracts	\$0	\$23,459	\$2,000	\$31,221
Materials & Supplies	\$0	\$24,322	\$8,595	\$5,467
Internal Services	\$0	\$150,357	\$33,862	\$152,999
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$727,451</b>	<b>\$44,457</b>	<b>\$678,900</b>
<b>Program Total:</b>	<b>\$727,451</b>		<b>\$723,357</b>	
Program FTE	0.00	4.60	0.00	4.16
<b>Program Revenues</b>				
Indirect for dep't Admin	\$45,118	\$0	\$43,070	\$0
Intergovernmental	\$0	\$727,451	\$0	\$678,900
<b>Total Revenue:</b>	<b>\$45,118</b>	<b>\$727,451</b>	<b>\$43,070</b>	<b>\$678,900</b>

## Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$331,500  
 OHA, Health Security, Preparedness, and Response Program: \$347,400  
 County General Fund: \$44,457

## Significant Program Changes

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

The Centers for Disease Control Advance Practice Center (APC) grant ended Sept 30, 2012. The funding for FY 13 was \$80,694 and supported 2 part-time positions at .25 FTE each. The APC grant supported the research, creation and evaluation of emergency preparedness and response tools that were shared on a national forum. The changes impact the public and partnerships locally, regionally, statewide and nationally by no longer facilitating the creation and sharing of emergency preparedness tools that are essential to meet community level needs in an emergency. The Emergency Preparedness and Response staff have committed to the CDC to provide access to the tools that were created by the MCHD/APC staff to all those who request them. An additional .06 FTE was added to an existing Program Specialist Sr position and is funded from increased funding through a intergovernmental agreement (IGA) with the State of Oregon and reflects the funding in the latest IGA amendment.

**Lead Agency:** Health Department

**Program Contact:** Lila Wickham

**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 disease, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, food carts, swimming pools, hotels, child care centers, adult foster care, correctional facilities and small public drinking water systems). Participation in an FDA Food Standardization program helps to align the program with national standards for critical food safety issues. The inspection program received an outstanding rating during the most recent triennial review in 2011.

**Program Description**

**Inspected Facilities:** The Health Inspections program has responsibility for assuring the health and safety of 4,075 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 564 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 ADA public pool lift requirements will require increased education with pool and spa operators to facilitate compliance). **Schools, Child and Adult Foster Care Facilities:** The program inspects 860 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 public health emergency response. 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 equity and entry into the workforce. Emergency contact information has been gathered for over 7,000 facilities. A monthly newsletter/blog is distributed electronically and available on the web to food operators, regulators and community members.

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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of licenses issued	7,090	8,182	6,717	6,610
Outcome	Priority & Priority Foundation Violations	5,693	5,938	6,360	7,224
Output	Facility inspections	14,201	14,989	14,882	14,258
Output	Total number certified Food Workers eligible for employment	12,732	13,882	12,138	12,768

**Performance Measure - Description**

**Output:** Licenses issued excludes facilities inspected but not licensed (schools, day care centers, etc.). Changes to Temporary Restaurant rules in HB 2868, impacted the number of licenses issued. Licenses directly reflect program workload. **Outcome:** Priority and Priority Foundation 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. Prior to the adoption of the new food code on September 4, 2012, these violations were labeled as Critical Violations. **Output:** Facilities (e.g. restaurants, mobile units, vending machines, temporary event units, schools, child-care facilities, tourist accommodations) inspected on-site. **Output:** This reflects the number of people who completed certification. The certificate is a 3-year certificate and makes food workers employable in the food industry. On-line and on-site Food Handler training and testing provides workers with knowledge about preventing disease transmission to food consumers. Decrease in Food Handlers certified is primarily a result of the economic downturn and more competitive web sites issuing food handler cards and are not expected to recover significantly.

## Legal/Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 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	2013	2013	2014	2014
Personnel	\$2,545,106	\$20,700	\$2,733,322	\$75,270
Contracts	\$177,963	\$0	\$243,303	\$3,000
Materials & Supplies	\$164,642	\$172	\$95,994	\$6,665
Internal Services	\$460,090	\$1,843	\$408,492	\$7,780
Total GF/non-GF:	<b>\$3,347,801</b>	<b>\$22,715</b>	<b>\$3,481,111</b>	<b>\$92,715</b>
Program Total:	<b>\$3,370,516</b>		<b>\$3,573,826</b>	
Program FTE	26.50	0.20	27.02	0.72
Program Revenues				
Indirect for dep't Admin	\$1,409	\$0	\$5,946	\$0
Fees, Permits & Charges	\$3,253,712	\$0	\$3,312,358	\$0
Intergovernmental	\$0	\$22,715	\$0	\$92,715
<b>Total Revenue:</b>	<b>\$3,255,121</b>	<b>\$22,715</b>	<b>\$3,318,304</b>	<b>\$92,715</b>

## Explanation of Revenues

The Health Inspections and Education program is funded by inspections fees set by ordinance (Chapter 21 MC Ordinance 08-140). The fees for services provided to the public shall be generally based on the cost of providing the services. In FY 2013 the Inspections Program received a 5-year, \$70,000 per year, FDA grant to focus on Hazard Analysis Critical Control Points (HACCP) principles. This grant will support operators to understand where the greatest food safety risks exist.

Fed/State Drinking Water grant: \$22,715

FDA grant: \$70,000

Food Handler fees: \$123,723

Inspection fees: \$3,188,635

## Significant Program Changes

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

#40007 Health Inspection and Education

On September 4, 2012, Oregon adopted the 2009 FDA Food Code. For the remainder of Fiscal Year 2013, inspectors educated operators on 12 new violations without impacting the overall restaurant inspection score. On July 1, 2013, these 12 violations will impact restaurant inspection scores. We anticipate increased re-inspections to result from this change. Changes to Temporary Restaurant rules, as a result of HB 2868, impacted the "number of licenses issued" and the number of Operational Plan Reviews conducted. The Inspections database, FirstStar, is an Access database that is no longer supported by County Information Technology (IT). A new web-based program has been recommended to replace FirstStar.



**Lead Agency:** Health Department

**Program Contact:** Chris Wirth

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

This program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animal to humans. The major emerging diseases are vector borne (e.g. Hantavirus, West Nile virus (WNV)). 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**

Multnomah County's climate supports an ideal mosquito and rat habitat. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930's when malaria was endemic. In 2012, eight counties in Oregon reported 87 mosquito-cases of West Nile Virus – a significant increase since last year. Additionally, the county had a human case which was acquired out-of-state. 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 recent survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

**Objectives:** Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne diseases such as Hantavirus and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding 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 specified animals (e.g., bees, livestock, and birds).

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of acres treated for mosquitoes	5,825	3,700	4,000	4,200
Outcome	Mosquitoes prevented (In billions)	29	19	20	21
Efficiency	Number of acres treated for mosquitoes per FTE	1,165	740	800	840
Output	Number of rodent inspections conducted	935	845	850	850

**Performance Measure - Description**

1) Output: Total acreage where mosquito suppression activities occurred 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 multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number). 3) Efficiency: Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations. 4) Output: On-site inspections stemming from rodent complaints 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; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, Indoor Air Quality Act MC 21.500; 6 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	2013	2013	2014	2014
Personnel	\$957,761	\$0	\$936,528	\$0
Contracts	\$61,350	\$0	\$61,000	\$0
Materials & Supplies	\$124,840	\$0	\$100,167	\$0
Internal Services	\$172,738	\$0	\$193,983	\$0
Total GF/non-GF:	<b>\$1,316,689</b>	<b>\$0</b>	<b>\$1,291,678</b>	<b>\$0</b>
Program Total:	<b>\$1,316,689</b>		<b>\$1,291,678</b>	
Program FTE	10.50	0.00	9.90	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Intergovernmental	\$235,166	\$0	\$235,166	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
<b>Total Revenue:</b>	<b>\$236,666</b>	<b>\$0</b>	<b>\$236,666</b>	<b>\$0</b>

## Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund as well as with revenue from intergovernmental agreements with the City of Portland and other local and state jurisdictions that is recognized in the general fund.

County general fund: \$1,055,012  
 City of Portland Bureau of Environmental Services: \$224,000  
 Agreements with other state/local jurisdictions: \$11,166  
 Fees from permits and fines: \$1,500

## Significant Program Changes

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

The Vector Control and Code Enforcement programs will experience overall decrease in contracted revenue from Washington County as they have elected to provide services to their residents through Washington County Health Department. Program FTE were reduced to accommodate the revenue reduction and personnel cost increases that were primarily a result of COLA and step increases. This change and a reduction in materials and supplies will result in reduced acreage controlled/surveyed for vectors and their disease, such as various municipal parks and K-12 schools in Multnomah County. Rodent control inspections to the citizens of Multnomah County will be limited to approximately one consultation visit, and education and outreach will be prioritized and reduced. The Oregon State Fair project and ad hoc education and outreach will be performed as staffing allows.

The Vector Control and Code Enforcement programs will use the input from their citizen advisory committee, program staff and management to prioritize core functions as best as possible to minimize impacts to clients/staff. Plans include the following: a) assure revenues match costs for services for all contracts and promote new contracts where possible; b) mosquito control/surveillance will prioritize services to focus on areas of the county that have the largest impact/risk of vector-borne disease, and c) a limit will be set for the provision of rodent control materials at a single address.

**Lead Agency:** Health Department

**Program Contact:** Lila Wickham

**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. The program received high marks on a state triennial evaluation that 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 greater 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of birth and death certificates issued	39,194	40,715	39,858	40,293
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
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$485,608	\$0	\$465,332
Contracts	\$0	\$20,725	\$0	\$15,845
Materials & Supplies	\$0	\$20,162	\$0	\$18,783
Internal Services	\$2,181	\$105,127	\$0	\$131,517
<b>Total GF/non-GF:</b>	<b>\$2,181</b>	<b>\$631,622</b>	<b>\$0</b>	<b>\$631,477</b>
<b>Program Total:</b>	<b>\$633,803</b>		<b>\$631,477</b>	
Program FTE	0.00	5.70	0.00	5.36
<b>Program Revenues</b>				
Indirect for dep't Admin	\$39,175	\$0	\$40,494	\$0
Fees, Permits & Charges	\$0	\$631,622	\$0	\$631,477
<b>Total Revenue:</b>	<b>\$39,175</b>	<b>\$631,622</b>	<b>\$40,494</b>	<b>\$631,477</b>

## Explanation of Revenues

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

Death Certificate Fees: \$485,759

Birth Certificate Fees: \$145,718

## Significant Program Changes

**Last year this program was:** #40009, Vital Records

Portions of FTE and personnel costs from 3 positions were transferred within Environmental Health to reflect projected changes in workload and work responsibilities. There will be no impacts to clients and services.

**Lead Agency:** Health Department

**Program Contact:** Amy Sullivan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

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

**Program Description**

CDS directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. The program conducts investigations that find people who have been exposed to serious diseases, to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who already have diseases like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens.

Staff includes highly-trained public health nurses and epidemiologists supported by health assistants, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules.

Staff come from several cultural and linguistic groups. The program works closely with other Health Department programs, including Environmental Health and the Office of the Health Officer; and provide educational opportunities for public health and nursing students to develop tomorrow's public health professionals. Examples of the types of work we do are as follows:

\*Comprehensive TB prevention and control activities provided through clinic and home visits, nursing case management, and TB screening. Includes state and federally mandated follow-up with newly arrived refugees or immigrants who may have TB infection, and working with homeless shelters to identify TB in large congregate living settings.

\*Epidemiologic investigation, health education, and provision of preventive health measures in response to reportable disease exposures and outbreaks, including collaboration with state, national, and international officials as needed, and with law enforcement when an intentional cause is suspected.

\*Occupational health measures related to blood-borne pathogens, TB exposure, and post-exposure prophylaxis for employees to meet county OSHA requirements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Disease report responses	6,480	5,100	6,411	6,400
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	100.0%	90.0%	94.7%	90.0%

**Performance Measure - Description**

1) Output-All disease reports and suspect case referrals received, processed and responded to. 2) Outcome-Reflects effectiveness of case contact investigation and response to life-threatening diseases. 3) Quality-Measure reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

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.

## Legal/Contractual Obligation

1) OAR 333-018 and 019: Disease Reporting and investigation and Control of Diseases, Oregon Health Services and Coalition of Local Health Officials. 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	2013	2013	2014	2014
Personnel	\$2,104,156	\$793,310	\$2,205,170	\$644,911
Contracts	\$0	\$40,254	\$0	\$35,508
Materials & Supplies	\$10,580	\$85,215	\$7,654	\$103,840
Internal Services	\$169,514	\$334,969	\$48,896	\$476,019
Total GF/non-GF:	<b>\$2,284,250</b>	<b>\$1,253,748</b>	<b>\$2,261,720</b>	<b>\$1,260,278</b>
Program Total:	<b>\$3,537,998</b>		<b>\$3,521,998</b>	
Program FTE	20.43	7.75	20.77	4.88
Program Revenues				
Indirect for dep't Admin	\$77,762	\$0	\$74,066	\$0
Fees, Permits & Charges	\$0	\$47,399	\$0	\$32,913
Intergovernmental	\$0	\$1,137,063	\$0	\$1,154,979
Other / Miscellaneous	\$0	\$69,286	\$0	\$72,386
<b>Total Revenue:</b>	<b>\$77,762</b>	<b>\$1,253,748</b>	<b>\$74,066</b>	<b>\$1,260,278</b>

## Explanation of Revenues

CD is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority. Hepatitis C Registry funding that was eliminated in FY 2013 will not be renewed. No replacement funding has been identified.

Refugee grant, Hepatitis B grant: \$125,000;  
 State of Oregon LPHA: \$984,749  
 Patient Fees: \$150,529;  
 County general fund: \$2,261,720

## Significant Program Changes

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

FTE were reduced due to flat or decreasing revenue, to COLA/merit/step increases for staff and to the need to continue to meet statutory requirements.

Chronic Hepatitis B & C Surveillance and Investigation experienced the end of CDC funding for Hepatitis C surveillance and the end of a tri-county Perinatal Hepatitis B Case Management agreement. A one-year CDC funded Hepatitis B Linkage to Care grant (to September 2013) was added. Capabilities lost include interviews of young adults with reported Hepatitis C and routine Hepatitis C risk factor data collection from provider offices.

General Communicable Disease Surveillance and Investigation is experiencing increased volume and complexity of our infectious disease caseload since 2009 -- from pandemic influenza to a resurgence of pertussis and widespread norovirus and influenza outbreaks in more recent months. This rapidly changing environment requires an addition of a 0.50 FTE Research Evaluation Analyst, Sr. to strengthen case and outbreak investigation capabilities and improve local disease response capacity.

**Lead Agency:** Health Department

**Program Contact:** Kim Toevs

**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 and reduces epidemics, and their consequent toll on individual health, 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of community outreach/health promotion encounters	46,533	45,000	47,000	40,000
Outcome	% of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program	31.8%	30.0%	31.6%	30.0%
Quality	% of gonorrhea/syphilis/HIV cases investigated	89.7%	90.0%	85.0%	90.0%
Output	# of STD clinical encounters (visit/phone results)	13,781	12,500	13,000	6,750

**Performance Measure - Description**

 **Measure Changed**

1. This performance measure quantifies the amount of community-based work the program provides each year.
2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV. This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.
3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally.
4. This measure quantifies the amount of clinical service the program provides each year. For FY14 the measure will change to include all STD/HIV testing, treatment, and immunization visits, whether at main clinic or community sites. It will exclude encounters that are not face-to-face (such as "phone results" --interactions to discuss lab results and follow-up).

## Legal/Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances. CHAT grant requires training 15 youth peer educators through African American houses of faith.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,055,147	\$383,664	\$1,935,760	\$601,621
Contracts	\$149,571	\$390,484	\$339,578	\$271,698
Materials & Supplies	\$178,694	\$107,353	\$144,550	\$174,744
Internal Services	\$288,136	\$296,224	\$310,236	\$340,631
Total GF/non-GF:	<b>\$2,671,548</b>	<b>\$1,177,725</b>	<b>\$2,730,124</b>	<b>\$1,388,694</b>
Program Total:	<b>\$3,849,273</b>		<b>\$4,118,818</b>	
Program FTE	20.85	4.10	18.50	6.30
<b>Program Revenues</b>				
Indirect for dep't Admin	\$73,045	\$0	\$89,052	\$0
Fees, Permits & Charges	\$0	\$115,988	\$0	\$125,822
Intergovernmental	\$0	\$1,043,737	\$0	\$1,244,872
Other / Miscellaneous	\$0	\$18,000	\$0	\$18,000
<b>Total Revenue:</b>	<b>\$73,045</b>	<b>\$1,177,725</b>	<b>\$89,052</b>	<b>\$1,388,694</b>

## Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA, the Oregon Health Authority, medical fees and the county general fund. Federal Ryan White grant: \$46,141; Fed/State HIV/STD/VD Prevention grant: \$898,964 State HIV Prevention Technology grant: \$58,871; State Support for Public Health grant: \$162,347; Medical fees: \$174,371; Cascade AIDS Project: \$18,000; Federal youth educator grant: \$30,000; and County General Fund: \$2,730,124

When the budget was adopted, additional revenue was added to this program offer. \$65,000 of ongoing general fund for the needle exchange program and \$31,714 increase to the HIV Prevention Block grant.

## Significant Program Changes

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

Multnomah County sees level or slight funding increases in HIV prevention while the state as a whole declines. Outreach service hours will be cut and focus will be on testing and linkage to care. The program has received grants for peer recruitment into testing among men who have sex with men and for developing a youth peer educator/CHS program among African American houses of faith. An increased emphasis is placed on HIV testing and linkage to care for HIV+ individuals. Staffing changes were made to strengthen this focus, and a new position was created to maintain early access to care for HIV+ cases to meet the increased need for case investigation of STDs (primarily syphilis). Outreach and group education services will be reduced while testing and linkage to care will be maintained/increased.

\$65,000 for needle exchange included as part of the City/County agreement to backfill City of Portland reductions.



**Lead Agency:** Health Department

**Program Contact:** Kim Toevs

**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 the associated costs, and reduced transmission of HIV in the community.

**Program Description**

The HIV Clinic serves over 1,100 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 support 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 6 county 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2,910	2,450	2,950	2,450
Outcome	% of uninsured HCS clients who gained insurance	69.4%	70.0%	62.5%	90.0%
Output	# of unduplicated HIV Clinic clients	1,139	1,150	1,185	1,150
Quality	% of HIV clinic clients who do not progress to AIDS	99.6%	95.0%	98.0%	95.0%

**Performance Measure - Description**

 **Measure Changed**

2) Measure changed. % of uninsured HCS clients who gained insurance is a measure of efforts the medical case management system makes to assist clients to maintain coverage and thus access to care. Current measure is difficult to calculate and not very accurate due to variation in data sources. Next year's offer is based on new calculations of medical case management clients reporting medical coverage at last visit.

4) Quality: % of medical clients who do not progress to AIDS, helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease. Ninety three percent is our Ryan White established goal.

## Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) 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	2013	2013	2014	2014
Personnel	\$251,215	\$2,981,279	\$219,458	\$2,999,157
Contracts	\$0	\$2,495,438	\$72,801	\$2,634,555
Materials & Supplies	\$44,461	\$126,625	\$18,830	\$163,421
Internal Services	\$106,913	\$722,232	\$27,067	\$865,207
Total GF/non-GF:	<b>\$402,589</b>	<b>\$6,325,574</b>	<b>\$338,156</b>	<b>\$6,662,340</b>
Program Total:	<b>\$6,728,163</b>		<b>\$7,000,496</b>	
Program FTE	2.25	26.91	3.15	24.68
Program Revenues				
Indirect for dep't Admin	\$247,035	\$0	\$276,969	\$0
Fees, Permits & Charges	\$0	\$581,526	\$0	\$573,330
Intergovernmental	\$343,593	\$5,634,048	\$322,557	\$6,014,010
Other / Miscellaneous	\$0	\$110,000	\$0	\$75,000
<b>Total Revenue:</b>	<b>\$590,628</b>	<b>\$6,325,574</b>	<b>\$599,526</b>	<b>\$6,662,340</b>

## Explanation of Revenues

HIV Care Services receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

FY2014 HIV Clinic Revenue

3rd Party revenue: \$1,455,751

State/local revenue contracts: \$122,500

Federal Ryan White grant: \$2,203,346

Federal patient navigators grant: \$300,000

FY2014 CARE Services Revenue

Federal Ryan White Part A grant: \$2,903,300

County General Fund: \$15,599

## Significant Program Changes

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

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs resulted in FTE reductions in vacant positions and through attrition. Caseloads continue to be very high, 250-300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for psychosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.

**Lead Agency:** Health Department

**Program Contact:** Jessica Guernsey

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Early Childhood Home Based Services provides evidence based home visiting programs to first birth parents and children. The goal is to assure that children at risk for poor health outcomes receive the support, education and resources needed to achieve optimal health during the critical early years of life. These programs include Nurse Family Partnership (NFP) and Healthy Families America (Healthy Start of Oregon). We expect to screen approximately 2,200 first birth families for eligibility for home visiting services, and to enroll approximately 400 families in NFP and over 600 families in Healthy Start.

**Program Description**

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in incidences of child abuse and neglect, low birth weight and pre-maturity, and improvements in health outcomes for mothers. The programs target high risk families, including pregnant teens and racial and ethnic groups experiencing health disparities. Low income, single, first birth parents benefit the most from these interventions which help establish positive lifelong parenting practices. Long term benefits to the county include healthy children ready to learn, a healthier work force, and decreased costs related to school failure, juvenile crime, and chronic disease.

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

Healthy Start is a state wide program also serving first birth families with the overall goals to reduce child abuse/neglect, improve school readiness and promote healthy growth and development of young children up to age three years. Last year over 2,200 families received screening at the time of birth and over 700 families were referred into home visiting services. Healthy Start follows the "Healthy Families America (HFA)" model of home visiting--a best practice model delivered by highly trained staff through community-based agencies. These agencies currently include IRCO (Immigrant and Refugee Community organization), Impact NW and Insights Teen parent program. Nurse consultants provide additional health support to families and staff at these agencies. Through a a continuing HRSA Maternal Infant and Early Childhood Home Visiting grant, we have served an additional 50 pregnant and parenting teens of color through our Healthy Start Teen Insights program and added funding to Early Head Start programs at Albina, Mt. Hood and Oregon Child Development Coalition.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of infants 0-12 months with developmental screening	61.0%	75.0%	63.0%	63.0%
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	52.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	98.0%	98.0%	95.0%	95.0%
Output	% of Healthy Start parents who report reading to /with child at least 3X/week	94.0%	95.0%	93.0%	94.0%

**Performance Measure - Description**

\*Performance measure designed to obtain client input on services offered by measuring client satisfaction.

## Legal/Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Healthy Start must comply with Healthy Families America (HFA) credentialing requirements and the state OCCF Healthy Start contract requirements. Failure to comply may result in disaffiliation with HFA and withholding of funding. OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$1,796,316	\$1,795,625	\$2,451,643	\$1,250,007
Contracts	\$1,590,412	\$1,118,307	\$541,160	\$1,319,964
Materials & Supplies	\$92,205	\$84,934	\$101,384	\$48,690
Internal Services	\$218,414	\$315,914	\$264,406	\$311,026
Total GF/non-GF:	<b>\$3,697,347</b>	<b>\$3,314,780</b>	<b>\$3,358,593</b>	<b>\$2,929,687</b>
Program Total:	<b>\$7,012,127</b>		<b>\$6,288,280</b>	
Program FTE	16.15	16.80	20.95	11.90
<b>Program Revenues</b>				
Indirect for dep't Admin	\$122,164	\$0	\$101,613	\$0
Fees, Permits & Charges	\$0	\$666,297	\$0	\$0
Intergovernmental	\$0	\$2,648,483	\$0	\$2,896,171
Other / Miscellaneous	\$0	\$0	\$0	\$33,516
<b>Total Revenue:</b>	<b>\$122,164</b>	<b>\$3,314,780</b>	<b>\$101,613</b>	<b>\$2,929,687</b>

## Explanation of Revenues

The Nurse Family Partnership Program (NFP) is funded by county general fund, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and 2) Targeted Case Management (TCM) for infants and children up to age 5 years.

NFP Revenue Summary--Medicaid MCM: \$422,466; Medicaid TCM: \$1,043,700; fed/state maternal infant & early childhood home visiting grant: \$84,889; state/local grants: \$33,516; county general fund: \$2,623,934.

The Healthy Start Program is funded with a combination of state and federal grant funds and county general fund support. Healthy Start Revenue Summary--Healthy Start grant: \$1,225,116; Medicaid Administrative Claiming: \$120,000; county general fund \$734,659.

## Significant Program Changes

**Last year this program was:** #40013A, Early Childhood Home Based Services

Overall supervisory time in Early Childhood Services is reduced and nursing staff levels are unchanged. ECS home visiting services is consolidating models with a move towards training more Community Health Nurses in the Nurse Family Partnership model, a best practice, outcome based, home-visiting model that we already employ. ECS has received a no-cost extension on the state home visiting grant and will be competing in a 2nd round of federal home visiting grants. The impact of the addition of NFP-trained CHNs will mean that there will be more women and families in early pregnancy. This change results in an increase in Maternity Case Management revenue.

**Lead Agency:** Health Department

**Program Contact:** Jessica Guernsey

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

ECS provides home and community-based services to pregnant women, families with young children, and systems that interact with families with young children to assure optimal maternal and infant health and to assist parents in meeting their child's basic health and developmental needs. The conditions of early life have a profound impact on our long-term health and stability. We expect to serve approximately 900 families in this program offer. Of these 900 families approximately 72% are ethnic minorities including 13% African American, 1% Native American and 39% Hispanic (all races).

**Program Description**

Community and voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in health outcomes for mothers. These programs target high risk families including teens, racial and ethnic groups, and immigrant and refugee families experiencing health disparities. Low income, single, first birth parents benefit the most from these interventions which help establish positive lifelong parenting practices. Long-term benefits to the county include healthy children ready to learn, a healthier work force, and decreased costs related to school failure, juvenile crime, and chronic disease.

The Healthy Birth Initiatives Program (HBI) is designed to reduce the historical and persistent disparities in poor birth outcomes by addressing the social determinants of health in the African American community. Core service components include community engagement, case management, health education, inter-conceptual care and depression screening and referral. A consumer-run community consortium, education/support groups, leadership development, and men's groups are unique components of HBI. Transportation and childcare support are wrap around services available to families enrolled in HBI. Case management services begin in early pregnancy and continue through the child's second birthday. Community education and engagement utilize a culturally specific approach and are open to all community members.

Children with special health care needs (infants born prematurely, of low birth weight or children with special medical conditions) who are not engaged with NFP are offered other home visiting services through our CaCoon program. The CaCoon Program helps families coordinate their children's care, develop care management skills and link to appropriate services through home visiting. Children seen in CaCoon have chronic health conditions and require more care coordination than other children (for example, more doctor visits, specialized treatments, prescription drugs, and mental health services.) Nursing consultation is provided to pregnant and parenting families enrolled in the Mt Hood Head Start program, to pregnant/parenting women involved in the corrections system as part of a multidisciplinary team including the Department of Community Justice, and to child care centers to support breastfeeding practices.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of infants 0-12 months with developmental screening	64.0%	80.0%	65.0%	65.0%
Outcome	% HBI clients will be screened for depression, DV, tobacco, WIC eligibility	91.0%	95.0%	95.0%	96.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	98.0%	98.0%	95.0%	95.0%

**Performance Measure - Description**

\* Performance measure designed to obtain client input on services offered by measuring client satisfaction.

## Legal/Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,773,369	\$1,717,445	\$1,441,241	\$2,127,207
Contracts	\$535,292	\$148,000	\$416,859	\$405,904
Materials & Supplies	\$26,263	\$162,488	\$33,969	\$119,584
Internal Services	\$252,299	\$479,515	\$319,754	\$417,499
Total GF/non-GF:	<b>\$2,587,223</b>	<b>\$2,507,448</b>	<b>\$2,211,823</b>	<b>\$3,070,194</b>
Program Total:	<b>\$5,094,671</b>		<b>\$5,282,017</b>	
Program FTE	17.47	14.33	13.66	17.64
Program Revenues				
Indirect for dep't Admin	\$155,520	\$0	\$195,724	\$0
Fees, Permits & Charges	\$0	\$73,579	\$0	\$0
Intergovernmental	\$0	\$2,433,869	\$0	\$3,035,194
Other / Miscellaneous	\$0	\$0	\$0	\$35,000
<b>Total Revenue:</b>	<b>\$155,520</b>	<b>\$2,507,448</b>	<b>\$195,724</b>	<b>\$3,070,194</b>

## Explanation of Revenues

Early Childhood Home/Community based services is funded by county general fund, Medicaid fees for: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum, and 2) Targeted Case Management (TCM) for infants and children up to age 5. CaCoon is a Care Coordination grant serving children with special health care needs. The HBI is funded by a federal grant.

Healthy Birth Initiative Summary-Federal Healthy Birth Initiative grant: \$850,000; Medicaid MCM: \$96,783; Medicaid TCM: \$96,560; federal grants: \$20,529; and county general fund: \$439,560.

General Field Summary-Medicaid MCM: \$282,805; Medicaid TCM: \$1,341,900; Federal CaCoon grant: \$120,000; State Babies First grant: \$83,878; Mt Hood Community College Head Start contract: \$72,850; Fed/State Maternal Infant & Early Childhood Home Visiting grant: \$84,889; other state/local grants: \$20,000, and county general fund: \$1,772,263.

## Significant Program Changes

**Last year this program was:** #40013B, Early Childhood Home and Community Based Services  
Five General Field staff will transition to NFP teams in FY14. This will not affect the overall number of families served in the community. Screening in first birth families has been less because of a decline in birth rate. The decline has happened over the last few years.

Changes in FTE are the result of an 0.80 fte increase for a Community Health Specialist 2 position under the CDC ACHIEVE grant to bridge work between family health and chronic disease prevention specific to the African American Community, ensuring that this work is seamless and efficient. Administrative and supervisory staff were reduced. A small car seat grant has been added to HBI to ensure clients receive car seats and car seat education. ECS will act as the fiscal agent for the Future Generations Collaborative (FGC) Kaiser grant (\$40,000) to develop a trauma-informed approach to support healthy pregnancies and healthy births in the Native American community.

**Lead Agency:** Health Department

**Program Contact:** Amy Sullivan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Community Immunization Program (CIP) contributes to a safe environment by implementing the federally subsidized Vaccines for Children (VFC) Program, and helping schools and childcare facilities comply with state school immunization rules. Our activities contribute to the community's ability to protect children from life-threatening, vaccine-preventable diseases and reduce the costs associated with these diseases.

**Program Description**

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

\*Increase access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay.

\*Support a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements.

\*Uphold and enforce state mandates 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, including: helping schools and other facilities maintain their licensure by facilitating mandatory reporting related to the immunization status of their students; helping parents navigate the exclusion process to prevent school exclusion; and enforcing school-exclusion law by issuing exclusion orders as needed.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of immunizations directly provided to keep children in school	1,436	1,300	1,450	1,400
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100.0%	100.0%	100.0%	100.0%
Output	Number of schools & other facilities assisted with immunization law requirements	374	370	400	390

**Performance Measure - Description**

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

Outcome: The percentage of the facilities we assisted which met state immunization reporting requirements, thus maintaining their licensure requirements in this area. Most of these would not have met requirements without our assistance.

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

## Legal/Contractual Obligation

ORS 433.235 through 433.280

Administrative Rules in chapter 333, Division 47, 49, and 50

As of January 2013, and continuing into FY 2014, federal and state governments have increased the vaccine administration fee for VFC and 317 program vaccines (to \$21.96/vaccine administered).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$178,108	\$206,877	\$198,762	\$219,799
Contracts	\$0	\$20,919	\$6,914	\$15,743
Materials & Supplies	\$0	\$3,559,096	\$15,941	\$34,641
Internal Services	\$21,676	\$89,444	\$40,697	\$85,411
Total GF/non-GF:	<b>\$199,784</b>	<b>\$3,876,336</b>	<b>\$262,314</b>	<b>\$355,594</b>
Program Total:	<b>\$4,076,120</b>		<b>\$617,908</b>	
Program FTE	1.41	2.44	2.27	1.63
<b>Program Revenues</b>				
Indirect for dep't Admin	\$23,342	\$0	\$22,803	\$0
Fees, Permits & Charges	\$0	\$176,332	\$0	\$154,400
Intergovernmental	\$0	\$3,700,004	\$0	\$201,194
<b>Total Revenue:</b>	<b>\$23,342</b>	<b>\$3,876,336</b>	<b>\$22,803</b>	<b>\$355,594</b>

## Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund. The estimated value of federally subsidized vaccine provided by the state formerly included (FY 2013 est. \$3,500,000) is no longer included in 40014 due to County General Ledger changes in accounting treatment.

Fed/State LPHA Immunization Special Payments grant: \$201,194

Patient Fees: \$154,400

County General Fund: \$262,314

## Significant Program Changes

**Last year this program was:** #40014, Immunizations

The significant change to this program offer is a reduction of \$3.5 million in grants. That change reflects that County General Ledger has changed the accounting treatment such that this amount is no longer included in our operating budget. This change has no impact on the activities covered in the program.



**Lead Agency:** Health Department

**Program Contact:** Lila Wickham

**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 funding. Lead causes brain damage in children, resulting in behavior, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood. In addition, environmental investigations, case management, and advocacy for services and community education/outreach are provided by the program.

**Program Description**

Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that 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.

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and OHA to ensure continuity of care and early intervention for children at risk of lead poisoning. 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 and pregnant women for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of high lead levels by an Environmental Health Specialist by conducting an in home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for risk of lead exposure of low-income children in support of improving health equity; 8) Educates contractors and residents about new EPA lead-based paint rules, and 9) Provides education and outreach to medical providers and community.

The Lead Poisoning Prevention Program continues to increase its focus on outreach and education services targeting the most vulnerable populations. This program offer relies almost exclusively on grants and contracts. An electronic newsletter is distributed to community and providers quarterly.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total # of children screened by MCHD primary care and immunization providers	3,259	3,000	3,192	3,500
Outcome	Total # of successfully identified children with EBLLs*	22	25	46	40
Output	Number of Community Members receiving information on lead prevention*	10,816	7,000	10,659	10,000
Quality	Percentage of home investigations where lead exposure risk hazards/ factors are identified for	100.0%	95.0%	100.0%	95.0%

**Performance Measure - Description**

Children screened: Counts lead screening services provided by Multnomah County Health Department care providers, immunization unit and MCHD outreach testing (expanded service) Medtox and Leadcare2 laboratory tests combined

\*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 a health care providers within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl. Health Department proactively began investigating children with lead levels over 5 mg/dl in FY 2011. Intervening at a lower lead level should prevent more severe cases. Since the lead action level has lowered we have had increased EBLL referrals and investigations

\*\*\*Percentage of home investigations with identified contributing factors for lead exposure. Lead hazards have been identified and/or the house has been deemed to be free from lead hazards as demonstrated by a reduction in blood lead levels. Program goal is 95%.

## Legal/Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$112,688	\$9,598	\$139,490
Contracts	\$2,370	\$0	\$0	\$0
Materials & Supplies	\$6,943	\$0	\$217	\$17,205
Internal Services	\$11,788	\$24,312	\$37,602	\$23,305
<b>Total GF/non-GF:</b>	<b>\$21,101</b>	<b>\$137,000</b>	<b>\$47,417</b>	<b>\$180,000</b>
<b>Program Total:</b>	<b>\$158,101</b>		<b>\$227,417</b>	
Program FTE	0.00	0.90	0.10	1.20
Program Revenues				
Indirect for dep't Admin	\$8,497	\$0	\$11,543	\$0
Intergovernmental	\$0	\$137,000	\$0	\$180,000
<b>Total Revenue:</b>	<b>\$8,497</b>	<b>\$137,000</b>	<b>\$11,543</b>	<b>\$180,000</b>

## Explanation of Revenues

City of Portland Leadline grant: \$175,000  
 State Leadline grant: \$5,000  
 County General Fund: \$47,417

## Significant Program Changes

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

The scope and reach of the Lead Poisoning Prevention Program has increased due to new contracts. FTE is increased by 0.40 FTE to respond to contractual requirements. The Lead Poisoning Prevention program expects to increase the number of investigations to 40 a year.

In 2012, the Multnomah County Leadline program began investigating children with lead levels at 5 in order to be proactive and intervene to eliminate sources of lead in the home. Although the official action level for dangerous blood level remains at 10, the CDC Lead Poisoning advisory committee has recommended the action level be lowered to 5 because this level is deemed as dangerous for children 6 and under as well as the unborn.

There is 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. Partnering with WIC and various Head Starts to target at-risk populations has generated more interest and screening.

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

The Josiah Hill Clinic (JHC), a community based partner organization, redefined their priorities and are no longer performing lead testing. The JHC Portland Water Bureau contract was transferred to Multnomah County. Increased community based testing will occur.

**Lead Agency:** Health Department

**Program Contact:** Dawn Shatzel

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

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

**Program Description**

The Medicaid Enrollment program provides outreach and education efforts which increase the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at re-certification. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Annual number of clients screened	11,181	36,780	13,394	14,000
Outcome	Uninsured children in Multnomah County insured through program	5,052	5,500	3,693	4,000

**Performance Measure - Description**

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. Placed (2) OEW at MESD and concentrated efforts at School Based Health Centers to increase enrollment in Healthy Kids.

Reviewed the current year purchased amount of 36,780 clients screened and have amended our reporting process. The previous count included other financial screening/application support (not OHP exclusively).

## 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	2013	2013	2014	2014
Personnel	\$220,852	\$851,137	\$242,281	\$968,924
Contracts	\$5,770	\$0	\$0	\$2,800
Materials & Supplies	\$2,687	\$13,541	\$14,584	\$594
Internal Services	\$60,123	\$157,599	\$31,677	\$176,295
Total GF/non-GF:	<b>\$289,432</b>	<b>\$1,022,277</b>	<b>\$288,542</b>	<b>\$1,148,613</b>
Program Total:	<b>\$1,311,709</b>		<b>\$1,437,155</b>	
Program FTE	2.40	11.00	3.00	11.55
Program Revenues				
Indirect for dep't Admin	\$63,405	\$0	\$73,656	\$0
Intergovernmental	\$0	\$1,022,277	\$0	\$1,148,613
<b>Total Revenue:</b>	<b>\$63,405</b>	<b>\$1,022,277</b>	<b>\$73,656</b>	<b>\$1,148,613</b>

## Explanation of Revenues

Medicaid/Medicare Eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. Compensation is related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at out station locations other than state offices. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue is based on actual expenses from FY2012. DMAP disallows the cost of supervision, office support and interpretation services. General fund backfills expenses not covered by state funding. The rate for FY2014 is \$6.69 per visit and the medical fee revenue is based on 171,691 visits.

Medical fees: \$1,148,613  
 County general fund,: \$288,542

## Significant Program Changes

### Last year this program was:

A Program Supervisor was eliminated and Program Specialist was added to this program. Oversight and support provided by the Program Specialist will allow eligibility staff to maximize number of screening appointments they can make. Revenue for this program offer increased because the number of visits increased.

**Lead Agency:** Health Department

**Program Contact:** Alyssa Franzen

**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 underserved populations, and providing a service to nearly 15,000 uninsured children in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in Multnomah County; MCHD provides unique child based services to uninsured and under-insured clients and focuses on access for chronic disease patients as well as pregnant women and children due to the link with early childhood cavity prevention; the program uses evidence based practice guidelines. The Dental Services program is supported in part by serving members of dental care organizations (DCO's) with OHP membership. We are currently the largest provider organization caring for CareOregon Dental plan members.

**Program Description**

The Dental program has three distinct service components. Six dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics include outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The clinical program also focuses on services for pregnant women because recent research indicated that dental hygiene and periodontal services provided during pregnancy may decrease preterm delivery and improves infant health outcomes. The School and Community Oral Health Program provides dental education, fluoride tablets, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-24 months in our clinic setting. 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. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Billable patient visits	64,322	65,423	65,423	65,470
Outcome	Percentage patients who complete treatment plan within 12 months	58.0%	60.0%	60.0%	60.0%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	75.0%	75.0%

**Performance Measure - Description**

**Output:** Billable patient visits-The number of patient visits measures access to dental services within the County clinics and the School Community Dental Program. The intent is to increase access to care for both Medicaid and uninsured clients.  
**Outcome:** New measure; percentage of patients who complete treatment plan within 12 months. "Completing the treatment plan" measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health.  
**Quality:** % of patients who would strongly agree to recommend clinic to family or friends

## 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
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$6,552,945	\$4,179,674	\$10,792,711	\$628,257
Contracts	\$83,853	\$312,233	\$402,300	\$172,608
Materials & Supplies	\$242,408	\$850,957	\$226,388	\$778,519
Internal Services	\$1,030,229	\$1,661,818	\$1,594,115	\$1,324,243
<b>Total GF/non-GF:</b>	<b>\$7,909,435</b>	<b>\$7,004,682</b>	<b>\$13,015,514</b>	<b>\$2,903,627</b>
<b>Program Total:</b>	<b>\$14,914,117</b>		<b>\$15,919,141</b>	
Program FTE	68.77	30.78	93.55	5.64
<b>Program Revenues</b>				
Indirect for dep't Admin	\$434,453	\$0	\$186,198	\$0
Fees, Permits & Charges	\$0	\$291,676	\$0	\$277,740
Intergovernmental	\$7,616,419	\$6,635,006	\$12,815,050	\$2,547,887
Other / Miscellaneous	\$0	\$78,000	\$0	\$78,000
<b>Total Revenue:</b>	<b>\$8,050,872</b>	<b>\$7,004,682</b>	<b>\$13,001,248</b>	<b>\$2,903,627</b>

## Explanation of Revenues

The primary source of revenue is Medicaid funds. Additional revenue is received from the Primary Care 330 federal grant, general fund (to support Billi Odegaard services for the homeless) and patient fees.

Medicaid fees: \$14,909,107

Primary Care 330 grant: \$453,830

Patient fees: \$277,740

Kaiser Oral Health grant: \$78,000

General Fund (Billi Odegaard): \$200,464

## Significant Program Changes

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

The program offer incorporates FY13 program offer 40017B - Dental Services Downtown Dental. The program offer includes the full year costs of operations and revenue for the new Billi Odegaard clinic which offers services to residents living in the downtown area who experience a variety of barriers to care. Also included is on-going costs required to support Electronic Dental Records.

MultiCare Dental was transitioned to our partner, CareOregon in August 2012, so that we could focus on our expertise-- dental care delivery and clinical and operational quality. We also evaluated and learned that the cost of implementing the required infrastructure for running a managed dental care organization under health transformation moved us further away from our core business of delivering quality clinical care to under-served clients.

**Lead Agency:** Health Department

**Program Contact:** David Brown

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

The Women, Infants and Children Program (WIC) serves lower-income pregnant, post-partum and breastfeeding women, infants and children under age five who have health or nutrition risks. WIC sees every participant at least four times per year to provide individual growth and health assessments, education on nutrition and physical activity, nutritious foods purchased with WIC vouchers, breastfeeding education and support, and referrals to other preventive health and support services.

**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. In addition to food vouchers, all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by registered dietitians and Nutrition Assistants on the current best practices for diet during pregnancy, lactation, infancy and early childhood. For high risk pregnancies, children with special needs and breastfeeding complications, individual counseling is provided by registered dietitians. In between certifications, clients attend additional nutrition education classes on specific topics relevant to their individual needs. 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.

WIC provides access to other support services include prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc. Children whose mothers participated in WIC during pregnancy had better vocabulary test scores than those that did not participate.

The program leverages federal funds to pay for almost 78% of costs. WIC served over 30,000 clients last year. WIC provides referral services to other valuable community programs. It is a hub that connects families with needed services for easy access and seamless service.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average number of clients served each month	19,400	19,500	19,511	19,000
Outcome	% of mothers initiating breastfeeding on WIC	90.1%	88.1%	90.0%	89.0%
Outcome	Show rate for WIC nutrition education follow-up	70.0%	66.0%	68.0%	69.0%
Outcome	Children at risk of anemia (2-5 year olds)	0.0%	13.6%	13.6%	13.0%

**Performance Measure - Description**

 **Measure Changed**

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 - Data Source: WIC TWIST system. Outcome: children with lower than recommended hemoglobin levels - Data source: WIC Performance Measures, Oregon health Authority. This is a new measure for FY13-14. Anemia/low hemoglobin reduces the ability for children to learn.

## Legal/Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants and Children is authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$930,336	\$2,485,888	\$812,323	\$2,554,141
Contracts	\$0	\$0	\$9,755	\$11,532
Materials & Supplies	\$32,131	\$54,012	\$54,225	\$20,055
Internal Services	\$275,939	\$600,931	\$409,243	\$555,103
Total GF/non-GF:	<b>\$1,238,406</b>	<b>\$3,140,831</b>	<b>\$1,285,546</b>	<b>\$3,140,831</b>
Program Total:	<b>\$4,379,237</b>		<b>\$4,426,377</b>	
Program FTE	7.69	32.86	8.20	33.06
<b>Program Revenues</b>				
Indirect for dep't Admin	\$194,806	\$0	\$201,409	\$0
Intergovernmental	\$0	\$3,140,831	\$0	\$3,140,831
<b>Total Revenue:</b>	<b>\$194,806</b>	<b>\$3,140,831</b>	<b>\$201,409</b>	<b>\$3,140,831</b>

## Explanation of Revenues

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

Fed/State WIC grant: \$2,919,032

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

County General Fund: \$1,285,546

## Significant Program Changes

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

The changes in FTE and personnel costs are an increase to the FTE of two part-time Community Health Specialist 1 positions in the Breastfeeding Peer Counselor Program due to the high volume of clients.



**Lead Agency:** Health Department

**Program Contact:** Courtney Craigan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care.

**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 and 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 which 70% are below 100% of the Federal Poverty level. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	15,118	17,756	16,382	18,234
Outcome	% of children who are up to date on immunizations at 35 months of age	71.1%	85.0%	81.0%	85.0%
Efficiency	Number of days for a new patient appointment	2	7	1	2
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	60.0%	75.0%	68.0%	70.0%

**Performance Measure - Description**

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

Performance Measures Variance Explanation:

# of annual client visits has been negatively impacted by prolonged physician vacancies.

## Legal/Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,658,079	\$1,514,258	\$1,724,185	\$1,363,707
Contracts	\$0	\$39,721	\$0	\$46,686
Materials & Supplies	\$4,508	\$135,775	\$20,295	\$122,061
Internal Services	\$202,332	\$692,369	\$199,584	\$764,029
Total GF/non-GF:	<b>\$1,864,919</b>	<b>\$2,382,123</b>	<b>\$1,944,064</b>	<b>\$2,296,483</b>
Program Total:	<b>\$4,247,042</b>		<b>\$4,240,547</b>	
Program FTE	20.00	9.40	20.70	7.60
Program Revenues				
Indirect for dep't Admin	\$147,747	\$0	\$147,263	\$0
Fees, Permits & Charges	\$0	\$129,760	\$0	\$123,152
Intergovernmental	\$1,809,040	\$2,252,363	\$1,885,726	\$2,173,331
<b>Total Revenue:</b>	<b>\$1,956,787</b>	<b>\$2,382,123</b>	<b>\$2,032,989</b>	<b>\$2,296,483</b>

## Explanation of Revenues

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

Medical fees: \$3,213,513  
 Meaningful Use: \$65,000  
 Federal Primary Care grant: \$821,505  
 State Family Planning: \$43,620  
 State Maternal & Child Health: \$38,571  
 County General Fund: \$58,338

## Significant Program Changes

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

The Nursing Supervisor position was eliminated and the Licensed Community Practical Nurse (LPN) panel manager increased from 0.90 FTE to 1.0 FTE. By increasing the FTE of the LPN, we are able to provide more consistent and continuous care to our patients by ensuring that the LPN is in the office during business hours. The position will be able to address patient and coworker concerns in a timely fashion and not have to follow up the next day.

Because of the smaller size of this clinic, we have eliminated the Nursing Supervisor position and will redistribute this work to the Clinic Manager who is an registered nurse.

**Lead Agency:** Health Department

**Program Contact:** Michael Crocker

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care.

**Program Description**

Northeast Health Clinic 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 and 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 Clinic serves a culturally diverse population of which 75% are below 100% of the Federal Poverty level. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	24,048	26,214	23,842	27,132
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	78.0%	85.0%	79.0%	85.0%
Efficiency	Number of days for a new patient appointment	7	7	6	6
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	68.0%	70.0%

**Performance Measure - Description**

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## 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	2013	2013	2014	2014
Personnel	\$2,342,659	\$1,945,188	\$2,662,111	\$1,858,350
Contracts	\$0	\$124,050	\$0	\$141,233
Materials & Supplies	\$0	\$220,068	\$66,230	\$174,651
Internal Services	\$265,179	\$829,049	\$297,357	\$897,046
Total GF/non-GF:	<b>\$2,607,838</b>	<b>\$3,118,355</b>	<b>\$3,025,698</b>	<b>\$3,071,280</b>
Program Total:	<b>\$5,726,193</b>		<b>\$6,096,978</b>	
Program FTE	15.00	24.60	16.20	23.40
Program Revenues				
Indirect for dep't Admin	\$193,410	\$0	\$196,949	\$0
Fees, Permits & Charges	\$0	\$235,642	\$0	\$240,183
Intergovernmental	\$2,559,529	\$2,882,713	\$2,963,957	\$2,831,097
<b>Total Revenue:</b>	<b>\$2,752,939</b>	<b>\$3,118,355</b>	<b>\$3,160,906</b>	<b>\$3,071,280</b>

## Explanation of Revenues

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

Medical fees: \$5,016,805

Meaningful Use: \$32,000

Federal Primary Care grant: \$861,287

State Family Planning: \$66,417

State Maternal & Child Health: \$58,728

County General Fund: \$61,741

## Significant Program Changes

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

Increases in the program offer expenses are related to COLA/merit/step increases and increases to the internal services, IT and facilities costs.

**Lead Agency:** Health Department

**Program Contact:** Deborah Cockrell

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and under-insured 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 patients' 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 prenatal 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	46,430	45,287	46,705	46,290
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	87.0%	85.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	7	2	2
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	62.0%	70.0%

**Performance Measure - Description**

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## 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. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$4,830,423	\$2,797,659	\$5,119,540	\$2,968,510
Contracts	\$250,109	\$337,693	\$0	\$528,417
Materials & Supplies	\$5,867	\$437,622	\$36,991	\$541,633
Internal Services	\$469,722	\$1,565,969	\$558,914	\$1,683,870
Total GF/non-GF:	<b>\$5,556,121</b>	<b>\$5,138,943</b>	<b>\$5,715,445</b>	<b>\$5,722,430</b>
Program Total:	<b>\$10,695,064</b>		<b>\$11,437,875</b>	
Program FTE	55.30	14.90	36.30	32.70
Program Revenues				
Indirect for dep't Admin	\$318,734	\$0	\$366,959	\$0
Intergovernmental	\$5,263,335	\$5,138,943	\$5,628,867	\$5,722,430
<b>Total Revenue:</b>	<b>\$5,582,069</b>	<b>\$5,138,943</b>	<b>\$5,995,826</b>	<b>\$5,722,430</b>

## Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), county general fund, and medical fees.

Medical fees: \$9,361,532  
 Meaningful Use: \$140,000  
 State Refugee Screening grant: \$528,938  
 Federal Primary Care grant: \$1,116,545  
 State Maternal & Child Health grant: \$95,865  
 State Family Planning: \$108,417  
 County general fund: \$86,578

## Significant Program Changes

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

A Nurse Practitioner was converted to a Physician's Assistant position. X-ray Tech position was eliminated due to costs of maintaining radiology equipment and the increasing ease in use of digital imaging. A decision was made to contract externally for x-rays, which will require clients to travel to the contractor's site. FY 2014 costs increased because IT charges and personnel costs for COLA, step and merit increases. Mid County Health Center and the Refugee Screening Program serve a diverse patient population. Last year, the clinic provided care for patients speaking over 64 different languages and interpretation costs both telephonic and in person are approaching \$600,000.00 annually.

**Lead Agency:** Health Department

**Program Contact:** Lynne Wiley

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of 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 comprehensive healthcare services 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 appropriate primary care services are provided and 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, 80% whose incomes are below 100% of the Federal Poverty Level. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	37,465	41,915	39,245	37,626
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	85.0%	85.0%	89.0%	85.0%
Efficiency	Number of days for a new patient appointment	8	7	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	70.0%	75.0%	69.0%	70.0%

**Performance Measure - Description**

Output: Total number of clients visits.

Outcome: Percentage of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: Number of days for a new patient appointment: Measures effectiveness of timely availability for under-served Multnomah County residents to access healthcare services.

Quality: % 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. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$4,212,785	\$2,337,148	\$3,760,251	\$2,396,319
Contracts	\$227,924	\$211,859	\$0	\$197,490
Materials & Supplies	\$580	\$321,735	\$85,840	\$275,591
Internal Services	\$423,263	\$1,452,838	\$388,852	\$1,586,106
Total GF/non-GF:	<b>\$4,864,552</b>	<b>\$4,323,580</b>	<b>\$4,234,943</b>	<b>\$4,455,506</b>
Program Total:	<b>\$9,188,132</b>		<b>\$8,690,449</b>	
Program FTE	48.60	14.50	25.40	31.00
Program Revenues				
Indirect for dep't Admin	\$268,163	\$0	\$285,715	\$0
Fees, Permits & Charges	\$0	\$239,350	\$0	\$202,535
Intergovernmental	\$4,585,405	\$4,084,230	\$4,151,731	\$4,252,971
<b>Total Revenue:</b>	<b>\$4,853,568</b>	<b>\$4,323,580</b>	<b>\$4,437,446</b>	<b>\$4,455,506</b>

## Explanation of Revenues

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

Medical fees: \$7,307,466

Meaningful Use: \$120,000

Federal Primary Care grant: \$1,008,824

State Maternal & Child Health grant: \$80,222

State Family Planning: \$90,725

County general fund: \$83,212

## Significant Program Changes

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

The FTE reductions in the program offer are from eliminating a planned 7th provider team. After unsuccessful attempts at recruiting providers, the vacant positions will be eliminated, and the clinic will serve up to capacity with existing provider teams.



**Lead Agency:** Health Department

**Program Contact:** Jill Daniels

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

The SBHC 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 Multnomah County 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of patients with three or more visits with a risk assessment in the last year	65	75	68	75
Outcome	% of patients with persistent asthma prescribed appropriate medications	87.0%	80.0%	83.0%	83.0%
Quality	% of patients who would "strongly agree" to recommend to family and friends	78.0%	80.0%	75.0%	80.0%

**Performance Measure - Description**

Program measures were chosen that 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 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

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,629,310	\$1,132,854	\$3,147,871	\$776,310
Contracts	\$10,667	\$219,082	\$14,272	\$431,011
Materials & Supplies	\$204,839	\$385,254	\$131,041	\$370,904
Internal Services	\$501,630	\$502,173	\$501,673	\$586,386
Capital Outlay	\$0	\$0	\$0	\$93,631
<b>Total GF/non-GF:</b>	<b>\$3,346,446</b>	<b>\$2,239,363</b>	<b>\$3,794,857</b>	<b>\$2,258,242</b>
<b>Program Total:</b>	<b>\$5,585,809</b>		<b>\$6,053,099</b>	
Program FTE	21.67	13.22	26.66	8.13
<b>Program Revenues</b>				
Indirect for dep't Admin	\$122,441	\$0	\$112,752	\$0
Fees, Permits & Charges	\$0	\$222,771	\$0	\$220,779
Intergovernmental	\$1,591,242	\$2,016,592	\$2,010,165	\$2,037,463
<b>Total Revenue:</b>	<b>\$1,713,683</b>	<b>\$2,239,363</b>	<b>\$2,122,917</b>	<b>\$2,258,242</b>

## Explanation of Revenues

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

Medical fees: \$2,983,572; State School Based Health Centers grant: \$492,000

Primary Care grant: \$212,835; State Family Planning grant: \$80,000; HRSA capital grant for Centennial SBHC: \$500,000; and county general fund: \$1,784,692

## Significant Program Changes

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

The primary change is that the grant for capital improvements for Roosevelt, Grant and Madison was awarded and final expenses will be spent down in the current fiscal year. Grant cycle has ended and funding does not carry over to the next fiscal year. Recently, the SBHC program was awarded a \$500,000 HRSA grant for capital expenditures for the renovation of a clinic inside Centennial High School. At the time the budget was adopted, the grant was added to this program offer. This renovation project will enable the SBHC to begin providing the first school-based health services in the Centennial area and East county. The project is expected to be completed in the spring of 2014 and it is expected to provide services to about 600 school-aged youth annually.

**Lead Agency:** Health Department

**Program Contact:** Kim Toevs

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Measure 5 Education

**Executive Summary**

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

**Program Description**

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinas, American Indians, and African Americans when compared to the County as a whole. A recent study of drop out rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates. Furthermore, STD rates are highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and gay youth.

This program works to reduce teen pregnancy, delay the onset of sexual activity, and strengthen healthy relationship and sexuality skills of adolescents. All program components stress prevention and use culturally specific, evidence based, population focused approaches. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Sites include public and alternative high schools, SUN programs, public housing units, congregations, and other community sites. Community Services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Teacher Training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including co-teaching, training, and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participants in educational sessions/training	5,089	3,750	4,500	4,000
Outcome	Percent of participants demonstrating increased knowledge	96.0%	80.0%	90.0%	80.0%
Quality	% of participants utilizing skills to increase parent to youth communication	80.0%	80.0%	75.0%	80.0%

**Performance Measure - Description**

- 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills, of those participants who completed a full evaluation survey.
- 3) Quality: The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

## Legal/Contractual Obligation

NW Family Services contract requires 3600 youth served with 6-8 hours of healthy relationship curriculum each, primarily through High School Settings. Latina Teen Pregnancy Prevention Grant requires 250 youth served with 6 hour curriculum.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$245,341	\$333,876	\$230,525	\$341,655
Materials & Supplies	\$17,694	\$8,747	\$17,125	\$1,096
Internal Services	\$35,901	\$53,583	\$51,107	\$53,455
Total GF/non-GF:	<b>\$298,936</b>	<b>\$396,206</b>	<b>\$298,757</b>	<b>\$396,206</b>
Program Total:	<b>\$695,142</b>		<b>\$694,963</b>	
Program FTE	2.70	3.85	2.25	3.15
<b>Program Revenues</b>				
Indirect for dep't Admin	\$24,574	\$0	\$25,407	\$0
Intergovernmental	\$0	\$396,206	\$0	\$396,206
<b>Total Revenue:</b>	<b>\$24,574</b>	<b>\$396,206</b>	<b>\$25,407</b>	<b>\$396,206</b>

## Explanation of Revenues

NW Family Services/Healthy Relationships grant - \$309,000  
 Fed/State Latina Teen Pregnancy Prevention grant - \$87,206  
 County General Fund: \$298,757

## Significant Program Changes

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

Several minor changes were made in management staffing of the program as the Adolescent Health Program was fully integrated into its new location at SEHC as part of the broader STD/HIV/HCV program. A 1.0 FTE reduction in staffing resulted in a limited duration position being moved into the temporary personnel category. This results in no impact on services.

**Lead Agency:** Health Department

**Program Contact:** Dawn Shatzel

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

La Clinica provides culturally appropriate, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Eighty percent are at or below 100% Federal Poverty Level (FLP). La Clinica health and social services team includes: primary, preventive and urgent health care behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. This program supports many of the basic living needs priorities. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	6,781	7,880	6,922	6,863
Outcome	% of children who are up to date on immunizations at 35 months of age	81.0%	85.0%	89.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	6	5	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	75.0%	75.0%	76.0%	75.0%

**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.

## Legal/Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$611,692	\$708,918	\$632,504	\$617,472
Contracts	\$0	\$37,674	\$6,611	\$17,048
Materials & Supplies	\$30,312	\$65,321	\$4,748	\$77,748
Internal Services	\$95,583	\$353,060	\$107,065	\$355,318
<b>Total GF/non-GF:</b>	<b>\$737,587</b>	<b>\$1,164,973</b>	<b>\$750,928</b>	<b>\$1,067,586</b>
<b>Program Total:</b>	<b>\$1,902,560</b>		<b>\$1,818,514</b>	
Program FTE	3.60	7.80	4.40	6.80
Program Revenues				
Indirect for dep't Admin	\$72,255	\$0	\$68,460	\$0
Fees, Permits & Charges	\$0	\$68,186	\$0	\$55,877
Intergovernmental	\$698,693	\$1,096,787	\$706,280	\$1,011,709
<b>Total Revenue:</b>	<b>\$770,948</b>	<b>\$1,164,973</b>	<b>\$774,740</b>	<b>\$1,067,586</b>

## Explanation of Revenues

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

Medical fees: \$1,142,699

Meaningful Use: \$69,200

Federal Primary Care/Homeless grant: \$505,883

State Maternal & Child Health grant: \$26,319

State Family Planning: \$29,765

County general fund: \$44,648

## Significant Program Changes

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

A reduction in personnel costs attributed to savings gained by reducing a fraction of an FTE and focusing on reducing use of on-call personnel to close budget gap caused by increasing salary and benefit costs, increased internal services costs and flat county general fund.

**Lead Agency:** Health Department

**Program Contact:** Dawn Shatzel

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Southeast Health Center will provide comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or under-insured and otherwise might not have access to healthcare.

Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. Currently these high needs clients are forced to travel longer distances to access services, creating a significant barrier to care and a negative impact on health and well being.

**Program Description**

The Southeast Primary Care clinic will be located in the Southeast Health Center (34th/Powell). Dental services are currently provided at this site. The clinic will provide comprehensive, culturally appropriate primary care services which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a medical home for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. 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.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of new clients	0	3,000	1,100	1,272
Outcome	% of patients who are screened for depression	0.0%	85.0%	85.0%	85.0%
Quality	% "strongly" recommend to family and friends	0.0%	75.0%	70.0%	70.0%

**Performance Measure - Description**

**Output:** Total # of new clients. (Next FY will update this measure to align with other existing health centers "Total number of clients visits.") SEHC is scheduled to open May 2013, current year estimate is a reflection of two months operation for FY 2013 at 125 new clients per month plus transfer of existing clients from Westside Health Center. Anticipate 3,000 new clients in the first full year of operations.

**Outcome:** Percentage of patients who are screened for depression. This is important in this population due to the high penetration of serious mental illness.

**Quality:** Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## Legal/Contractual Obligation

SEHC primary care will comply with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SEHC primary care must meet all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$713,185	\$159,064	\$1,016,963	\$1,086,730
Contracts	\$0	\$335,640	\$0	\$390,657
Materials & Supplies	\$14,996	\$162,952	\$8,060	\$127,471
Internal Services	\$128,377	\$137,720	\$293,708	\$414,988
Total GF/non-GF:	<b>\$856,558</b>	<b>\$795,376</b>	<b>\$1,318,731</b>	<b>\$2,019,846</b>
Program Total:	<b>\$1,651,934</b>		<b>\$3,338,577</b>	
Program FTE	6.62	2.50	13.20	7.90
Program Revenues				
Indirect for dep't Admin	\$49,753	\$0	\$129,524	\$0
Fees, Permits & Charges	\$0	\$40,594	\$0	\$89,324
Intergovernmental	\$607,032	\$754,782	\$1,118,915	\$1,880,522
Other / Miscellaneous	\$249,526	\$0	\$0	\$50,000
<b>Total Revenue:</b>	<b>\$906,311</b>	<b>\$795,376</b>	<b>\$1,248,439</b>	<b>\$2,019,846</b>

## Explanation of Revenues

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

Medical fees: \$1,952,066

Federal Primary Care grant: \$1,051,900

Meaningful Use: \$84,795

Kaiser grant: \$50,000

County General Fund: \$199,816

## Significant Program Changes

**Last year this program was: #40027, Southeast Health Clinic**

The Southeast Health Clinic opened in FY2013, and this program offer reflects the first full year clinic budget and two provider teams. The FY2013 was budgeted with one provider team.



**Lead Agency:** Health Department

**Program Contact:** Dawn Shatzel

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community. Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care.

**Program Description**

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	13,791	4,800	17,090	20,260
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	62.0%	85.0%	65.0%	85.0%
Quality	% "strongly agree" they would recommend this clinic to friends and family	70.0%	75.0%	80.0%	70.0%
Efficiency	Number of days for a new patient appointment	7	7	6	7

**Performance Measure - Description**

 **Measure Changed**

Output: Total number of client visits.

Outcome: Percentage of children who are up to date on immunizations.

Quality: % strongly agree they would recommend this clinic to friends and family.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for under-served Multnomah County residents to access health care services.

Changed performance measure from "number of new clients served" to "number of annual client visits". Now that this clinic is established, using the volume of visits is a better measure of access and capacity than the number new clients. Additionally this aligns with performance measures for other established primary care health sites. The current year purchased (FY 12-13) number "4800" reflects # of new clients and not the # of annual visits. All other numbers for this Output measure are correct for the number of visits.

## Legal/Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,615,247	\$1,511,590	\$1,800,686	\$1,590,250
Contracts	\$0	\$52,452	\$57,971	\$0
Materials & Supplies	\$221	\$213,786	\$20,397	\$166,012
Internal Services	\$194,130	\$588,206	\$173,706	\$813,029
Total GF/non-GF:	<b>\$1,809,598</b>	<b>\$2,366,034</b>	<b>\$2,052,760</b>	<b>\$2,569,291</b>
Program Total:	<b>\$4,175,632</b>		<b>\$4,622,051</b>	
Program FTE	19.70	10.20	21.00	9.20
Program Revenues				
Indirect for dep't Admin	\$146,749	\$0	\$164,758	\$0
Fees, Permits & Charges	\$0	\$140,876	\$0	\$134,617
Intergovernmental	\$1,758,114	\$2,225,158	\$1,991,323	\$2,434,674
<b>Total Revenue:</b>	<b>\$1,904,863</b>	<b>\$2,366,034</b>	<b>\$2,156,081</b>	<b>\$2,569,291</b>

## Explanation of Revenues

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

Medical fees: \$3,581,981  
 Federal Primary Care grant: \$863,057  
 State Maternal & Child Health grant: \$86,017  
 State Family Planning: \$3,249  
 County general fund: \$61,437

## Significant Program Changes

**Last year this program was:** #40029, Rockwood Community Health Clinic

The FTE increases in this program offer are due to changes in FTE allocated to the provider team staff.

**Lead Agency:** Health Department

**Program Contact:** Vanetta Abdellatif

**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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	80% (or more) of providers are mtg their visit target minimum productivity goals.	68	80	69	75
Outcome		0	0	0	0
Quality	Maintain compliance with regulatory and licensing standards/boards	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

- 1) 80% (or more) of providers are meeting their current productivity (visit target) goals. By recruiting and retaining providers as well as providing leadership and support to existing providers, they will increase access to needed care by achieving team based productivity (visit target) goals.

## 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	2013	2013	2014	2014
Personnel	\$881,818	\$101,050	\$1,275,526	\$100,638
Contracts	\$14,096	\$0	\$2,000	\$0
Materials & Supplies	\$74,085	\$7,588	\$64,482	\$7,674
Internal Services	\$61,319	\$9,594	\$86,958	\$9,920
<b>Total GF/non-GF:</b>	<b>\$1,031,318</b>	<b>\$118,232</b>	<b>\$1,428,966</b>	<b>\$118,232</b>
<b>Program Total:</b>	<b>\$1,149,550</b>		<b>\$1,547,198</b>	
Program FTE	5.36	0.10	8.90	0.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$7,334	\$0	\$7,581	\$0
Intergovernmental	\$0	\$118,232	\$0	\$118,232
<b>Total Revenue:</b>	<b>\$7,334</b>	<b>\$118,232</b>	<b>\$7,581</b>	<b>\$118,232</b>

## Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. Additionally the Department has been awarded two research grants: 1) Kaiser Foundation grant to participate in a research project for cardiovascular disease risk factors among diabetic patients in federally qualified health centers, and 2) Health Resources Services Administration grant through OCHIN, for support of a project to build research infrastructure to support effectiveness studies.

Kaiser Foundation: \$91,232

OCHIN: \$27,000

County General Fund: \$1,428,966

## Significant Program Changes

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

Three Nursing Development Consultant positions will report to the Director of Nursing Practice with matrixed reporting to Human Resources. The positions will assess, develop, implement, and evaluate programs and training materials to address quality nursing education and professional staff development; serve as subject matter experts and consultants to ensure consistent application of protocols, rules, and policies; provide nursing consultation and lead selected nursing-related quality improvement initiatives; create and provide oversight for the development of online learning modules and other training materials. The Nursing Development Consultants will assist HR team and nursing supervisors assess technical/professional competency, recommend remedial actions, and address other performance issues of healthcare staff that affect service delivery and quality.

**Lead Agency:** Health Department

**Program Contact:** Carol Richmond

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Prescriptions Filled	316,802	350,000	325,000	350,000
Outcome	Average prescription cost	30	38	36	38
Quality	Clinical Pharmacy Services	0.0%	0.0%	0.0%	20.0%

**Performance Measure - Description**

✔ **Measure Changed**

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.

With the opening of SEHC, we will be staffing the new pharmacy with pharmacists and technicians.

We plan on incorporating a Clinical Pharmacist in most Primary Care Clinics so that providers are supported in achieving the Triple Aim (Better Health, Better Care and Lower Costs) integral to health transformation. Clinical Pharmacists will be essential in medication reconciliation and medication management for our patients, including but not limited to high users, care transitions and medically fragile individuals. As a result of the Clinical Pharmacist's work, we will see an increase in positive health outcomes.

## Legal/Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$4,950,677	\$0	\$6,706,589
Contracts	\$0	\$209,800	\$0	\$194,600
Materials & Supplies	\$0	\$6,556,161	\$0	\$6,130,600
Internal Services	\$0	\$1,466,762	\$0	\$1,685,211
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$13,183,400</b>	<b>\$0</b>	<b>\$14,717,000</b>
<b>Program Total:</b>	<b>\$13,183,400</b>		<b>\$14,717,000</b>	
Program FTE	0.00	44.25	0.00	54.25
<b>Program Revenues</b>				
Indirect for dep't Admin	\$817,678	\$0	\$943,299	\$0
Fees, Permits & Charges	\$0	\$674,000	\$0	\$715,000
Intergovernmental	\$0	\$12,509,400	\$0	\$13,990,000
Other / Miscellaneous	\$0	\$0	\$0	\$12,000
<b>Total Revenue:</b>	<b>\$817,678</b>	<b>\$13,183,400</b>	<b>\$943,299</b>	<b>\$14,717,000</b>

## Explanation of Revenues

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

Third Party Fees: \$13,990,000

Patient Fees: \$400,000

Patient Assistance Programs: \$315,000

CareOregon Care Support and System Innovation (CSSI) grant: \$12,000

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #40031, Pharmacy

The Pharmacy program offer includes two additional pharmacists and two additional pharmacy technicians to staff the new Southeast Health Center Pharmacy.

Pharmacy adds six clinical pharmacists so that MCHD is able to meet the needs of the patients and improve their quality of care and outcomes. This is in response to our involvement in the Coordinated Care Organizations. Increased medication comprehension and adherence for our clients. Studies have shown that a large portion of hospital readmissions are due to medication issues. Adding clinical pharmacists to our teams will improve the care the patients receive as well as decrease overall costs to the healthcare system. The addition of clinical pharmacists will increase provider and support staff time to devote to other needs of clients.

CareOregon Care Support and System Innovation (CSSI) grant is to provide clinical pharmacy services to seriously ill clients in order to ensure effective drug therapy management. The grant amount for FY14 is \$12,000.

**Lead Agency:** Health Department

**Program Contact:** Vanetta Abdellatif

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

**Laboratory:**

Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and emergencies and surveillance of emerging infections.

**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. The laboratory and x-ray services assist in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of records requests completed	11,000	10,000	12,000	12,000
Outcome	X-rays taken (in-house x-rays closing Winter 2013)	5,679	6,500	4,866	0
Outcome	Number of laboratory specimens handled	245,407	268,180	250,000	260,000
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95

**Performance Measure - Description**

✔ **Measure Changed**

Discontinued providing x-ray services. X-rays have been outsourced in Winter 2013 no longer valid measure for FY2014

## Legal/Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory 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	2013	2013	2014	2014
Personnel	\$2,567,938	\$0	\$2,636,564	\$0
Contracts	\$8,850	\$0	\$7,815	\$0
Materials & Supplies	\$78,328	\$0	\$63,279	\$0
Internal Services	\$373,583	\$0	\$395,215	\$0
Total GF/non-GF:	<b>\$3,028,699</b>	<b>\$0</b>	<b>\$3,102,873</b>	<b>\$0</b>
Program Total:	<b>\$3,028,699</b>		<b>\$3,102,873</b>	
Program FTE	27.60	0.00	25.70	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Revenue for laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department as well as to deliver mandated public health services.

County General Fund: \$3,102,873

## Significant Program Changes

**Last year this program was:** #40032, Lab, X-Ray and Medical Records

X-ray services will be contracted out in late FY 13. Two x-ray sites (Westside and MidCounty) will be closed. The Archive Technician will be no longer needed after June, 2013. All current hard copy x-rays will be archived to County Records Management. The back-up X-ray Technician that filled in for Clinic X-Ray Technicians will no longer be needed once the new contract is executed. Clients will be directed to go to contract x-ray sites located throughout the Portland metropolitan area for any needed x-rays. A communication plan has been developed and will be implemented to coincide with the "go-live" date of external x-ray services.



**Lead Agency:** Health Department

**Program Contact:** Marilyn Boss

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

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

**Program Description**

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental and social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community.

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of new patients who receive appointments	18,603	10,365	19,182	20,114
Outcome	# of uninsured patients who receive specialty care	1,410	1,450	1,224	1,336

**Performance Measure - Description**

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

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

In reviewing current year purchased data, it was discovered that new dental patient appointments had been inadvertently omitted. We have corrected this error moving forward.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$549,952	\$421,587	\$769,096	\$153,810
Contracts	\$28,917	\$59,483	\$88,400	\$0
Materials & Supplies	\$24,518	\$0	\$1,795	\$22,407
Internal Services	\$47,451	\$107,170	\$47,452	\$88,783
<b>Total GF/non-GF:</b>	<b>\$650,838</b>	<b>\$588,240</b>	<b>\$906,743</b>	<b>\$265,000</b>
<b>Program Total:</b>	<b>\$1,239,078</b>		<b>\$1,171,743</b>	
Program FTE	7.50	4.00	9.50	1.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$36,485	\$0	\$16,993	\$0
Intergovernmental	\$0	\$588,240	\$0	\$265,000
<b>Total Revenue:</b>	<b>\$36,485</b>	<b>\$588,240</b>	<b>\$16,993</b>	<b>\$265,000</b>

## Explanation of Revenues

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

County general fund: \$906,743

Federal Primary Care grant: \$265,000

## Significant Program Changes

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

A Program Supervisor was eliminated due to span of control changes, and a Program Specialist was added to support the work in the Medicaid/Medicare Eligibility program offer 40016. This change will support clients by providing additional support to eligibility staff and will increase access and availability of Medicaid eligibility screening appointments.

**Lead Agency:** Health Department

**Program Contact:** Vanetta Abdellatif

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds.

This program supports the ongoing delivery of Primary Care, Homeless, Dental and School Based Health clinical services through the following activities: Management of all aspects of the BPHC grant, including adherence to all federal program requirements. Review, audit and maintain standards of clinical quality and safety as required to maintain Joint Commission (JCAHO) accreditation, which the BPHC strongly supports. Emphasis on use of data and provision of evidence-based care to increase performance outcomes. Provision of financial analysis, monitoring and revenue development for revenue generating program areas. Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external bench-marking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

This program supports the Primary Care Renewal and Patient Centered Primary Care Health Home programs and represents a new generation of healthcare funding for performance. These programs, implemented to meet goals of the State of Oregon's 1115 Medicaid Demonstration Accountability Plan and local Coordinated Care Organizations Pay-for-Performance, have tied payments to achieving specific health outcomes and sustaining those improvements over time. The Quality Assurance program is tasked with designing, testing, and implementing the wide array of system improvements needed to meet these new benchmarks.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	100.0%	100.0%	100.0%	100.0%
Outcome	BPHC grant renewed annually	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

1. Reflects maintaining good standing as a fully accredited organization under the Joint Commission's standards for BPHC sponsored FQHC's. Conducted through unannounced surveys by the Joint Commission once every three years.
2. Reflects maintenance FQHC standing through meeting all federal rules and requirements; evaluated annually through the grant continuation application process. (Program must meet benchmark of 90% compliance is required to meet standards/rules governing quality and safety, per Bureau of Primary Health Care (BPHC) Accreditation Initiative.)

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$316,459	\$1,867,803	\$2,740,968	\$9,979
Contracts	\$0	\$143,400	\$139,083	\$0
Materials & Supplies	\$55,859	\$121,401	\$213,837	\$1,014
Internal Services	\$103,502	\$237,801	\$499,870	\$1,007
Total GF/non-GF:	<b>\$475,820</b>	<b>\$2,370,405</b>	<b>\$3,593,758</b>	<b>\$12,000</b>
Program Total:	<b>\$2,846,225</b>		<b>\$3,605,758</b>	
Program FTE	2.90	16.80	25.71	0.09
<b>Program Revenues</b>				
Indirect for dep't Admin	\$140,830	\$0	\$770	\$0
Intergovernmental	\$0	\$1,122,500	\$1,042,056	\$0
Other / Miscellaneous	\$0	\$1,247,905	\$1,460,523	\$12,000
<b>Total Revenue:</b>	<b>\$140,830</b>	<b>\$2,370,405</b>	<b>\$2,503,349</b>	<b>\$12,000</b>

## Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with Federal/State Patient Centered Primary Care Health Home (PCPCH), CareOregon Primary Care Renewal (PCR) funding and County General Fund. On occasion we receive specialty grants for targeted work. In 2014, the PCPCH and PCR funding characterized as Health Transformation-Payment Transformation funding has been moved from the Federal/State fund to the General Fund to provide greater transparency, flexibility and central oversight of these funds. Additional county general fund was allocated to Quality Assurance to fund additional positions responsible for designing and implementing the system improvement.

Volunteers of America grant: \$12,000

CareOregon Primary Care Renewal (in the General Fund): \$1,000,000

Patient Centered Primary Care Health Home (in the General Fund): \$1,502,579

County general fund: \$1,091,179

## Significant Program Changes

**Last year this program was: #40034, Quality Assurance**

The increase in FTE is related to necessary infrastructure that supports health transformation requirements, metrics, and accountabilities. These additional positions will improve our ability to capture and report on clinical data that will support changes and improvements to the delivery of health care and therefore improved health outcomes. Additionally, staff will support quality improvement/LEAN teams involved in delivery system transformation (CCO) efforts.

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. Healthcare in general, with primary care at the forefront, is moving away from fee-for-service or grants to incentive payments for improving the health of our clinic clients. Staff focusing on broad system improvement is included in this program offer.

**Lead Agency:** Health Department

**Program Contact:** Vanetta Abdellatif

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Quality Improvement for Primary Care contains prepayments received under the Primary Care Renewal program and the Patient Centered Primary Care Health Home (PCPCH) program. These are federal Medicaid-funded programs that pay in advance for future outcomes. Both are prospective payments we receive for serving high-need, high-risk poor and vulnerable Medicaid and uninsured clients, including clients with behavioral health issues and one or more chronic health conditions.

The payments are received in advance while we evaluate which interventions will be most effective in improving the health of our clients. Investments will be in primary-care specific staffing, infrastructure and activities.

**Program Description**

Health care transformation is changing how Multnomah County delivers care and how we are compensated for our work. The foundation for these changes has been built by the Center for Medicare and Medicaid (CMS), Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project.

Today, most of our health-care compensation is a fee-paid-for-service by an eligible physician, nurse practitioner or other provider. In the future, most health care payments will be tied to the improved health of our patients, with little funding linked solely to transactional activities such as office visits, lab test or x-rays. This new reimbursement model is a primary goal of federal and state reform, and of local coordinated care organizations.

In anticipation of this fundamental shift, the County has established a payment transformation sub-fund within the General Fund to distinguish this funding from traditional fee-for-service or activity-based grant funding.

By accepting the payment, we are agreeing to improve our system and quality of care so that patients have better health outcomes. We are also agreeing to sustain these improvements even after the funding ends. The Affordable Care Act and Oregon's Medicaid demonstration project's goals are built around primary care practices that are Patient Centered Primary Care Health Home certified.

The funding in this scaled offer is to insure that resources are available for a system that is rapidly changing under Oregon's 1115 Medicaid Demonstration project. These resources will be invested in personnel and training, improved IT systems, facility improvements, and clinical care that is not billable under the new reimbursement model. Funding would allow critical internal improvements such as paying for substitute providers so that staff could step away to pilot promising clinical changes, care coordination, health promotion, or individual and family support services provided by a nurse or community health worker. Investments could also be made in the IT system improvements needed to track and report on clinical progress.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of ACA-qualified patients with a care plan in their health plan	0.0%	0.0%	0.0%	90.0%
Outcome		0	0	0	0
Quality	Improvement in number of patients who receive developmental screening.	0.0%	0.0%	0.0%	3.0%
Quality	% improvement in nbr of patients over 12 y/o screened/counseled for tobacco use	0.0%	0.0%	0.0%	3.0%

**Performance Measure - Description**

One of the promises of Health Transformation is a shift in the system that focuses on improved quality and health outcomes. Like other providers in our community, we need to plan for, monitor and meet performance expectations.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$943,203	\$0
Internal Services	\$0	\$0	\$86,397	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$1,029,600</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$1,029,600</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$0	\$1,029,600	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,029,600</b>	<b>\$0</b>

**Explanation of Revenues**

This program offer is funded with a \$1,029,600 cash transfer in FY 2014, as the funds are being moved from the Federal/State fund to the General Fund. Funding includes prospective Medicaid payments from Patient Centered Primary Care Health Home and Primary Care Renewal programs. These are not payments for services, medical treatments, activities or specific staff. They are not a grant award or a fee-based payment. The funds are prospective payments made in advance to us for serving high-need, high-risk poor and vulnerable Medicaid and uninsured clients, including clients with behavioral health and one or more chronic health conditions.

These Medicaid dollars are needed to ensure we maintain our certification and increase the reimbursement available to us for this work. This has allowed us to expand access and improve care without increasing the demand on the General Fund for on-going operations.

**Significant Program Changes**

Last year this program was:

**Lead Agency:** Health Department

**Program Contact:** Sonia Manhas

**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, and 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, procures grant funds, and develops and evaluates evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives and identifies 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 improve health outcomes for all communities through monitoring health status indicators, disseminating reports documenting community health status and health inequities, and conducting health impact assessments. HAE also helps lead the Department's strategic planning and department-wide preparation for public health accreditation. PDES provides evaluation support to county and state programs, initiates and conducts applied research studies to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing and grant management. Over \$27 million was procured to address health issues in FY 11-12.

Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include evaluation of the Healthy Birth Initiative, the Communities Putting Prevention to Work program, and the development of a Community Health Assessment. Grant Development has secured program funds to support early childhood, adolescent health, public health infrastructure, and clinical services. Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1.49 million in general funds results in over \$24 million in returns from foundation, state and federal grants, and contracts. HAE's health assessment activities shape Health Department program planning, as well as inform community partners and policy makers about the community's most pressing and emerging health needs.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of requests for data analysis (1)	325	200	300	250
Outcome	Number of grant proposals written (2)	43	39	43	43
Outcome	Dollar amount (in millions)of grants funded	27	24	24	24
Output	Number of reports and presentations disseminated	31	56	45	45

**Performance Measure - Description**

1) Includes HAE planned projects and ad hoc requests. Note: During FY 11-12, the data analyst that runs almost all of the ongoing and special clinical reports for quality improvement and ongoing program monitoring for Integrated Clinical Services (ICS) moved from HAE into a new program within ICS. As a result, the CYE and the NYO numbers have been reduced. The funding for this analyst was never included within the HAE budget.

2) Includes Grant Development and PDES proposals.

## 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
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$1,324,591	\$978,991	\$1,309,879	\$1,322,721
Contracts	\$0	\$545,360	\$0	\$484,247
Materials & Supplies	\$24,796	\$80,182	\$42,744	\$113,783
Internal Services	\$143,597	\$127,617	\$165,988	\$162,703
<b>Total GF/non-GF:</b>	<b>\$1,492,984</b>	<b>\$1,732,150</b>	<b>\$1,518,611</b>	<b>\$2,083,454</b>
<b>Program Total:</b>	<b>\$3,225,134</b>		<b>\$3,602,065</b>	
Program FTE	11.35	7.55	10.95	9.60
<b>Program Revenues</b>				
Indirect for dep't Admin	\$93,930	\$0	\$120,501	\$0
Intergovernmental	\$0	\$1,360,630	\$0	\$1,606,256
Other / Miscellaneous	\$0	\$371,520	\$0	\$477,198
<b>Total Revenue:</b>	<b>\$93,930</b>	<b>\$1,732,150</b>	<b>\$120,501</b>	<b>\$2,083,454</b>

## Explanation of Revenues

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

State Local Public Health Agency grant: \$601,753; Alaska State Tobacco:\$607,000;  
 DHS- OMHS- Disparity Report: \$43,976; Mercy Corp: \$101,335;  
 Wyoming/ New Mexico Tob Eval: \$50,000;  
 RWJF- Liquor Control: \$119,863;  
 Alaska State Cancer Prevention Program: \$95,000;  
 NIH - HIV and Smoking Cessation:\$11,527;  
 4 County Needs Assessment grant: \$256,000  
 Alaska Obesity Prevention and Control Program grant: \$197,000  
 County general fund: \$931,512  
 County general fund indirect: \$587,099

## Significant Program Changes

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

At the time the budget was adopted, the Alaska Obesity Prevention and Control Program grant was added to this program offer. PDES will conduct and report on a study of the Body Mass Index (BMI) data from the Kenai Peninsula Borough School District, as well as more general evaluation support for childhood obesity prevention.



**Lead Agency:** Health Department

**Program Contact:** Kimie Ueoka

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

**Program Description**

The CHC offers an entry point for residents to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. 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.

The 15 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people.

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 and the Coalition of Community Health Clinics. This allowed CCHC to secure additional resources from foundations and other government partners to fund a total organizational budget of \$411,927; and the County's contract for volunteer indemnification provided an additional \$1,256,129 value in volunteer time with an estimated 46,309 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of volunteer hours	46,309	65,000	52,000	55,000
Outcome	Percentage of consumers involved	75.0%	64.0%	75.0%	64.0%

**Performance Measure - Description**

Number of volunteer hours includes volunteer hours at the 15 Coalition Clinics for licensed health care professionals who 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. FY 12 actual, FY 13 estimate and FY 14 includes volunteer hours from both the Community Health Clinics and the 15 member Coalition of Community Health Clinics.

### 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 the County Charter.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$119,979	\$0	\$110,865	\$0
Contracts	\$102,833	\$0	\$107,447	\$0
Materials & Supplies	\$4,800	\$0	\$8,730	\$0
Internal Services	\$11,980	\$0	\$16,479	\$0
Total GF/non-GF:	<b>\$239,592</b>	<b>\$0</b>	<b>\$243,521</b>	<b>\$0</b>
Program Total:	<b>\$239,592</b>		<b>\$243,521</b>	
Program FTE	1.30	0.00	1.30	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Explanation of Revenues

Community Health Council and Civic Governance is funded by county general fund, \$243,521.

### Significant Program Changes

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

**Lead Agency:** Health Department

**Program Contact:** Lila Wickham

**Program Offer Type:** Existing Operating

**Related Programs:** 40007, 40008, 40015

**Program Characteristics:** Climate Action Plan

**Executive Summary**

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors, including tobacco exposure. This program focuses on vulnerable/ ill families living in substandard housing to reduce: asthma triggers, exposure to household mold, toxins, vectors and lead paint through home assessments and housing inspections. Strategies include education, advocacy, policy analysis, and organizing to build community capacity. Focus areas include health impacts of global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment. The program will pilot the integration and analysis of the Equity and Empowerment Lens.

**Program Description**

The program addresses health inequities through chronic disease prevention (asthma, tobacco-use, cancer) by improving the health and livability of the home, and addressing environmentally related health concerns.

**Healthy Home Priorities:** 1) Provide home-based environmental & medical assessment/interventions for high-risk asthmatic children 2) Consult with medical providers 3) Partner with landlords and tenants 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home 5) Address substandard housing complaints in unincorporated areas, and 6) Provide environmental assessments for sick children and improve housing conditions. **Housing Education Priorities:** 1) Conduct community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins, and safety 2) Integrate environmental health risk reduction with other MCHD initiatives. The HH asthma inter-vention has shown improvements in asthma control, reduced emergency department visits and improved quality of life. **Tobacco Prevention Priorities:** Enforces the Indoor Clean Air Act and conducts education and outreach in public settings. **Env. Health Education:** 1) Conduct education and outreach related to global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment 2) Provide environmental health education related to housing, diseases transmitted from animals to humans, food borne illness, and emerging environmental health issues. **Env. Health Policy Analysis:** 1) Coordinate implementation of the Climate Action Plan actions 2) Participate in the Climate Action Plan revision steering committee 3) Integrate environmental health risk reduction with other County-wide initiatives; and **Environmental Health Advocacy:** 1) Identify health disparities and environmental justice issues; 2) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies – labeling of genetically modified organisms, pesticides on produce, and adopting a Safe Cosmetics Act.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of families receiving an environmental home inspection from any of the HH programs	132	130	140	90
Outcome	Emergency Dept & hospitalization costs averted	311,677	124,721	415,569	311,677
Outcome	Dollars leveraged	573,696	660,256	603,596	869,355
Output	Recommendations/policies adopted or influenced related to Environmental Health issues.	23	12	12	12

**Performance Measure - Description**

**Outcome:** These savings are estimated from client data and are based on number of ER visits averted and estimated number of hospitalizations averted. This does not include societal data such as lost work or school days averted. Our program evaluator estimated that for each asthmatic child served in the program there are an additional \$976 (2013 \$) in lost parental work days averted - \$390/day x 2.5 days.

**Outcome:** Includes the total sum of dollars leveraged in housing program grants by MCEH and revenue acquired through Targeted Case Management billing. This amount does not include the increased community capacity by MCEH providing technical assistance to community env. health partners to leverage grant funded resources. New community resource acquisition includes EPA Indoor Air Quality Grant for Schools, \$55,000

**Output:** Total number of homes receiving environmental assessments via the HH, AIR and CAIR programs. This number will decrease with the ending of the HUD CAIR grant.

**Output:** - number of recommendations/policies adopted or influenced through participation in coalitions and advisory groups.

## Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes Demonstration Grant # ORRLHH029-09, the DMAP Healthy Homes State Health Plan Amendment and the EPA grant. Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances. Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$456,983	\$619,046	\$322,248	\$667,719
Contracts	\$70,384	\$128,078	\$26,260	\$78,326
Materials & Supplies	\$61,287	\$57,948	\$53,398	\$27,727
Internal Services	\$43,399	\$161,361	\$97,713	\$103,776
Total GF/non-GF:	<b>\$632,053</b>	<b>\$966,433</b>	<b>\$499,619</b>	<b>\$877,548</b>
Program Total:	<b>\$1,598,486</b>		<b>\$1,377,167</b>	
Program FTE	4.54	6.66	3.07	6.25
Program Revenues				
Indirect for dep't Admin	\$59,942	\$0	\$54,781	\$0
Fees, Permits & Charges	\$0	\$188,160	\$0	\$376,320
Intergovernmental	\$0	\$778,273	\$0	\$501,228
<b>Total Revenue:</b>	<b>\$59,942</b>	<b>\$966,433</b>	<b>\$54,781</b>	<b>\$877,548</b>

## Explanation of Revenues

State Tobacco Prevention Grant: \$363,399;  
 Federal HUD Healthy Homes CAIR grant: \$56,829 & City of Portland BCHD CAIR grant: \$26,000  
 Healthy Homes Targeted Case Management: \$376,320  
 EPA grant: \$55,000

In FY13 Tobacco Prevention was included in program offer 40047 Community Wellness and Prevention. For FY14, code enforcement was transferred to Environmental health and the tobacco prevention function remain in program offer 40047.

## Significant Program Changes

**Last year this program was:** #40037, Environmental Health Education, Outreach & Housing

In 2010, MCHD was awarded a three year Healthy Homes demonstration grant totaling \$874,898, and a \$65,000 per year contract with the Portland Housing Bureau. The grant will end in May 2013, and we have requested an extension. The FTE reduction is from the expiring grants. The current Housing and Urban Development (CAIR) grant providing services to children who are impacted by health issues related to housing will end in September 2013. The Healthy Homes program providing services to children who are impacted by asthma related to housing will be restructured to serve more families and is anticipated to receive additional revenue from Medicaid as a result. The receipt of an Environmental Protection Agency grant will allow some of the staff who were working on the HUD grant to instead provide education to schools on indoor air quality.

At the time the budget was adopted, additional revenue was added to this program offer. Tobacco prevention funds support enforcement of the Indoor Clean Air Act and conducts education and outreach in public settings. The City of Portland Bureau of Housing and Community Development approved a no cost extension to the CAIR grant which provides medical intervention, environmental assessments and physical remediation to low income families.

**Lead Agency:** Health Department

**Program Contact:** Noelle Wiggins

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

A key role of health departments and other government agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. It also builds capacity within the Health Department to work in a way that empowers individuals and communities.

Activities include training Community Health Workers (CHWs), preventing youth violence before it starts, 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. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

**Program Description**

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing state-approved, credit-bearing training for Community Health Workers (CHWs); 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 most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process. In the last year, CCC staff has provided revenue-producing CHW training courses to 7 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.

A grant application to fund a CBPR project designed to measure the health outcomes of a community garden program was submitted. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 9 schools, agencies, or faith communities, while another project supports coalition building and the development of a comprehensive plan to prevent violence affecting youth. During 2011-12, the HP Change Process: 1) shared findings of its follow-up survey with multiple groups; 2) began to offer "Introduction to Empowering Health Promotion" trainings at new employee orientations; and 3) engaged in multiple projects aimed at increasing health promotion competence at the Health Department.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participants in training classes	1,265	1,500	1,500	1,750
Outcome	% of participants in training courses who report increased ability to promote hlt	95.0%	95.0%	92.0%	92.0%
Outcome	% of participants in training courses who demonstrate increased health knowledge	72.0%	70.0%	75.0%	75.0%

**Performance Measure - Description**

 **Measure Changed**

1) Number of participants in training classes represents the sum of 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 one or two on a post-evaluation survey. A score of one 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.

FY13 measure - "Percentage of HD staff who report increased understanding of health promotion" was not continued for FY14. It was removed because the Health Promotion Change Process discontinued annual follow-up surveys.

## Legal/Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$524,301	\$215,702	\$653,426	\$242,611
Contracts	\$750	\$331	\$0	\$750
Materials & Supplies	\$16,962	\$11,126	\$221	\$31,684
Internal Services	\$71,353	\$40,841	\$0	\$134,470
<b>Total GF/non-GF:</b>	<b>\$613,366</b>	<b>\$268,000</b>	<b>\$653,647</b>	<b>\$409,515</b>
<b>Program Total:</b>	<b>\$881,366</b>		<b>\$1,063,162</b>	
Program FTE	4.82	1.98	6.24	2.56
<b>Program Revenues</b>				
Indirect for dep't Admin	\$16,621	\$0	\$26,261	\$0
Fees, Permits & Charges	\$0	\$3,000	\$0	\$20,000
Intergovernmental	\$0	\$265,000	\$0	\$306,337
Other / Miscellaneous	\$0	\$0	\$0	\$83,178
<b>Total Revenue:</b>	<b>\$16,621</b>	<b>\$268,000</b>	<b>\$26,261</b>	<b>\$409,515</b>

## Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers and conducting evaluation.

County general fund: \$653,647  
 Striving to Reduce Youth Violence Everywhere (STRYVE) grant: \$248,151  
 Defending Childhood Initiative: \$20,000  
 CHW Trainings revenue contracts: \$22,500  
 Urban League: \$10,000  
 NE Oregon Network: \$53,178  
 Health Commons grant: \$20,686  
 Home Care Commission: \$35,000

## Significant Program Changes

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

Our program offer changed because of increased revenue from Community Health Worker (CHW) training that we conduct for community-based organizations and coordinated care organizations. Also, \$30,000 in additional general fund was added to our budget to cover costs of training CHWs at MCHD which allowed for an 1.50 FTE new permanent positions to our program offer.

We rededicated funds from our STRYVE grant from the CDC to allow us to add a .5 FTE Community Health Specialist 2 to that program. The additional revenue and FTE for CHW training will allow us to serve more organizations and prepare more Community Health Workers for their roles in health care transformation. The addition of a permanent CHS 2 to our STRYVE team will allow us to more effectively engage communities most affected by youth violence in STRYVE planning and implementation.

**Lead Agency:** Health Department

**Program Contact:** Kathleen Fuller-Poe

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Business and Quality Services - Workforce Development Human Resources and Training Unit provides guidance and consultation in administrative procedures, recruitment, employee/labor management relations, core management competencies, personnel policies and labor contract interpretation, web design, training facilitation, legislative review and legal compliance. Objectives are achieved through (a) applying business best practices (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance. We strive to be an adaptive learning organization and support effective and accountable services to our communities.

**Program Description**

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) **Organizational Effectiveness:** Provides staff and organization development opportunities that support high performance, nurse development, Facilitative Leadership, change management, and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) **Public Health Competence:** Assess, identify and provide training resources to employees to strengthen performance in the delivery of the 10 Essential Services of Public Health with attention paid to continuous learning, quality improvement and cultural competence.
- 3) **Human Resources:** Ensures Human Resources' systems are implemented and consistently followed to guide and direct all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with County personnel rules, department guidelines and labor contracts, and to reduce liability and costs of unlawful employment practices.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome	% of 7 service areas that successfully piloted the Cultural Competency model	0.0%	25.0%	25.0%	50.0%
Outcome	% of 195 Management employees trained in performance management principles	0.0%	50.0%	75.0%	0.0%
Outcome	% of Management employees trained in the Public Health Competencies model and process	0.0%	0.0%	0.0%	75.0%

**Performance Measure - Description**

 **Measure Changed**

In FY 14, Human Resources and Workforce Development will continue to advance the performance measure for Cultural Competency. In FY 13, Human Resources and Workforce Development successfully completed an assessment, developed polices, developed training materials, and piloted the training to 25% of the department. In the FY 14 budget, Human Resources and Workforce Development will deliver the Cultural Competency training to 50% of all department staff. The second FY 13 performance measure was successfully completed by training more than 50% of management employees in performance management principles. The new performance measure for FY 14 will be to incorporate the Public Health Competencies into the performance management process. In FY 14, 75% of management staff will be trained in the Public Health Competencies model and process, with the Public Health Competencies incorporated into exempt employee annual performance evaluations.

## 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	2013	2013	2014	2014
Personnel	\$1,872,958	\$0	\$2,013,058	\$0
Contracts	\$101,000	\$0	\$91,531	\$0
Materials & Supplies	\$59,816	\$0	\$41,752	\$0
Internal Services	\$246,469	\$0	\$239,482	\$0
Total GF/non-GF:	<b>\$2,280,243</b>	<b>\$0</b>	<b>\$2,385,823</b>	<b>\$0</b>
Program Total:	<b>\$2,280,243</b>		<b>\$2,385,823</b>	
Program FTE	17.23	0.00	17.33	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Business and Quality - Human Resources and Training is funded by \$988,894 county general, fund and \$1,396,929 county general fund indirect revenue.

## Significant Program Changes

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

Increased Nursing Development position to 1.0 FTE to respond to an increased demand of nursing recruitment, retention, and training to meet competencies for Public Health Accreditation and implementation of Health Share of Oregon.

Two employees salaries increased to address salary equity with all Human Resources staff. All personnel costs increased because of COLA, step and merit increases associated with the same level of staff. Internal services increased because of increases in IT and Facilities Rates.



**Lead Agency:** Health Department

**Program Contact:** Wendy Lear

**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's 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.

Operational IT support reports to Business Services. This team support the Health Department in meeting its IT Strategic plan, upgrading and maintaining its IT infrastrure in collaboration with County IT.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Percent of contracts executed by start of contract	98.0%	98.0%	98.0%	98.0%
Outcome	Percentage of revenue invoices recorded within 10 business days	0.0%	0.0%	97.0%	98.0%
Quality	Number of repeated audit or unresolved audit finding	0	0	0	0

**Performance Measure - Description**

 **Measure Changed**

New measure for FY14: "Percentage of revenue invoices recorded within 10 business days" County administrative procedure FIN-19 requires that revenue invoices are posted within 10 days after the accounting period closes. This measure reports Business Services compliance with FIN-19.

FY13 measure "percentage of grant reports submitted on time" was discontinued because tracking was done manually. The new measure "percentage of revenue invoice recorded within 10 days relies on data from SAP and is directly linked to county administrative rules.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$2,622,919	\$0	\$2,978,512	\$0
Contracts	\$21,748	\$0	\$33,000	\$0
Materials & Supplies	\$94,572	\$0	\$65,269	\$0
Internal Services	\$439,094	\$0	\$509,676	\$0
<b>Total GF/non-GF:</b>	<b>\$3,178,333</b>	<b>\$0</b>	<b>\$3,586,457</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,178,333</b>		<b>\$3,586,457</b>	
Program FTE	27.10	0.00	31.10	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$5,856,884	\$0	\$6,411,374	\$0
<b>Total Revenue:</b>	<b>\$5,856,884</b>	<b>\$0</b>	<b>\$6,411,374</b>	<b>\$0</b>

## Explanation of Revenues

Business and Quality - Accounting and Financial Services is funded by \$1,258,518 county general fund, and \$2,310,192 county general fund indirect revenue.

The general fund revenue in this program offer, \$6,411,374 is the amount of department indirect that is charged to federal/state revenue sources.

## Significant Program Changes

✔ Significantly Changed

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

Three positions providing internal support for an IT system upgrade and replacement have been added in FY 2014 in cooperation with County IT which is also enhancing the staffing to support the Health Department. This team will take direction from the Health Department IT governance leadership team to identify, plan and execute system upgrades throughout the Department.

A 1.0 FTE temporary project manager is included in FY 2014 organize Health Department activity needed to plan, construct and move into the new Health headquarters. The position will funded through the construction project funds.

General Fund personnel expenditure figure is reduced by \$219,042 to reflect department-wide COLA calculations adjusted after department submission.

**Lead Agency:** Health Department

**Program Contact:** Wendy Lear

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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

**Program Description**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of encounters processed for payment	348,716	328,000	335,000	334,000
Outcome	Percent of Receivables aged (older than 90 days)	20.0%	22.0%	25.0%	23.0%
Quality	% of FQHC claims unpaid	2.1%	2.2%	2.4%	2.3%

**Performance Measure - Description**

Measures reflect data now readily available and reported monthly to management. Number 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.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,125,390	\$0	\$1,172,296	\$0
Contracts	\$457,400	\$0	\$1,420,673	\$0
Materials & Supplies	\$1,379,888	\$0	\$588,747	\$0
Internal Services	\$107,896	\$0	\$142,310	\$0
Total GF/non-GF:	<b>\$3,070,574</b>	<b>\$0</b>	<b>\$3,324,026</b>	<b>\$0</b>
Program Total:	<b>\$3,070,574</b>		<b>\$3,324,026</b>	
Program FTE	13.00	0.00	13.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Business and Quality - Medical Billing is funded by \$2,550,808 county general fund, and \$773,218 county general fund indirect revenue.

## Significant Program Changes

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

The change in expenditures between Materials & Supplies and Contractual Services is because expenditures for OCHIN Electronic Health Record fees and licenses were properly budgeted as software licenses and maintenance fees instead of professional services. Excess medical malpractice insurance was also added to this program offer.

**Lead Agency:** Health Department

**Program Contact:** Ben Duncan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Health Equity Initiative mission is to assure and promote the County’s commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions affect health. Overarching goals of Health Equity Initiative include:

- 1: Improve health by incorporating equity into all programs, policies, and practices.
- 2: Promote health by developing and implementing empowering approaches to address inequities.
- 3: Protect health by increasing awareness of the intersections between societal conditions and health outcomes.

**Program Description**

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) 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 causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies and practices.

HEI will focus on increasing awareness by developing and disseminating case studies that reflect the impacts of societal conditions on health, and the important role that Public Health can play in achieving positive outcomes for racial and ethnic communities most impacted by the burden of illness, poverty and powerlessness. HEI will partner within the Health Department with Office of Policy and Planning, Maternal and Child Health and Early Childhood Services, the Healthy Birth Initiative, and Quality Improvement teams. Externally, HEI will continue to build relationships with community partners and coordinate with the Office of Diversity and Equity to assure that best practices are institutionalized throughout the County.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of staff, community members trained on health inequities and the E&E Lens	0	500	500	500
Outcome	%of staff with increased knowledge of health inequities and Lens after trainings	0.0%	0.0%	0.0%	90.0%
Output	Number of programs, practices and policies applying the lens	0	0	10	20
Output	Number of case studies developed highlighting health equity success stories	0	0	1	6

**Performance Measure - Description**

 **Measure Changed**

The performance measures are changed to reflect a renewed focus on internal capacity building and increasing awareness by focusing on training staff and community members on the causes of health inequities, developing and disseminating case studies to highlight the role that Public Health can play in addressing inequities, and strengthening the Department's capacity to apply the Equity and Empowerment Lens to programs, policies and practices.

- 1) Continue internal and external empowering education increasing awareness of societal conditions that impact health outcomes, 2) train staff around the Equity and Empowerment Lens and provide technical assistance and consultation with programmatic staff and leadership on the application of the Lens, 3) increase integration of organizational change initiatives for greater and more widespread application of Lens principles and practices in the department, and 4) develop case studies to showcase how equity approaches can improve outcomes at the community level

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$392,023	\$0	\$360,231	\$0
Materials & Supplies	\$11,833	\$0	\$4,179	\$0
Internal Services	\$21,562	\$0	\$23,672	\$0
Total GF/non-GF:	<b>\$425,418</b>	<b>\$0</b>	<b>\$388,082</b>	<b>\$0</b>
Program Total:	<b>\$425,418</b>		<b>\$388,082</b>	
Program FTE	3.90	0.00	3.45	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Health Equity Initiative (racial justice focus) is funded with county general fund, \$388,082.

## Significant Program Changes

**Last year this program was:** #40045, Health Equity Initiative (Racial Justice Focus)

Overall FTE allocation is FY14 include a 1.0 Program Coordinator position that is being replaced by a Program Specialist and 0.25 FTE Health Educator to support outcomes around internal organizational development and increased awareness in communities most affected by inequities. 0.33 FTE Program Manager 1 was removed from the Health Department's FY14 budget because the position is budgeted in the Office of Diversity and Equity's FY14 budget.

The changes will increase the ability of HEI to build capacity internally in the application of the Equity and Empowerment Lens and to better articulate the role of Public Health in addressing inequities for communities most impacted by negative health outcomes. Short term impacts include quality improvement efforts reflecting actions derived from application of the Lens with long term impacts of improving health outcomes for communities that experience inequities.

**Lead Agency:** Health Department

**Program Contact:** Sonia Manhas

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

The Community Wellness and Prevention Program develops and implements population-based strategies to prevent chronic diseases, improve health equity, and improve the health of Multnomah County residents. The Program coordinates the Department's policy, planning, and partnerships activities to address the leading risk factors for chronic diseases, including physical inactivity, poor nutrition, exposure to secondhand smoke, and tobacco use. This includes efforts to inform the design of healthy, safe neighborhoods; create a strong local food system; and reduce access to tobacco by youth. The Program supports development and incubation of innovative place-based initiatives, such as the Healthy Retail Initiative and the Tri-County Worksite Wellness Collaborative, and helps facilitate community planning such as the Multnomah Food Summit and Healthy Active Multnomah County Action Institute. The Program's primary focus is development and implementation of policy, systems, and environment change strategies that will create sustained, health promoting changes in the community over time.

**Program Description**

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason is the minimal investment we make in preventing diseases. Seventy five percent of our health care costs are related to preventable conditions. Community Wellness & Prevention focuses on community-related activities designed to prevent diseases from occurring at all, coordinating efforts to change the community conditions that contribute to poor health outcomes, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or easy access to tobacco by youth. These activities are carried out in collaboration with a wide, diverse network of community stakeholders through coalition building and formation of strategic organizational partnerships.

The Program plays a lead coordinating role of the Department's public policy activities in close collaboration with Department Leadership and the Board of County Commissioners, such as staffing the county's policy action to restrict the use of Bisphenol-A in beverage containers and adopt chain restaurant menu labeling requirements. The policies and environmental changes being advanced and implemented by the Program are critical to changing social norms and behaviors, improving the health of county residents, and saving health care costs in the years to come.

This program relates to the Climate Action Plan for its work related to the built environment, transportation and land use planning, and sustainable, healthy food policy and practice, specific action items include: 14-1, 15-2, 15-1, 15-2, and 17-1, 17-2, and 17-7 as a key stakeholder in major planning scenarios and adaptation planning.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of community partners in Healthy Active Multnomah County coalition	30	40	40	50
Outcome	Number of policies established to slow and reduce rates of chronic disease	14	10	14	16
Quality	Federal CPPW grant-defined progress milestones are met quarterly.	100.0%	100.0%	100.0%	0.0%
Output	4-Public exposure to "It Starts Here" media campaign. Exposure will be tracked by # of visits to campaign	15.0%	25.0%	25.0%	0.0%

**Performance Measure - Description**

1-Number of community partners in Healthy Active Multnomah County coalition. Partners will be tracked by # of partnerships established/strengthened through policy teams. 2-Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy. 3-Tracks progress towards meeting objectives in the program's ARRA Communities Putting Prevention to Work (CPPW) grant (ended in March 2013). 4-Tracks public exposure to It Starts Here media campaign funded by CPPW grant (ended in March 2013).

## Legal/Contractual Obligation

Healthy Communities Grant funded by Oregon Public Health Division must comply with required work plans and assurances.  
Food Access Grant funded by the Northwest Health Foundation must comply with reporting requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$358,948	\$594,679	\$646,867	\$166,226
Contracts	\$5,995	\$153,103	\$15,000	\$11,810
Materials & Supplies	\$22,822	\$16,045	\$21,427	\$3,315
Internal Services	\$24,757	\$228,156	\$191,214	\$20,867
<b>Total GF/non-GF:</b>	<b>\$412,522</b>	<b>\$991,983</b>	<b>\$874,508</b>	<b>\$202,218</b>
<b>Program Total:</b>	<b>\$1,404,505</b>		<b>\$1,076,726</b>	
Program FTE	3.65	6.90	6.75	1.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$61,525	\$0	\$12,968	\$0
Intergovernmental	\$0	\$932,016	\$0	\$115,256
Other / Miscellaneous	\$0	\$59,967	\$0	\$86,962
<b>Total Revenue:</b>	<b>\$61,525</b>	<b>\$991,983</b>	<b>\$12,968</b>	<b>\$202,218</b>

## Explanation of Revenues

Fed/State Health Communities grant: \$81,250  
Kaiser Permanente grant: \$86,962  
State Tobacco Prevention (this grant is shared with program offer 40037): \$34,006  
County General Fund: \$874,508

## Significant Program Changes

**Last year this program was:** #40047, Community Wellness and Prevention

The Program has moved into the Office of Policy & Planning as a Departmental-wide support. As a result, some program activities and corresponding revenue have moved to other Department areas including: 1) a grant from the National Association of Chronic Disease Directors (NACCD) to enable local communities to address chronic disease risk factors moved to Healthy Birth Initiative within Community Health Services; 2) Oregon Tobacco Prevention & Education grant moved to Environmental Health within Community Health Services due to enforcement functions.

Community Wellness and Prevention's ARRA Communities Putting Prevention to Work grant ended in March 2013.



**Lead Agency:** Health Department

**Program Contact:** Sonia Manhas

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

The purpose of the Office of Policy & Planning is to help define the public health priorities for the Health Department and advance innovative strategies that create positive population-wide impact for the community's most pressing and emerging public health needs. The Office of Policy & Planning provides Health Department leadership in conducting public health surveillance and community health assessment; conducting planning and evaluations; mobilizing community partners and brokering relationships; implementing policy, systems, and environment change strategies; and pursuing health equity. The Office of Policy & Planning works with key leadership to develop strategic plans, set policy, and develop regulations that result in improved health outcomes for all communities in Multnomah County.

**Program Description**

These funds will enable the Health Department to maintain capacity developed as a result of its CDC-funded Communities Putting Prevention to Work grant through the Office of Policy & Planning. Specifically, the Office of Policy & Planning will lead:

- Coordination and development of the county's Community Health Improvement Plan (CHIP), including the convening and mobilization of an extensive network of community leaders, as well as community-based, culturally-specific, and governmental organizations
- Coordination of a community-wide "It Starts Here" health education campaign
- Development and implementation of a comprehensive policy, environmental, and systems change strategy to support healthy kids and families, building on the work accomplished and set in motion through the CPPW Healthy Active Schools Program.
- Coordination of a community-wide Healthy Worksites Initiative, which will include outreach and assistance to employers to adopt comprehensive wellness programs that promote employee health and reduce rising health care costs and to include support strategic planning for Multnomah County's internal employee wellness program.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of employers participating in prevention coalition	0	0	0	10
Outcome	# of changes adopted to support health in schools/childcare centers	0	0	0	5
Quality	Public exposure to It Starts Here campaign	15.0%	25.0%	25.0%	10.0%
Output	# of community partners with identified roles and responsibilities in CHIP	0	0	0	10

**Performance Measure - Description**

- 1-Output Measure: Tracks specific number of non-profit, governmental, or private sector employers who adopt "It Starts Here" wellness changes to support employee health
- 2-Outcome Measure: Will track concrete policy, systems, or environment changes to school and/or child care settings to support healthy children and youth, such as adoption of nutrition standards for snack programs or addition of outside play time
- 3-Quality Measure: Public exposure to "It Starts Here" media campaign of those who believe that availability to healthy food and beverages is an important issues requiring community actions. Exposure will be tracked by # of visits to campaign website and exposure to print campaign.
- 4-Output Measure: We will be leading development of a community-wide Community Health Improvement Plan that will require negotiation of community priorities, organizational roles & responsibilities. Will track # of partners with agreed-upon roles and responsibilities in the plan as a measure of shared accountability.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$105,085	\$0	\$213,025	\$0
Contracts	\$5,000	\$0	\$10,000	\$0
Materials & Supplies	\$2,500	\$0	\$2,500	\$0
Total GF/non-GF:	<b>\$112,585</b>	<b>\$0</b>	<b>\$225,525</b>	<b>\$0</b>
Program Total:	<b>\$112,585</b>		<b>\$225,525</b>	
Program FTE	1.20	0.00	2.20	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This program offer is funded with \$225,525 in county general fund from savings through a reduction of the budgeted employee cost of living increase.

## Significant Program Changes

Last year this program was:

**Lead Agency:** Health Department

**Program Contact:** Robert Johnson

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

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

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

**Program Description**

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

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

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Quality Improvement training and projects for identified priority CHS programs	9	12	12	14
Outcome	Population data requests completed on time*	90.0%	100.0%	95.0%	95.0%
Quality	Internal customers are "satisfied" or "extremely satisfied"	0.0%	0.0%	0.0%	90.0%

**Performance Measure - Description**

 **Measure Changed**

\*Population data reports are considered "on-time" when in compliance with the initial request timeframe. A new measure of customer satisfaction has been added and a survey developed.

## Legal/Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$493,438	\$0	\$392,582	\$0
Contracts	\$9,000	\$0	\$9,000	\$0
Materials & Supplies	\$32,024	\$0	\$41,055	\$0
Internal Services	\$67,325	\$0	\$56,689	\$0
Total GF/non-GF:	<b>\$601,787</b>	<b>\$0</b>	<b>\$499,326</b>	<b>\$0</b>
Program Total:	<b>\$601,787</b>		<b>\$499,326</b>	
Program FTE	4.40	0.00	3.50	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Community Epidemiology Services is funded with \$499,326 in county general fund.

## Significant Program Changes

**Last year this program was:** #40048, Community Epidemiology

One of our positions was reclassified from a Program Manager to a Health Policy Analyst, Sr. and was moved to the Office of Policy and Planning. Funding for this position moved to that Office as well, and is reflected in the 11% decrease in our budget. Policy and communications functions of this position will be met and facilitated in its new location in the Department.

**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Providing health care to detained youth is the responsibility of Corrections Health. JDH health personnel care for 80 detained youth from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Trained, skilled professional nursing staff, scheduled 16 hrs/day, provide effective illness screening, evaluation of symptoms and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 2,000 youth are cared for each year with over 40% having major mental health and unstable medical health conditions. Routine STD and TB health screenings are completed to protect both the health of the clients, custody staff and the public.

**Program Description**

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of clients visits conducted by a CH nurse per yr	3,500	3,600	3,500	3,500
Outcome	% of detained youth receiving mental health medications monthly	50.0%	50.0%	50.0%	50.0%

**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 do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is 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 and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$632,283	\$0	\$521,405	\$66,489
Contracts	\$87,407	\$0	\$0	\$0
Materials & Supplies	\$23,246	\$0	\$50,716	\$0
Internal Services	\$68,400	\$0	\$74,493	\$6,090
Total GF/non-GF:	<b>\$811,336</b>	<b>\$0</b>	<b>\$646,614</b>	<b>\$72,579</b>
Program Total:	<b>\$811,336</b>		<b>\$719,193</b>	
Program FTE	4.70	0.00	3.40	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$4,654	\$0
Fees, Permits & Charges	\$7,238	\$0	\$0	\$72,579
Intergovernmental	\$103,000	\$0	\$68,132	\$0
<b>Total Revenue:</b>	<b>\$110,238</b>	<b>\$0</b>	<b>\$72,786</b>	<b>\$72,579</b>

## Explanation of Revenues

As a result of current 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 payors, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. There is no co-pay system for youth, however, those youth in the Alcohol and Drug Treatment Program have OHP coverage so some of their clinic appointments with a physician and medications are billed through the community or health department to OHP.

Corrections Health Juvenile Detention/Admissions and Housing is funded by \$646,614 in county general fund which includes \$68,132 in intergovernmental revenue from Washington and Clackamas Counties. The other revenue, \$72,579 are grant funds from the Dept. of Health & Human Services, Office of Refugee Resettlement, Division of Children's Service through a revenue contract with the Morrison Center through the Department of Community Justice.

## Significant Program Changes

**Last year this program was:** #40049, Corrections Health Juvenile Detention, Admissions and Housing Revenue from Morrison Center to provide health care services to youth in a secure residential pod was extended in FY13 and FY14.

The FTE changes in this program offer are from 1.20 FTE for 3 positions that were added to the budget and never filled. There is no impact to client care.

The other .10 fte change is from the elimination of a vacant Office Assistant 2 position that through a time study it was determined that the position was no longer needed.

**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**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 three floors of discipline and evaluation housing. Approximately 160-170 US Marshall (USM) detainees are housed in the system daily.

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

**Program Description**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average # of health screenings completed in an 8 hr shift	40	100	115	115
Outcome	% of + screenings resulting in a referral to the mental health team per year	37.0%	50.0%	50.0%	50.0%

**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 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	2013	2013	2014	2014
Personnel	\$2,985,488	\$0	\$2,987,918	\$0
Contracts	\$222,648	\$0	\$560,976	\$0
Materials & Supplies	\$98,370	\$0	\$213,199	\$0
Internal Services	\$150,880	\$0	\$170,543	\$0
Total GF/non-GF:	<b>\$3,457,386</b>	<b>\$0</b>	<b>\$3,932,636</b>	<b>\$0</b>
Program Total:	<b>\$3,457,386</b>		<b>\$3,932,636</b>	
Program FTE	23.70	0.00	23.70	0.00
Program Revenues				
Intergovernmental	\$26,511	\$0	\$26,789	\$0
<b>Total Revenue:</b>	<b>\$26,511</b>	<b>\$0</b>	<b>\$26,789</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current 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, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide care that is needed.

Corrections Health MCDC Base Services and Booking Floor is funded for \$3,932,636 in county general fund. The program estimates to collect \$26,789 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40050A, Corrections Health MCDC

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.



**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**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 three floors of discipline and classification housing. Approximately 160-170 USM detainees are housed in the system daily.

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

**Program Description**

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. Also, a nurses station, chart room and a medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care are provided in the jail instead of a high cost hospital. 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 medical 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # inmate medical requests for care evaluated by nurse monthly	725	800	962	980
Outcome	Avg suicide watches per month to prevent inmate injury or death.	55	55	79	80

**Performance Measure - Description**

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical request evaluations per floor.

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care 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	2013	2013	2014	2014
Personnel	\$1,951,150	\$0	\$1,578,355	\$0
Contracts	\$525,904	\$0	\$466,381	\$0
Materials & Supplies	\$379,446	\$0	\$212,865	\$0
Internal Services	\$77,053	\$0	\$84,332	\$0
Total GF/non-GF:	<b>\$2,933,553</b>	<b>\$0</b>	<b>\$2,341,933</b>	<b>\$0</b>
Program Total:	<b>\$2,933,553</b>		<b>\$2,341,933</b>	
Program FTE	16.40	0.00	15.00	0.00
Program Revenues				
Intergovernmental	\$18,720	\$0	\$14,681	\$0
<b>Total Revenue:</b>	<b>\$18,720</b>	<b>\$0</b>	<b>\$14,681</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts 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 for the client, correctional facilities staff and general public.

Corrections Health MCDC Clinical Services and 4th Flr Housing is funded by \$2,341,933 in county general fund. The program estimates to collect \$14,681 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40050B, Corrections Health MCDC Clinical Services and 4th Flr Housing  
 Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**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 three floors of discipline and evaluation housing. Approximately 160-170 USM detainees are housed in the system daily.

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses

**Program Description**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	725	725	800	963
Outcome	Avg suicide watches per month to prevent inmate injury or death	55	55	79	80

**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	2013	2013	2014	2014
Personnel	\$994,512	\$0	\$1,226,584	\$0
Contracts	\$208,350	\$0	\$311,775	\$0
Materials & Supplies	\$173,680	\$0	\$112,378	\$0
Internal Services	\$40,206	\$0	\$71,794	\$0
Total GF/non-GF:	<b>\$1,416,748</b>	<b>\$0</b>	<b>\$1,722,531</b>	<b>\$0</b>
Program Total:	<b>\$1,416,748</b>		<b>\$1,722,531</b>	
Program FTE	11.40	0.00	11.40	0.00
Program Revenues				
Intergovernmental	\$9,768	\$0	\$14,530	\$0
<b>Total Revenue:</b>	<b>\$9,768</b>	<b>\$0</b>	<b>\$14,530</b>	<b>\$0</b>

## Explanation of Revenues

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

Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by \$1,722,531 in county general fund. The program estimates to collect \$14,530 in medical fees that are included in the county general fund.

## Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Description**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse.	915	955	915	930
Outcome	Avg # of TB tests per month.	58	48	66	65

**Performance Measure - Description**

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 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	2013	2013	2014	2014
Personnel	\$1,871,068	\$0	\$1,872,426	\$0
Contracts	\$140,729	\$0	\$397,358	\$0
Materials & Supplies	\$120,461	\$0	\$130,335	\$0
Internal Services	\$191,974	\$0	\$188,039	\$0
Total GF/non-GF:	<b>\$2,324,232</b>	<b>\$0</b>	<b>\$2,588,158</b>	<b>\$0</b>
Program Total:	<b>\$2,324,232</b>		<b>\$2,588,158</b>	
Program FTE	15.70	0.00	14.10	0.00
Program Revenues				
Intergovernmental	\$33,851	\$0	\$30,906	\$0
<b>Total Revenue:</b>	<b>\$33,851</b>	<b>\$0</b>	<b>\$30,906</b>	<b>\$0</b>

## 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, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge to the individuals in order to provide safety.

Corrections Health MCIJ Base Services and Clinical Services is funded by \$2,588,158 in county general fund. The program estimates to collect \$30,906 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051A, Corrections Health MCIJ Base Services and Clinical Services  
 Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Description**

This offer represents a variety of health, mental health, and dental services to 430 men and women in Dorms 4-11 at MCIJ (Dorms 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing 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, Corrections Health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	915	955	915	930
Outcome	Avg # of inmate TB tests per month.	58	48	66	65

**Performance Measure - Description**

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	2013	2013	2014	2014
Personnel	\$1,122,421	\$0	\$1,048,892	\$0
Contracts	\$24,433	\$0	\$329,172	\$0
Materials & Supplies	\$72,261	\$0	\$127,945	\$0
Internal Services	\$96,990	\$0	\$110,503	\$0
Total GF/non-GF:	<b>\$1,316,105</b>	<b>\$0</b>	<b>\$1,616,512</b>	<b>\$0</b>
Program Total:	<b>\$1,316,105</b>		<b>\$1,616,512</b>	
Program FTE	10.10	0.00	9.30	0.00
Program Revenues				
Intergovernmental	\$20,306	\$0	\$20,868	\$0
<b>Total Revenue:</b>	<b>\$20,306</b>	<b>\$0</b>	<b>\$20,868</b>	<b>\$0</b>

## Explanation of Revenues

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

Corrections Health MCIJ General Housing Dorms 4 - 11 is funded by \$1,616,512 in county general fund. The program estimates to collect \$20,868 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051B, Corrections Health MCIJ General Housing Dorms 4 - 11  
 Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.



**Lead Agency:** Health Department

**Program Contact:** Nancy Griffith

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Description**

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 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 unit which provides skilled nursing and protective isolation in house and preventing a stay in a hospital and much greater cost. 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, Corrections Health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Traige Nurse monthly	915	955	915	930
Outcome	Avg # of TB tests per month.	58	48	66	65

**Performance Measure - Description**

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 care professional and a right to receive that care 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	2013	2013	2014	2014
Personnel	\$820,433	\$0	\$748,040	\$0
Contracts	\$317,859	\$0	\$234,340	\$0
Materials & Supplies	\$52,821	\$0	\$76,863	\$0
Internal Services	\$70,895	\$0	\$92,373	\$0
Total GF/non-GF:	<b>\$1,262,008</b>	<b>\$0</b>	<b>\$1,151,616</b>	<b>\$0</b>
Program Total:	<b>\$1,262,008</b>		<b>\$1,151,616</b>	
Program FTE	8.00	0.00	6.90	0.00
Program Revenues				
Intergovernmental	\$14,843	\$0	\$18,226	\$0
<b>Total Revenue:</b>	<b>\$14,843</b>	<b>\$0</b>	<b>\$18,226</b>	<b>\$0</b>

## 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, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge to the individuals in order to provide safety.

Corrections Health MCIJ Dorms 12-18 including Infirmary, is funded by \$1,151,616 in county general fund. The program estimates to collect \$18,226 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051C, Corrections Health MCIJ Dorms 12-18 Including Infirmary  
 Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department

**Program Contact:** Kathryn Richer

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when a questionable death occurs in the community. ME staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

**Program Description**

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of deaths requiring investigation	2,128	2,200	2,150	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	90.0%	73.0%	70.0%

**Performance Measure - Description**

Output: Number of deaths in Multnomah County that require investigations.

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

The outcome measure was effective FY 13.

## Legal/Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$836,906	\$0	\$882,626	\$0
Contracts	\$63,000	\$0	\$59,400	\$0
Materials & Supplies	\$13,778	\$0	\$10,464	\$0
Internal Services	\$68,345	\$0	\$67,364	\$0
Total GF/non-GF:	<b>\$982,029</b>	<b>\$0</b>	<b>\$1,019,854</b>	<b>\$0</b>
Program Total:	<b>\$982,029</b>		<b>\$1,019,854</b>	
Program FTE	8.80	0.00	8.80	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The Medical Examiner's Office is funded by \$1,019,854 in county general funds.

## Significant Program Changes

Last year this program was: #40052A, Medical Examiner's Office

**Lead Agency:** Health Department

**Program Contact:** Kathryn Richer

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when an investigable death occurs in the community. ME staff are directly involved with the families and loved ones of deceased individuals as well as the responder community (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

**Program Description**

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of deaths requiring investigation	2,128	2,200	2,150	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	90.0%	73.0%	70.0%

**Performance Measure - Description**

Output: Number of deaths in Multnomah County that require investigations.

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

The outcome measure was effective FY 13.

## Legal/Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$31,986	\$0	\$34,371	\$0
Contracts	\$2,000	\$0	\$2,000	\$0
Materials & Supplies	\$1,500	\$0	\$1,629	\$0
Total GF/non-GF:	<b>\$35,486</b>	<b>\$0</b>	<b>\$38,000</b>	<b>\$0</b>
Program Total:	<b>\$35,486</b>		<b>\$38,000</b>	
Program FTE	0.40	0.00	0.40	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This program offer is funded with \$38,000 in county general fund from savings through a reduction of the budgeted employee cost of living increase.

## Significant Program Changes

### Last year this program was:

For FY 13, the Medical Examiner Program received one-time-only funding. For FY 14 the Health Department was able to fund this program offer within existing general fund.

**Lead Agency:** Health Department  
**Program Offer Type:** Innovative/New Program  
**Related Programs:**

**Program Contact:** Sonia Manhas

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer would provide funding to increase the availability of healthy, affordable, culturally relevant food at neighborhood based stores, particularly those serving immigrant and refugee communities as well as African American, African, and Latino customers.

**Program Description**

Based on the success of our Healthy People Healthy Places initiative, the project will work with neighborhood retailers to employ strategies that are based on policy, systems, environmental changes to address the barriers that currently prevent neighborhood stores from offering healthy foods, such as whole grains, low-fat dairy, and fresh produce. Continuing the success of our Healthy Retail Initiative, the decision to work with neighborhood retailers to improve access to healthy foods has two main benefits: it puts healthy options in stores that are easily accessible for neighborhood residents and it supports the current small-business economy. The goal of the proposed project is to increase the availability of healthy, affordable, culturally relevant food at neighborhood based stores, particularly those serving customers in historically underserved neighborhoods of Multnomah County.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of neighborhood retailers in Healthy Retail Network	14	22	22	28
Outcome	Public exposure to "Healthy Options Here"	0	0	0	25

**Performance Measure - Description**

- 1) Number of neighborhood retailers in Healthy Retail Network. Partners will be tracked by number of partnerships established/strengthened through recruitment/outreach/educational efforts.
- 2) Public exposure to "Healthy Options Here: It Starts Here" media campaign. Exposure will be tracked by number of stores with branded marketing materials as well as visits to campaign website.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$0	\$75,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$75,000</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$75,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program offer is funded with \$75,000 one-time only county general fund.

**Significant Program Changes**

Last year this program was:



## Department Overview

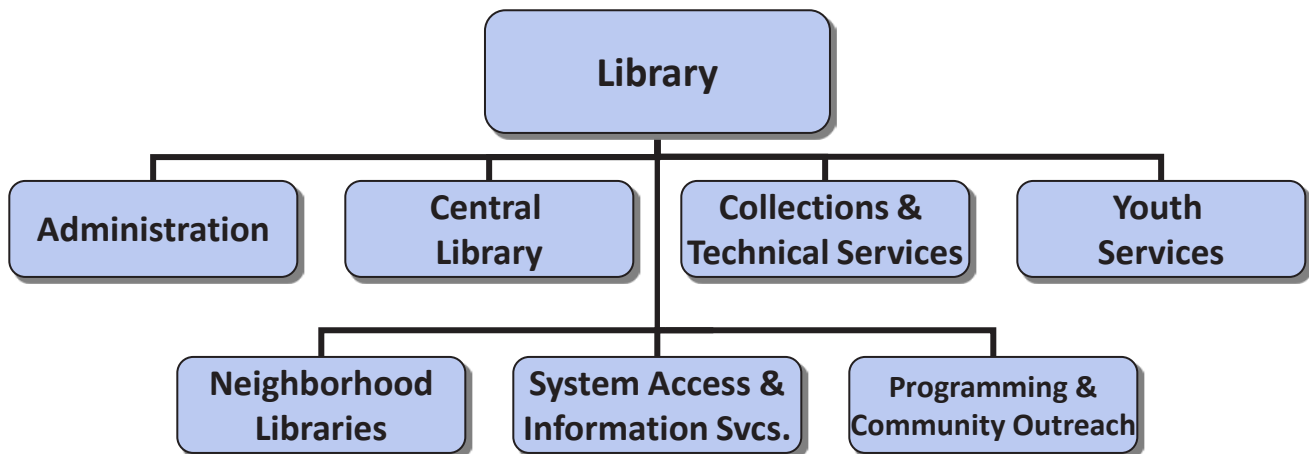
During 2014, Multnomah County Library (MCL) will celebrate 150 years of service to this community. Through its history, MCL has upheld the principles of intellectual freedom and the public’s right to know by providing people of all ages with access and guidance to information and collections that reflect all points of view. In 1864, that access and guidance was exclusively through books. In 2013, in addition to books, the library serves this community via its website, electronic databases, social media, ebooks, and more. Transcending the ongoing evolution of information delivery, there are three unique pillars that define the library’s role and value in this community:

- Free access for all
- A trusted guide for learning
- The leading advocate for reading

The service priorities listed below build upon these pillars and guide the decision-making process to ensure that Multnomah County Library is providing this community the best services possible while using its resources wisely. As the economy, the needs of the community, and the ways in which people access information change and transform, the library will continue to respond.

1. We think yes
2. We champion reading for all
3. We help the community flourish
4. We prepare young minds for success
5. We speak your language

These pillars and priorities support Multnomah County’s mission, vision, and values. Specifically, the vision statement: “Everyone in our community shares equally in opportunity, regardless of what they look like, where they come from, what they believe in, or who they love” directly correlates with the library’s pillar of free access for all. This also ties closely with the social justice value: “Promote equity in the community, include people who have not been included in the past, help those who need help.”



### Budget Overview

The FY 2014 budget for the Library is \$67.2 million, which is \$8.4 million (14%) higher than the FY 2013 adopted budget. With the increased funding, the Library will restore services to FY 2012 levels, which includes restoring hours and seven-day/week access to all locations; returning the library materials budget to FY 2012 levels (a \$1.0 million increase); and restoring and maintaining services, programs, and activities.

The increase in funding is due to the fact that this is the first year of the newly-formed Multnomah County Library District, which will levy a rate of \$1.18 per \$1,000 of assessed value in FY 2014. Previously, the Library had been funded by a series of local option levies and support from the General Fund.

The Library District provides \$66.3 million (98.7%) of the Library’s operating budget. The remaining \$0.9 million (1.3%) of the Library’s budget comes from prior year property taxes due under the local option levies, interest earnings, and service charges.

Total Library positions have increased by 64.25 FTE, growing from 450.75 FTE in FY 2013 to 515.00 FTE in FY 2014. The increase in FTE is largely attributable to the restoration of hours and seven-day/week access to the libraries.

Budget Trends*	FY 2012	FY 2013	FY 2013	FY 2014	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	494.00	450.75	450.75	515.00	64.25
Personnel Services	\$38,993,135	\$36,183,566	\$36,705,757	\$43,188,834	6,483,077
Contractual Services	1,440,475	1,029,408	1,583,445	1,577,160	(6,285)
Materials & Supplies	19,776,673	19,333,514	20,514,594	22,422,585	1,907,991
Capital Outlay	<u>579,310</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$60,789,592</b>	<b>\$56,546,488</b>	<b>\$58,803,796</b>	<b>\$67,188,579</b>	<b>\$8,384,783</b>

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

## Successes and Challenges

When FY 2012 closed, the library had finished the fifth year of its five-year, \$0.89 local option levy. In May of 2012, the voters approved a three-year levy \$0.89 levy renewal with 85% voting in favor. With temporary funding secured, the Board of County Commissioners then moved to the goal of obtaining dedicated and stable funding through the formation of a library district.

During July 2012, the Board of County Commissioners held a series of five community listening sessions and conducted an online survey to gauge support for different library funding options. The community's feedback was strongly in support of a library district measure. On August 2, 2012, the Board referred Measure 26-143 asking the voters to form and fund a library district with a permanent rate of \$1.24. Voters passed the measure in November 2012 with a 63% approval rating. After 30-plus years of temporary funding, Multnomah County Library has achieved stable and dedicated funding, and the community has secured its library for years to come.

The district measure stated that, if approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of the District would do the following:

- Provide permanent and dedicated library funding;
- Restore and retain library services such as summer reading, books, student and job seeker support, and outreach to senior citizens;
- Prevent reductions in services, programs and activities, and hours.

The primary goal of the FY 2014 budget proposal is to restore FY 2012 hours and services, as well as add back the \$1.0 million reduction made in the book budget during FY 2013.

Multnomah County voters have given the library a great gift with the passage of the district measure. Having dedicated, stable funding allows the library to plan more effectively for the future. It is a great gift; it is also a great responsibility. The ongoing challenge is to be wise stewards of the public's trust by meeting community needs through planning and providing library services, while continuing to demonstrate fiscal accountability.

There are great opportunities and challenges ahead. These include:

- Ramping up staffing to restore hours and services effective July 1, 2013;
- Continuing the work of creating the library district approved by voters;
- Responding to demographic changes in the community;
- Navigating through the complexities of providing digital content; and
- Employing technology for effective and timely customer service.

### Diversity and Equity

Multnomah County Library has always embraced the concept that a public library must be free and open to all. Besides residency in the county, there are no membership requirements, no annual fees, and no restrictions based on age, income, gender, race, or creed. Anyone can walk through the library's doors, both physically and virtually, and access all the opportunities it offers.

Recent efforts include:

- Recruitment - As an entry point to public service, the Library Page classification lends itself to more creative recruitment tactics designed to increase diversity, so recruitment strategies were developed that include outreach to community groups who serve diverse communities.
- Conducted outreach to local community organizations to recruit for Bilingual Library Assistants and Bilingual Library Clerks in 4 target languages (Chinese, Russian, Spanish, and Vietnamese).
- Access - New discovery layer for library catalog is available in Spanish as well as English, with additional languages coming in the next fiscal year.
- Services - Piloted more culturally appropriate Spanish storytimes with the goals of developing early literacy skills among Spanish-speaking children ages 3 to 5 and empowering parents with knowledge and skill-building. 27 families participated in the pilot; 86% have indicated that they now read more to their children due to what they learned.
- Piloted a Black Storytime program to close the kindergarten preparedness gap for Black children; implemented at three libraries.

### Budget by Division

Division Name	FY 2014 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$7,291,028	\$7,291,028	58.00
Central Library	0	12,753,477	12,753,477	136.00
Collections & Technical Services	0	10,549,324	10,549,324	30.25
Youth Services	0	2,746,888	2,746,888	18.50
Neighborhood Libraries	0	23,709,499	23,709,499	246.00
System Access & Information Services	0	8,034,618	8,034,618	11.00
Programming & Community Outreach	0	2,103,745	2,103,745	15.25
<b>Total Library</b>	<b>\$0</b>	<b>\$67,188,579</b>	<b>\$67,188,579</b>	<b>515.00</b>

### Department Administration

Department Administration provides executive leadership for the library system; connects the community with the many services the library offers; manages the library's finance and budget operations; ensures accurate and timely delivery of library materials; coordinates building maintenance; promotes the resource management of highly qualified staff; provides flexible staffing coverage for the system; and provides opportunities for people to contribute their time and talents to Multnomah County Library.

The Director's Office works with elected leaders, stakeholders, citizens and staff to ensure that library services meet the needs of Multnomah County residents; Business Services manages the library's finance and budget operations; Marketing & Communications connects the library with the nearly 34,000 people that use it each day; Facilities & Logistics ensures that books and materials move quickly and accurately among all 21 locations and coordinates the maintenance of the buildings and grounds to ensure safe, secure and welcoming facilities; Human Resources/Learning Systems provides assistance with all aspects of the employment cycle, and coordinates training for staff and patrons; System Wide Staffing provides flexible staffing coverage across the system; and Volunteer Services oversees the recruitment and placement of volunteers for all libraries, outreach programs and the Title Wave Bookstore.

### Significant Changes

Much of the work of this division will be focused on the planning and analysis for the newly formed Multnomah County Library District. Restoring services and staffing, creating the District's financial framework, and ensuring transparency and accountability are the major tasks at hand.

The Facilities & Logistics section (80018) is moved here from the Systemwide Access Services division (now System Access & Information Services).

### Central Library

Referred to as “Portland’s Crown Jewel,” Central Library is a cherished historic building, and is a downtown destination for locals and tourists alike. Over 2,900 people visit Central Library every day, from all around Multnomah County, the surrounding metropolitan areas, and southwestern Washington. First opened in September 1913 and extensively renovated in 1994-97, Central Library, the largest public library building in Oregon, houses a diverse collection of nearly 800,000 current and historic books and other materials, including the Oregonian newspaper back to the first issue from 1850.

Statistics from the last fiscal year demonstrate the heavy use of the Central Library. Over 222,000 reference questions were answered, from people with diverse needs such as students requesting homework help to entrepreneurs wanting to start a new business. Members of the public used more than 500,000 library Internet and wi-fi sessions for a wide variety of activities such as completing job applications, filing applications for student financial aid, or researching the cost of a new car. More than 400 school classes and other groups came to tour the library, conduct research, hear stories, and select materials to check out. Over 15,000 new borrowers signed up for library cards. More than 20,000 people of all ages attended a wide variety of programs and classes.

### Significant Changes

As of July 1, 2013, Central Library will return to full operation seven days a week with hours returning to FY 2012 levels (57 per week). The workforce will be increased by 15.50 FTE to reflect this change (program offers 80000 and 80012).

Central has a threefold purpose: to serve the patrons who use the building and all the resources it holds, to serve patrons throughout the county via system-wide services provided by Central staff, and to serve colleagues across the library system as a resource.

The overall staffing model created in FY 2013 will remain in place for FY 2014. In-person reference and readers advisory services and virtual services by phone, e-mail and chat will be handled by Librarians and Library Assistants. Access Services, made up of patron and account services as well as materials movement, will be handled by Library Clerks and Pages.

### Collections & Technical Services

The Collections & Technical Services Division acquires, catalogs, processes and manages the library's collection for all locations. It is organized into four units:

- The Selections Unit works with vendors, publishers and professional review sources to select materials in all formats (print, CDs, DVDs, electronic) for purchase. This unit monitors collection use by location, age group and patron requests to determine current needs.
- The Acquisitions Unit orders, claims, receives and pays for collection materials. This unit monitors use of collection funds, pays invoices and maintains fund accounting records.
- The Cataloging Unit creates database records that show what the library owns, where materials are located, and whether they are available. These records enable patrons to see availability, place holds on copies, and check out materials.
- The Materials Processing Unit prepares materials for use by applying protective labels, jackets and packaging. This unit sorts new materials for direct delivery to library locations.

In FY 2013 the Division added 87,300 new titles (311,000 copies) to library locations. 51,000 of the new titles were in an electronic format. It also managed approximately 2,500 periodical subscriptions, more than 120 databases, and a growing number of online resources. The electronic materials can be accessed 24/7 outside the library.

### Significant Changes

The Library Book Budget (80013) is increased by \$1.0 million in FY 2014, which will restore funding that had been cut in FY 2013. Priority will be given to maintaining a strong collection of new titles through careful selection, providing ample materials for vulnerable community members, and building the digital collection.

In FY 2013 the Library continued to expand the number of titles in electronic format in response to the rapid changes occurring in the publishing industry and changing user expectations. Even with the reduced budget, MCL was able to add two online resources to the collection. The first was Literature Criticism Online, which opened multi-volume literature research collections electronically that were only available in print at the Central Library. The other was the entire collection of National Geographic, with its beautiful illustrations and full content. Both of these online resources are available to the public remotely, not just from inside the libraries. It is anticipated that the transition to electronic formats will continue to grow in FY 2014 and beyond.

### Youth Services

Youth Services serves children from birth through grade 12 in three areas: Youth Services Management, Early Childhood Services, and School-Age Services. Youth Services Management provides planning and oversight, ensuring adequately trained staff, developmentally appropriate practices, and services that support the library's priorities. This includes Teen Services and the library's popular Summer Reading Program.

Early Childhood Services programs impact the literacy levels of children before they enter school by working with their adult caregivers to ensure that they know how to best impact young children's learning. Programs include: working with the county health clinics to provide a prescription for reading (Reach Out and Read); a training program for early childhood care and education providers, on-site mentoring, and a book delivery program (Early Words); a program partially funded by The Library Foundation to encourage parents to read with their preschoolers (Raising a Reader); a literacy-focused package sent to parents of newborns (New Parent Gifts); book deposit collections; and parent education.

School-Age Services works in partnership with school districts and after school programs to improve student success by encouraging pleasure reading (Books 2 U); and by providing instruction in using public library resources while meeting educators' needs for curriculum-support as well as literacy-focused after school programs with SUN (School Corps).

### Significant Changes

Youth Services Management (80015) reflects the following changes: the return of oversight of the Summer Reading Program to this office and an increase of clerical support by 0.25 FTE.

School-Age Services is in the midst of a federal Library Services and Technology Act grant through the Oregon State Library addressing how the library can best deliver homework resources to students in grades 2-12. This may result in new technology resources, new partnerships with school districts, and improved processes for service delivery.

A variety of programs and services are being developed or adjusted to implement the recommendations of the Youth Services Priorities document. These include technology expansion, promotion to targeted populations, and new partnerships with social service agencies.



## Neighborhood Libraries

Spread throughout Multnomah County, the 18 neighborhood libraries are essential hubs of community life that provide access to books, computers with Internet access, programs, music and meeting spaces for residents who visited these locations over 4.2 million times last year. These libraries range from historic buildings to landmark modern designs and cozy neighborhood gathering places. Patrons come from a wide variety of locations and backgrounds.

Neighborhood libraries circulate books and other materials, offer educational and engaging programs for all ages, and provide free meeting space for community groups. Libraries give patrons access to nearly 2 million books and other materials including collections in Spanish, Russian, Vietnamese and Chinese. Children and young people participate in storytimes and after school activities including teen lounges. Last year nearly 110,000 kids participated in the Summer Reading Program systemwide. Many of those children participated through their neighborhood library. Adults develop critical life skills by attending computer classes, use popular job seekers labs to fill out applications, and participate in book groups. Dedicated volunteers contribute 50,000 hours of service each year.

## Significant Changes

Due to budget increases in FY 2014, all neighborhood libraries will re-open on Mondays with open hours increasing from 44 per week to 53 or 57 hours per week. To cover the restored hours, there will be an estimated increase in staffing of 46.00 FTE (program offers 80001 and 80002). As a result, residents will have more hours to access library buildings and services. With more staff, neighborhood libraries will be increasing the amount of programming and outreach offered to schools and other community organizations.

The library's ability to meet the needs of residents who speak different languages will be enhanced by the restoration of bilingual staff and the re-branding of Spanish language storytimes. The Belmont Library will move from the Neighborhood Libraries (80002) to the Regional Libraries (80001), as its volume of use is more aligned with the other regional libraries.

### System Access & Information Services

System Access & Information Services has three areas: Information Technology (IT) Services, System Access Services and System Information Services. Together, these programs ensure that the library's computer systems and online presence are inviting and functional and that patrons receive excellent customer service.

IT Services supports staff computing and maintains 888 computers for public use, plus wired and wireless networks to access resources such as the library catalog, databases, downloadable books and media, and web sites that assist with job hunting, continuing education and access to government services.

Access Services develops policies and procedures to help people use library services, including 60,000 new cardholders in FY 2013. It manages IT support, develops and trains staff on new policies and procedures, ensures good stewardship of library collections, and manages system-wide and statewide projects.

Information Services trains and supports librarians and library assistants, enabling them to quickly and accurately connect library users with the resources, experiences and information they seek. Librarians and library assistants answer 750,000 information requests annually.

### Significant Changes

The IT Services budget includes \$240,000 for server replacements and software upgrades for the integrated library computer system. An additional \$200,000 is allocated for implementation of new digital information strategies, including creation, digitization, hosting and delivery of content created by Multnomah County Library patrons and staff.

This division was previously named Systemwide Access Services. Facilities & Material Movement (80018), previously part of this division, has been renamed Facilities & Logistics and has moved to the Department Administration division.

System Information Services (80020), including 2.00 FTE librarian positions, was previously named Reference Services Coordination and was moved to this division from the previous Reference, Adult Services and Programming Division.

### Programming & Community Outreach

The Programming & Community Outreach (PCO) division leads the public programming, community outreach and partnership initiatives for Multnomah County Library. The division includes oversight of the Library Outreach Services (LOS) adult outreach section. PCO ensures that activities align with the library's priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work, and assists in evaluation. Specific responsibilities include scheduling, grant writing, exhibit building, volunteer coordination, staff and public training, event management, website development, publicity and fiscal oversight.

Programming staff oversee more than 2,400 events, public programs and public trainings at libraries and other community gathering places each year, all designed to enrich and transform the lives of children, families and adults.

Library Outreach Services include programs and services to older adults, new immigrants, adult learners, people with disabilities, and people who are institutionalized or homeless. Other community outreach activities include providing information services at community events and presentations to local organizations. Partnerships increase and enhance the library's visibility in the community and establish good will between the library and other organizations and their users.

### Significant Changes

This division was formerly Reference, Adult Services and Programming. The Summer Reading Coordinator position is moving from here to School-Age Services (80003). This change is reflected in program offer 80005, Programming & Community Outreach.

Reference Services Coordination is renamed System Information Services (80020) and is moved from this division to System Access & Information Services (formerly Systemwide Access Services).

## Multnomah County Library

The following table shows the programs that make up the department's total budget. The individual programs follow their respective divisions.

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
80007	Library Director's Office	\$0	\$911,365	\$911,365	6.00
80008	Marketing & Communications	0	1,090,094	1,090,094	8.50
80009	Business Services	0	1,021,225	1,021,225	4.75
80010	Volunteer Svcs/Title Wave Book Store	0	496,463	496,463	4.00
80011	Human Resources/Learning Systems/System Wide Staffing	0	1,929,140	1,929,140	20.00
80018	Facilities & Logistics	0	1,842,741	1,842,741	14.75
<b>Central Library</b>					
80000	Central Library	0	10,573,143	10,573,143	133.25
80012	Central Director's Office	0	2,180,334	2,180,334	2.75
<b>Collections &amp; Technical Services</b>					
80013	Library Book Budget	0	6,795,000	6,795,000	0.00
80014	Library Books-Acquisition & Processing	0	3,754,324	3,754,324	30.25
<b>Youth Services</b>					
80003	School-Age Services	0	977,390	977,390	7.75
80004	Early Childhood Services	0	957,640	957,640	7.50
80015	Youth Services Management	0	811,858	811,858	3.25
<b>Neighborhood Libraries</b>					
80001	Regional Libraries	0	9,812,434	9,812,434	101.50
80002	Neighborhood Libraries	0	13,330,441	13,330,441	140.00
80016	Neighborhood Libraries Management	0	566,624	566,624	4.50
<b>System Access &amp; Information Services</b>					
80017	IT Services	0	6,398,016	6,398,016	0.00
80019	System Access Services	0	1,385,166	1,385,166	9.00
80020	System Information Services	0	251,436	251,436	2.00
<b>Programming &amp; Community Outreach</b>					
80005	Programming & Community Outreach	0	1,340,209	1,340,209	7.50
80006	Adult Outreach	0	763,536	763,536	7.75
<b>Total Library</b>		<b>\$0</b>	<b>\$67,188,579</b>	<b>\$67,188,579</b>	<b>515.00</b>

**Lead Agency:** Library

**Program Contact:** David Ratliff

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Central Library offers the public books, informational services, programs, classes, internet access and meeting space. Central Library serves the diverse people and communities throughout Multnomah County: urban core, suburban neighborhoods, disadvantaged, affluent, preschoolers, students, retirees, job hunters and culture seekers. Central Library serves the patrons who use the building and all the resources it holds. Central Library also serves patrons throughout the county via system-wide services (many online and virtual) provided by Central staff. Central Library serves colleagues across the library system as a resource for information and access services.

**Program Description**

Central Library engages citizens with ideas and brings them together for community interaction by providing programs, meeting rooms and public forums as well as books and other informational materials. More than 1,038,000 people visit Central annually, averaging over 2,900 visits per day. Central Library fosters opportunities and resources for lifelong learning by offering access to more than 751,000 books and other items. Central Library provides 100 public computers with free Internet access used more than 207,000 hours (78.6% utilization rate); provides high speed wireless access in 244,000 wi-fi sessions; answers over 222,000 information queries; offers 1,242 programs; and contributes to sustainability by sharing resources that would have cost \$30 million annually if purchased by individuals.

This offer provides opportunities for diverse neighbors to interact and engender a sense of community. People attend programs done in partnerships with other organizations, such as the continuing "lunch & learn" series (co-sponsored by PCC) that improves work and life skills. Central Library also offers a variety of forums and resource fairs where people meet, gather, and discuss ideas and issues pertinent in the community. Groups use meeting rooms for their own community meetings and events. Central Library provides essential services to those without computers by providing free Internet access through Internet stations, wireless access, and a variety of free computer labs and classes. Central Library provides people from all walks of life with a lifetime of learning through books, magazines, and online resources in an array of subjects - from art and music to job hunting and car repair, from poetry and philosophy to adult literacy and language learning. Breaking down cultural and economic barriers, Central empowers new immigrants, small business owners, seniors, students and the homeless by providing information survival tools needed to develop life skills.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Books and items checked out or renewed	2,894,457	2,700,000	2,639,698	2,500,000
Outcome	Patrons who found books or items they wanted	95.5%	91.5%	92.0%	92.0%
Efficiency	Books and items checked out per capita	33	33	30	30

**Performance Measure - Description**

Outcome: From the library's annual Patron Survey.

Efficiency: Checkouts and renewals per capita (circulation/service population). Multnomah County has the second highest circulation per capita in the nation among libraries serving more than 250,000 people. (Source: Public Library Data Service Statistical Report)

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$8,478,404	\$0	\$10,075,128
Contracts	\$0	\$78,395	\$0	\$80,715
Materials & Supplies	\$0	\$164,159	\$0	\$190,778
Internal Services	\$0	\$199,709	\$0	\$226,522
Total GF/non-GF:	<b>\$0</b>	<b>\$8,920,667</b>	<b>\$0</b>	<b>\$10,573,143</b>
Program Total:	<b>\$8,920,667</b>		<b>\$10,573,143</b>	
Program FTE	0.00	118.00	0.00	133.25
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #80000, Central Library

This proposal restores Central Library's number of open days per week from six to seven, with hours increased from 44 to 57/week. There is a net increase of 15.25 FTE.

**Lead Agency:** Library  
**Program Offer Type:** Existing Operating  
**Related Programs:** 80002

**Program Contact:** Rita Jimenez

**Program Characteristics:**

**Executive Summary**

This program offer is for the five regional libraries: Belmont, Gresham, Hillsdale, Hollywood and Midland. Regional libraries typically have more space and larger collections, offer more services, and/or have a higher rate of overall use than the neighborhood libraries. Last year, residents visited regional libraries over 1.9 million times and benefited from diverse learning, cultural and recreational opportunities.

**Program Description**

Multnomah County residents have access 7 days a week, including some evenings, to over 573,000 items at the 5 regional libraries. This includes 50,000 ebooks, as well as print materials, and items in Spanish, Vietnamese, Chinese, and Russian. In the past year, ebook check out increased 183%. Children and young people participate in storytimes, Summer Reading, and after school activities (peak hours for juvenile crime). Over 1750 groups have used free community space for meetings, thereby fostering meaningful citizen involvement and neighborhood interaction. Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement, and other library programs. Libraries help bridge the digital divide by providing free basic computer classes and free Internet access to those without computers. Language learning and educational programs improve employment opportunities and quality of life for those residents with low English proficiency and limited resources.

The five regional libraries offer a variety of programs that provide opportunities for neighbors to interact. Dedicated volunteers from youth to seniors contribute over 17,700 hours of service each year. In addition, libraries serve as a bridge for the diverse cultures within Multnomah County. Residents enjoy about 331 bilingual programs and events each year, such as Dia de Los Ninos, Slavic and Lunar New Year celebrations. Regional libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. 173 public computers with Internet access, along with patrons' personal devices total nearly 600,000 Internet and wi-fi sessions. More than 496 free computer classes and labs help attendees develop life and job skills. Residents also access information, training and other resources to increase literacy skills and become citizens. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning. Over 110,000 children participated in the 2012 Summer Reading program across the library system, and 65,622 people attended youth programs at regional libraries last year.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Books and items checked out or renewed	6,707,435	6,700,000	6,800,000	7,800,000
Outcome	Patrons who found books and items they wanted	93.1%	90.0%	92.0%	92.0%
Efficiency	Cost per item checked out or renewed (see below)	0	0	0	0

**Performance Measure - Description**

**Output:** The projected increase for FY13-14 reflects the move of the Belmont library from Neighborhood Libraries (80002) to this program offer.

**Efficiency:** Cost per item checked out or renewed (total annual expenditures/total circulation): FY11-12 actual = \$2.48; FY12-13 purchased = \$2.35; FY12-13 estimate = \$2.42; FY13-14 offer = \$2.42. Among the nation's busiest libraries, MCL has one of the lowest costs per item checked out. (Source: Public Library Data Service Statistical Report)

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$6,524,562	\$0	\$8,070,844
Contracts	\$0	\$9,600	\$0	\$9,600
Materials & Supplies	\$0	\$123,852	\$0	\$136,785
Internal Services	\$0	\$1,513,073	\$0	\$1,595,205
Total GF/non-GF:	<b>\$0</b>	<b>\$8,171,087</b>	<b>\$0</b>	<b>\$9,812,434</b>
Program Total:	<b>\$8,171,087</b>		<b>\$9,812,434</b>	
Program FTE	0.00	85.00	0.00	101.50
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #80001, Regional Libraries

This proposal restores the regional libraries from six to seven open days per week, with weekly hours increased from 44 to 57. There is a net increase of 16.50 FTE. Due to its high volume of use (fourth in circulation and first in number of holds filled), the Belmont library is moved here from the Neighborhood Libraries program offer (80002).



**Lead Agency:** Library

**Program Contact:** Rita Jimenez

**Program Offer Type:** Existing Operating

**Related Programs:** 80001

**Program Characteristics:**

**Executive Summary**

This program offer is for the 13 neighborhood libraries: Albina, Capitol Hill, Fairview-Columbia, Gregory Heights, Holgate, Kenton, North Portland, Northwest, Rockwood, St. Johns, Sellwood-Moreland, Troutdale and Woodstock libraries. Last year, residents visited neighborhood libraries over 2.3 million times and benefited from diverse learning, cultural, and recreational opportunities.

**Program Description**

Neighborhood libraries serve as community facilities where residents can attend classes, programs and community forums that provide opportunities for neighbors to interact. County residents have access 7 days a week, including some evenings, to a collection of 635,811 books. This includes 50,000 ebooks, as well as print materials, and items in Spanish, Vietnamese, Chinese and Russian. In the past year, ebook check out increased 183%. Children and young people participate in storytimes, Summer Reading, and after-school activities (peak hours for juvenile crime). Residents develop critical life skills through job training resources, book groups, civic engagement, and other library programs. Libraries help bridge the digital divide by providing free Internet access and free basic computer classes to those without computers or Internet connection. Language learning and educational programs and access to citizenship classes improve employment opportunities and quality of life for residents with low English proficiency and limited resources.

The neighborhood libraries offer a variety of programs that provide opportunities for neighbors to interact. Dedicated volunteers from youth to seniors contribute over 33,000 hours of service each year, and over 900 groups use free library space for community meetings. In addition, libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoy over 1400 bilingual programs and events each year. Neighborhood libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. The 244 public computers with Internet access and patrons' personal devices are used for nearly 700,000 Internet and wi-fi sessions, and more than 850 free computer classes and labs help attendees develop life and job skills. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning. Over 110,000 children participated in the 2012 Summer Reading program across the library system, and 117,557 people attended youth programs at neighborhood libraries last year.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Books and items checked out or renewed	11,637,015	11,500,000	11,600,000	8,500,000
Outcome	Customers who rated neighborhood libraries' public programs good or excellent	96.9%	98.0%	97.0%	97.0%
Efficiency	Cost per item checked out or renewed (see below)	0	0	0	0

**Performance Measure - Description**

Output: The projected decrease for FY13-14 reflects the move of Belmont library from this program offer to Regional Libraries (80001).

Efficiency: Cost per item checked out or renewed (total annual expenditures/total circulation): FY11-12 actual = \$2.48; FY12-13 purchased = \$2.35; FY12-13 estimate = \$2.42; FY13-14 offer = \$2.42. Among the nation's busiest libraries, MCL has one of the lowest costs per item checked out. (Source: Public Library Data Service Statistical Report)

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$8,659,826	\$0	\$10,962,749
Contracts	\$0	\$14,800	\$0	\$14,200
Materials & Supplies	\$0	\$146,226	\$0	\$175,742
Internal Services	\$0	\$1,932,155	\$0	\$2,177,750
Total GF/non-GF:	<b>\$0</b>	<b>\$10,753,007</b>	<b>\$0</b>	<b>\$13,330,441</b>
Program Total:	<b>\$10,753,007</b>		<b>\$13,330,441</b>	
Program FTE	0.00	111.00	0.00	140.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #80002, Neighborhood Libraries

This proposal restores the neighborhood libraries from six to seven open days per week, with weekly open hours increased from 44 to 53. There is a net increase of 29.00 FTE. Due to its high level of use (fourth in circulation and first in number of holds filled), the Belmont library has been moved from this program offer to the Regional Libraries program offer (80001).

**Lead Agency:** Library  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Program Contact:** Katie O'Dell

**Program Characteristics:** Measure 5 Education

**Executive Summary**

School-Age Services (SAS) improves kindergarten through high school students' reading and information literacy by training students to effectively use public library online research tools; by connecting students with dynamic book collections and reading motivation programs; and by offering curriculum support, training and resources for their educators, parents and caregivers. Services are targeted toward students at risk of low literacy.

**Program Description**

SAS staff, who are trained in research, booktalking, and reading promotion, serve students, educators, parents and caregivers in public and private schools, community agencies, county programs, treatment facilities and other locations serving school-age youth. Staff provide information, books, training, recreational programs, and technical support to increase students' and invested adults' literacy and information skills. Thousands of quality children's books are delivered to schools and community agencies. School Corps (SC) provides direct service to students, parents and educators during the school day, after school, and during the summer. Librarians collaborate with educators to increase students' academic success and literacy in the county's K-12 schools and SUN programs by training students to effectively and efficiently use public library resources for student research and pleasure reading.

BOOKS 2 U (B2U) staff and volunteers introduce students to high interest books through booktalking programs and by providing paperback copies of books they promote. Their goal is to introduce Multnomah County Library as an educational partner and significant resource. To that end, they attend and present at parent and family night programs; provide library cards to children served; and promote the library's Summer Reading program, as well as the neighborhood library and its services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Youth served in Books 2 U & School Corps (duplicated)	71,473	65,000	65,000	69,000
Outcome	% of students whose research skills increase after SC presentation	92.0%	90.0%	90.0%	90.0%
Outcome	% of teachers indicating that they will ask for School Corps services again	100.0%	95.0%	95.0%	95.0%
Output	% of schools served that show improvement in 3rd and 5th grade reading scores	10.0%	61.0%	61.0%	50.0%

**Performance Measure - Description**

Output: Counts contacts during both in-school and out-of-school hours.

Outcome: Data comes from a student pre/post test.

Outcome: From online teacher surveys.

Output: From the Oregon State Department of Education. FY11-12 featured a new test that drastically lowered scores.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$853,752	\$0	\$810,629
Contracts	\$0	\$16,600	\$0	\$0
Materials & Supplies	\$0	\$132,828	\$0	\$140,433
Internal Services	\$0	\$28,245	\$0	\$26,328
Total GF/non-GF:	<b>\$0</b>	<b>\$1,031,425</b>	<b>\$0</b>	<b>\$977,390</b>
Program Total:	<b>\$1,031,425</b>		<b>\$977,390</b>	
Program FTE	0.00	7.75	0.00	7.75
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

\$85,000 is expected from the State's "Ready to Read" per capita funding, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

\$175,000 comes from The Library Foundation for Books 2 U, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80003, School Age Services

The expenses for the 2nd year of the "Evolving Homework" grant have been moved from this program offer to Youth Services Management (80015).

**Lead Agency:** Library

**Program Contact:** Renea Arnold

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Measure 5 Education

**Executive Summary**

Early Childhood Services (ECS) helps children enter kindergarten with pre-reading skills by enhancing their parents' and caregivers' knowledge about and ability to foster early literacy, early brain development, and hands-on literacy activities, and by providing demonstrations of best practices in sharing books with their children. Services are directed toward families whose children are at risk for low literacy.

**Program Description**

ECS staff, who are trained in child development, brain development, and early reading research, visit parents and caregivers in social service agencies, childcare centers, Head Start centers, teen parent programs, treatment facilities, and any other locations serving adults with children birth to five. They teach parents and caregivers how to prepare their preschool children for reading. Classes, taught in English, Spanish, Russian, Chinese and Vietnamese, show adults how to read, talk, sing, and rhyme with babies, toddlers, and preschoolers so that children develop the pre-reading skills they need before they enter kindergarten.

From birth to age five, children go through a critical window for brain development that supports literacy. Reading, talking, singing and rhyming with children during this sensitive time determines a child's future as a reader. Many parents and caregivers don't know how early this window opens—and closes—and how tremendous an impact simple actions can have on their children's future ability to read. Children must have early experiences with language, books, and writing tools to become successful readers. Research shows that disadvantaged children start kindergarten with significantly lower cognitive skills than their more advantaged counterparts because of their lack of language and literacy experiences BEFORE they get to school. The most vulnerable children are those who live in poverty, speak English as a second language, have few books in their homes, and whose mothers have limited education and low literacy. ECS reaches these parents on-site and shows them easy ways to help their children gain pre-reading skills during these most important years. Program evaluations show that parents and caregivers gain clear knowledge of their role in their children's preparedness for reading.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Parents, teen parents and caregivers served	13,799	7,000	14,000	14,000
Outcome	% of participants who show an increase in reading and literacy activities	90.0%	90.0%	90.0%	90.0%
Output	Books delivered	2,388,583	450,000	2,430,028	2,400,000

**Performance Measure - Description**

Output 1: This measure counts parents served in all ECS outreach, so those who received the New Parent Packages (welcome baby gifts) in the hospital have been added.

Outcome: The evaluation measures parents who show an increase in five behaviors: 1. Encourage child to participate more often; 2. Point out pictures and talk about them; 3. Read the book more than once; 4. Ask or answer questions while reading; 5. Talk about new words.

Output 2: This number has been increased to reflect all the books delivered through the various ECS programs.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$697,509	\$0	\$745,014
Contracts	\$0	\$22,400	\$0	\$11,500
Materials & Supplies	\$0	\$261,251	\$0	\$172,963
Internal Services	\$0	\$22,980	\$0	\$28,163
Total GF/non-GF:	<b>\$0</b>	<b>\$1,004,140</b>	<b>\$0</b>	<b>\$957,640</b>
Program Total:	<b>\$1,004,140</b>		<b>\$957,640</b>	
Program FTE	0.00	7.50	0.00	7.50
<b>Program Revenues</b>				
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

\$272,026 comes from The Library Foundation for Create A Reader Early (CARE) and Women Infant Care (WIC) Library Outreach, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80004, Early Childhood Services  
No significant changes.

**Lead Agency:** Library

**Program Contact:** Terrilyn Chun

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Programming and Community Outreach (PCO) leads the public programming, community outreach and partnership initiatives for Multnomah County Library. The division includes oversight of the Library Outreach Services (LOS) adult outreach section. PCO ensures that activities align with the library's priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work, and assists in evaluation. Specific responsibilities include scheduling, grant writing, exhibit building, volunteer coordination, staff and public training, event management, website development, publicity and fiscal oversight.

**Program Description**

Programming meets the informational, educational and entertainment needs of library users by providing a wide array of in-person and virtual activities, experiences, learning opportunities and exhibitions that complement library materials and services. Programs include arts and cultural programming for all ages, author and literature programs, book discussions and public technology training. PCO staff provide the professional and technical expertise to make more than 2,400 programs possible each year and help nearly 42,000 people learn about and interact with their community.

Community outreach extends library services and programs to a broader section of the population by taking them out of the library and into the particular environment of a patron or group of patrons. This work ranges from programs and services to older adults, new immigrants and adult learners through Library Outreach Services (LOS) to providing information services at community events and presentations to local organizations.

Community partnerships result in programs and services that leverage the unique strengths and resources of each organization. Partnerships increase and enhance the library's visibility in the community and establish good will between the library and other organizations and their users. Partnerships make programs like Everybody Reads possible. Partners include Oregon Humanities, Portland State University, Portland Community College, Delta Society, OASIS, City Club of Portland, Portland Opera, Oregon Symphony, Multnomah County Health Department, Multnomah County Aging and Disability Services and the Multnomah County Commission on Children, Families and Community.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of financial literacy programs offered	132	40	27	30
Outcome	Attendees who say library programs connect them to their community	45.0%	50.0%	39.0%	50.0%
Outcome	Attendees who say they learned something new at a library program	73.0%	80.0%	83.0%	80.0%
Quality	Attendees of library programs who rate them as good or excellent	92.0%	99.0%	91.0%	95.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$695,218	\$0	\$805,405
Contracts	\$0	\$233,000	\$0	\$316,053
Materials & Supplies	\$0	\$217,800	\$0	\$192,431
Internal Services	\$0	\$29,525	\$0	\$26,320
Total GF/non-GF:	<b>\$0</b>	<b>\$1,175,543</b>	<b>\$0</b>	<b>\$1,340,209</b>
Program Total:	<b>\$1,175,543</b>		<b>\$1,340,209</b>	
Program FTE	0.00	7.00	0.00	7.50
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

This program is expected to receive \$49,000 from the Friends of the Library for the Pageturners book group discussion program. This will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

\$170,274 comes from The Library Foundation for Readers' Advisory, Smart Investing, Everybody Reads, 150th anniversary planning, and special programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80005, Family & Adult Programming

Net increase of .5 FTE: .50 Summer Reading Coordinator position transferred to School-Age Services (offer 80003); 1.0 librarian position added for Readers' Advisory.



**Lead Agency:** Library  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Jane Salisbury

### Executive Summary

Adult Outreach provides library services and programs to Multnomah County residents underserved by traditional library means, including older and homebound adults, new immigrants, people with disabilities, adult learners, and those who are institutionalized or homeless. Adult Outreach delivers books and other materials to people who are homebound; provides resources and conducts classes and other programs for immigrants, new readers, older adults and GED seekers; and partners with community agencies.

### Program Description

Adult Outreach delivers books and other library materials and services to Multnomah County residents who are homebound, or who live in assisted living facilities, retirement homes, adult care homes, shelters, transition homes, or jails (the latter in partnership with the Sheriff's Office). Adult Outreach connects these people with their community by providing library services and programs, such as book discussion groups and instruction.

Adult Outreach, in partnership with literacy organizations, also supports people whose first language is not English - or who may not read or write well in English - by providing assistance, referrals, resources, and library programs, including citizenship classes, GED labs, literacy tutoring and Talk Time sessions (English conversation practice). Delivering books, reading to residents of assisted living units, leading book discussion groups for seniors, teaching citizenship classes, leading book groups in the jails, teaching computer and e-reader classes and leading English conversation practice in neighborhood libraries provide meaningful opportunities for volunteers, working with outreach staff, to contribute significantly to the lives of vulnerable citizens.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Book discussion groups for seniors	196	204	180	200
Outcome	Attendees who say book discussion groups connect them to their community	80.0%	80.0%	80.0%	80.0%
Output	Facilitated English conversation sessions for non-native speakers (Talk Time)	159	145	180	180

### Performance Measure - Description

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$668,605	\$0	\$705,601
Materials & Supplies	\$0	\$17,506	\$0	\$24,983
Internal Services	\$0	\$30,057	\$0	\$32,952
Total GF/non-GF:	<b>\$0</b>	<b>\$716,168</b>	<b>\$0</b>	<b>\$763,536</b>
Program Total:	<b>\$716,168</b>		<b>\$763,536</b>	
Program FTE	0.00	7.75	0.00	7.75
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

The Sheriff's Office provides \$35,000 for services to jails from the Inmate Welfare Fund.

## Significant Program Changes

**Last year this program was:** #80006, Adult Outreach  
No significant changes.

**Lead Agency:** Library

**Program Contact:** Vailey Oehlke

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Library Director's Office provides executive leadership for the library system by working with the Board of County Commissioners (BCC), the Multnomah County Library District Board, the Library Advisory Board (LAB), community organizations, businesses, private citizens and staff to ensure that library services meet the needs of Multnomah County residents.

**Program Description**

The Library Director's Office envisions the library's role and future in the community; translates that vision into strategic direction in partnership with the BCC, the community, and the Library Advisory Board; represents Multnomah County Library on local, regional, and national levels, working with other libraries and library organizations; partners with The Library Foundation and Friends of the Library to enhance citizen support and fundraising efforts; executes policy development and implementation with the senior management team; and with county peers, leads in achieving enterprise-wide objectives.

Following voter approval in November, 2012, to form a library district to fund library programs and services, the Library Director's Office will coordinate with key stakeholders and partners to establish governance, budgeting and operational practices that comply with applicable statutes and policies for FY13-14 and beyond. This office is directly responsible to Multnomah County residents for the effectiveness and efficiency of the library system.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Customer comments received and processed (electronic and paper)	1,269	1,500	1,350	1,350
Outcome	Conversations with the Library Director	48	30	40	30

**Performance Measure - Description**

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$675,633	\$0	\$779,132
Contracts	\$0	\$35,000	\$0	\$45,000
Materials & Supplies	\$0	\$61,733	\$0	\$57,807
Internal Services	\$0	\$24,872	\$0	\$29,426
Total GF/non-GF:	<b>\$0</b>	<b>\$797,238</b>	<b>\$0</b>	<b>\$911,365</b>
Program Total:	<b>\$797,238</b>		<b>\$911,365</b>	
Program FTE	0.00	5.00	0.00	6.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$523,190	\$0	\$35,000
Intergovernmental	\$0	\$566,640	\$0	\$66,282,054
Taxes	\$0	\$32,557,027	\$0	\$837,964
Other / Miscellaneous	\$0	\$25,156,939	\$0	\$33,561
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$58,803,796</b>	<b>\$0</b>	<b>\$67,188,579</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

\$708,075 (\$5,000 for this offer) comes from The Library Foundation for program and collection enhancements, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80007, Library Director's Office  
Net increase of 1.0 FTE.

**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Jeremy Graybill

**Executive Summary**

Marketing & Communications connects the people of the community with the collection, services and resources of the library. This program is responsible for creating and coordinating effective and consistent conversations with the Library's patrons, community, stakeholders and staff. The group connects the community with library services, promotes the benefit of these services, and constantly seeks effective strategies to engage and adapt to the changing informational needs of the community.

**Program Description**

Marketing & Communications provides core services to the library and the nearly 34,000 people that access the institution each day. This program creates integrated strategies to form lasting, valuable relationships with the community and to provide value to both patron and library. Marketing & Communications brings the library to the attention of the public, performs ongoing activities to build a strong public image, keeps the library in the mind of the community through marketing, achieves beneficial and informative coverage in the media, and is responsible for understanding those that use the library to best meet their needs. Marketing & Communications also oversees the library's public website (now visited more frequently than the library's physical locations), the library's intranet and the print shop.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Visits to the library's website	6,932,826	7,900,000	7,700,000	7,000,000
Outcome	% of customers satisfied with library communications	85.3%	97.0%	97.0%	95.0%

**Performance Measure - Description**

The above performance measures were gathered via Google Analytics and an online survey.

Output: The visits to the library's website are an indicator of use, as well as of usability and return visits. The FY 14 projection is lower due to the extraordinary success of the library's mobile application (not included in this count), as well as changes in the process of collating website data.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$835,529	\$0	\$880,590
Contracts	\$0	\$68,000	\$0	\$75,921
Materials & Supplies	\$0	\$151,073	\$0	\$106,817
Internal Services	\$0	\$27,872	\$0	\$26,766
Total GF/non-GF:	<b>\$0</b>	<b>\$1,082,474</b>	<b>\$0</b>	<b>\$1,090,094</b>
Program Total:	<b>\$1,082,474</b>		<b>\$1,090,094</b>	
Program FTE	0.00	8.50	0.00	8.50
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

\$5,000 comes from The Library Foundation for program innovation, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80008, Marketing & Communications  
No significant changes.

**Lead Agency:** Library

**Program Contact:** Fun Leung

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Business Services manages and provides accounts payable, accounts receivable, fiscal reporting, budget preparation, grant reporting, purchasing and contracts for the entire library system.

**Program Description**

Business Services manages the annual budget preparation and submittal process; monitors and adjusts the budget throughout the fiscal year; manages contracts, procurements, and grants; and processes and oversees accounts payable and receivable for the library system. This program ensures that library funds are budgeted, received, accounted for, and spent appropriately.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Vendor invoices processed	8,935	8,300	6,180	6,500
Outcome	Invoices paid within 30 days of invoice date	92.0%	90.0%	90.0%	90.0%
Output	Customer invoices processed	7,727	6,687	6,665	7,653
Output	Customer payments processed	0	0	12,687	14,663

**Performance Measure - Description**

✔ **Measure Changed**

Output "Vendor invoices": FY 13 estimate and FY 14 projection reduced due to the implementation of Multnomah Marketplace and the use of procurement cards.

Output "Customer invoices": projecting an increase due to opening an additional day at all library locations.

Output "Customer payments": new measure; also projecting an increase in FY 2014 due to opening an additional day at all library locations.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$732,644	\$0	\$764,191
Contracts	\$0	\$3,000	\$0	\$22,000
Materials & Supplies	\$0	\$39,440	\$0	\$59,499
Internal Services	\$0	\$178,669	\$0	\$175,535
Total GF/non-GF:	<b>\$0</b>	<b>\$953,753</b>	<b>\$0</b>	<b>\$1,021,225</b>
Program Total:	<b>\$953,753</b>		<b>\$1,021,225</b>	
Program FTE	0.00	4.75	0.00	4.75
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

Last year this program was: #80009, Business Services  
No significant changes.



**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** June Bass

**Executive Summary**

Volunteer Services provides opportunities for more than 1,900 people annually who contribute their time and talents to Multnomah County Library. Volunteers are active in all locations, including Central Library, the 18 neighborhood libraries, Library Administration, and The Title Wave Used Bookstore, as well as various outreach programs.

The Title Wave Used Bookstore is a retail outlet that generates revenue for the library through the sale of discarded books and other materials. Opened in 1988, The Title Wave provides an effective means of recycling the library's collection back into the community.

**Program Description**

Volunteer Services oversees the recruitment, screening, placement, performance management, position creation, and recognition of over 1,900 volunteers. Volunteers enhance the services that the library can provide at all library locations in the community. The scope of volunteer opportunities includes booktalking with Books 2 U, conducting citizenship classes through Adult Literacy, delivering library materials to shelters through Adult Outreach, teaching basic computer skills, and searching for reserved items at all library locations. Volunteers share their skills and are given responsibilities that engage them in their libraries and neighborhoods. About 40% of library volunteers are students 10-18 years old. Students are given an experience that provides life skills and engages them in their community. Last year, 1,900 volunteers contributed over 74,000 hours of time to the library.

The Title Wave Used Bookstore recycles and sells discarded library books and materials to the community. The store is open 40 hours per week and is staffed by 65 volunteers with the support of one paid staff person. Because the used books are sold at reasonable prices, many of The Title Wave's regular customers are teachers/media specialists buying books for their classrooms and libraries. Many home-school families buy books for educational purposes as well. Last year, the Title Wave generated over \$207,000 in revenue.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Hours contributed by volunteers	74,397	70,000	69,000	74,000
Outcome	Student volunteers who report using their svc for school/community requirement	40.0%	38.0%	41.0%	42.0%

**Performance Measure - Description**

**Output:** Due to hour reductions Volunteer Services has seen a reduction in volunteer service hours. With open hours being restored in FY13-14, there should be a corresponding increase in volunteer time.

**Outcome:** All library volunteers under the age of 18 years old were surveyed to see if their volunteer hours were eligible for school or community service requirements. 40% of the responding volunteers reported that their volunteer hours counted toward school or community service requirements.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$373,298	\$0	\$436,342
Contracts	\$0	\$11,200	\$0	\$9,675
Materials & Supplies	\$0	\$11,543	\$0	\$34,735
Internal Services	\$0	\$13,470	\$0	\$15,711
Total GF/non-GF:	<b>\$0</b>	<b>\$409,511</b>	<b>\$0</b>	<b>\$496,463</b>
Program Total:	<b>\$409,511</b>		<b>\$496,463</b>	
Program FTE	0.00	3.50	0.00	4.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80010, Volunteer Svcs/Title Wave Book Store  
Net increase of .50 FTE.

**Lead Agency:** Library

**Program Contact:** Shelly Kent

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Human Resources/Learning Systems (HR/LS) promotes the resource management of highly qualified staff by providing management consultation and technical assistance with the employment life cycle through recruiting, hiring and retaining staff; time entry; staff training and development; and consulting with employees and managers, including planning for future workforce needs.

System Wide Staffing provides flexible staffing coverage and addresses materials movement issues across the system through the use of regular and on-call staff. Those employees move between locations as needed to cover planned and last minute absences and vacancies, as well as to provide relief for temporary workload increases and support for special projects.

The Administrative Support unit provides clerical and special project support to the Administration Building and covers the receptionist desk.

**Program Description**

HR/LS supports the library's mission and goals by ensuring HR systems are collaboratively implemented; assisting and consulting with over 536 regular and 103 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. HR/LS provides internal consultation to managers and employees on a wide range of HR, employee and labor relations issues, including performance management to ensure a highly functioning workforce; recruitment to attract highly qualified, diverse applicants to serve the changing needs of county residents; legal, contractual and policy compliance to reduce liability and the costs of unlawful employment actions; and accurate time entry to ensure that employees are paid correctly for hours worked. HR works with staff and managers to assess organizational needs; provide strategic direction, succession and workforce planning; and provide learning opportunities to ensure highly qualified and competent staff who have the requisite skills to serve their customers. HR/LS partners with central HR/labor relations to develop and implement integrated HR initiatives and solutions.

System Wide Staffing supports the library's mission and goals by providing flexible staffing for temporary projects, workload increases and absences.

The Administrative Support unit staff answer the main phone number for the library system and assist people by explaining policies, answering questions and referring people to the appropriate library service, while also completing clerical tasks and projects for management and program staff, and responding to patron comment cards.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Staff training sessions offered by learning systems	324	121	220	190
Outcome	Increase in number of bilingual/bicultural FTEs	0.0%	0.0%	0.0%	5.0%

**Performance Measure - Description**

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$1,685,704	\$0	\$1,788,940
Contracts	\$0	\$64,000	\$0	\$14,000
Materials & Supplies	\$0	\$48,528	\$0	\$77,179
Internal Services	\$0	\$50,964	\$0	\$49,021
Total GF/non-GF:	<b>\$0</b>	<b>\$1,849,196</b>	<b>\$0</b>	<b>\$1,929,140</b>
Program Total:	<b>\$1,849,196</b>		<b>\$1,929,140</b>	
Program FTE	0.00	20.00	0.00	20.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80011, Human Resources/Learning Systems/System Wide Staffing  
No significant changes.

**Lead Agency:** Library

**Program Contact:** David Ratliff

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Central Library Director's Office (CDO) sets overall direction for Central Library; directs, develops, and evaluates services, programs and staff; and administers the Central Library budget.

**Program Description**

The CDO consists of the Central Library Director, an administrative specialist and a senior office assistant. In collaboration with the Library Director's Office, the CDO determines service, policy, and fiscal priorities for Central Library. This office oversees and supports the Central Management Team; coordinates priorities/needs with those of the 18 other library locations; communicates with the public regarding issues related to Central; helps manage public and county use of meeting space; and maintains an active connection with the downtown business and civic communities. Administrative staff provide building-wide administrative and scheduling support. This office is responsible for the effectiveness and efficiency of Central Library services and the related expenditure of funds. CDO proactively engages with the downtown community and is responsive to the concerns and needs of all Central Library users.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Visits to Central Library	1,038,425	980,000	868,896	865,000
Outcome	Patrons who rated Central's programs good or excellent	99.0%	98.0%	98.0%	98.0%

**Performance Measure - Description**

**Output:** Central Library is a popular destination for area residents. Every day, thousands of people walk through its doors to borrow materials, attend a program, conduct research, use the Internet and more.

**Outcome:** From customer evaluations of Central Library programs.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$259,239	\$0	\$278,560
Contracts	\$0	\$12,000	\$0	\$9,000
Materials & Supplies	\$0	\$42,133	\$0	\$44,193
Internal Services	\$0	\$1,870,727	\$0	\$1,848,581
Total GF/non-GF:	<b>\$0</b>	<b>\$2,184,099</b>	<b>\$0</b>	<b>\$2,180,334</b>
Program Total:	<b>\$2,184,099</b>		<b>\$2,180,334</b>	
Program FTE	0.00	2.50	0.00	2.75
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

Last year this program was: #80012, Central Director's Office  
Net increase of .25 FTE.

**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:** 80014

**Program Contact:** Javier Gutierrez

**Program Characteristics:**

**Executive Summary**

The Library Book Budget provides funds to add new materials in all formats to the library collection. It purchases new books, music CDs, DVDs, audiobooks, maps, sheet music, periodicals and ebooks. It also subscribes to a growing variety of fulltext databases, journals and reference sources in electronic form, both downloadable and available over the web. This is the materials budget only; personnel and related processing costs are in the linked program offer.

**Program Description**

Approximately 43% of the book budget is spent on new books in English for children, teens and adults. Nearly 5% is spent on materials in four "We Speak Your Language" collections (Spanish, Chinese, Vietnamese and Russian). The remaining funds are spent on other formats, including 17% on media (DVDs, CDs and audiobooks), 30% on electronic resources (ebooks, online periodicals, fulltext databases and electronic reference sources) and 3% on print periodicals. The demand for traditional materials in print or on disc remains high and purchasing for these materials continues at the same level. Multiple copies of each new title are purchased to ensure that people find what they want when they visit or access the library online. Demand for ebooks and downloadable materials is growing significantly and adding more of these materials is a primary goal for FY 2013-14. The total collection size in June 2012 was 864,349 titles and 1,982,801 physical items. The library collection gives the community access to a rich selection of current recreational and education materials that support personal and career development, enrich civic involvement, support lifelong learning and literacy, reflect cultural diversity and serves as a resource for vulnerable members of the community. The collection also provides materials for preparing to read and succeed in school.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	New titles added to the library collection	96,454	87,300	75,000	95,000
Outcome	Turnover rate	12	12	11	11

**Performance Measure - Description**

Output: Count of new titles include electronic titles acquired from vendors.

Outcome: Turnover rate is a measure of how heavily the library collection is used (defined as circulation/holdings). Nationally, the average for public libraries serving a similar population is 4.0; MCL's rate is the highest in the country for libraries serving 500,000 or more. (Source: Public Library Data Service Statistical Report).

## Legal/Contractual Obligation

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## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Materials & Supplies	\$0	\$5,802,500	\$0	\$6,795,000
Total GF/non-GF:	<b>\$0</b>	<b>\$5,802,500</b>	<b>\$0</b>	<b>\$6,795,000</b>
Program Total:	<b>\$5,802,500</b>		<b>\$6,795,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

\$45,000 comes from The Library Foundation for books & library materials and rare collections, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #80013, Library Book Budget

This proposal restores the \$1 million reduction that was made to this program in FY 2013.



**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:** 80013

**Program Contact:** Javier Gutierrez

**Program Characteristics:**

**Executive Summary**

Library Books - Acquisition & Processing provides the staff necessary to select, purchase, catalog and process books and other materials added to the library materials collection in order to meet the informational, recreational and cultural needs of Multnomah County residents.

**Program Description**

Selection librarians decide what materials to buy using professional reviews, customer suggestions and staff input, along with established criteria. Their purchasing decisions reflect the diverse interests and needs of Multnomah County residents. Acquisitions staff place orders with vendors, receive shipments, approve invoices for payment and monitor the various funds that make up the library materials budget. Cataloging staff create bibliographic description records and assign classification numbers to enable searching in the online catalog and to ensure logical shelving locations that enable browsing. The online catalog currently lists titles with a total collection of nearly two million physical items. Processing staff prepare each item/volume for shelving and checkout. This includes applying property stamps and barcodes, repackaging materials to stand up to heavy patron use and creating inventory records. Staff members visit a neighborhood library each month to remove out-of-date and damaged materials to keep the collection current, accurate and attractive. Program staff are responsible for accurate accounting and expenditure of public funds and private donations. They are also accountable for ensuring that the library collection reflects the needs and interests of Multnomah County residents. Because of the successful management of the library materials collection, residents can enjoy recreational reading, research specific topics, stay current on local, national and global events and continue to learn at all ages.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Items added to the collection	338,810	311,271	300,000	330,000
Outcome	Patrons who found books and items they wanted	93.0%	90.0%	92.0%	92.0%

**Performance Measure - Description**

Outcome: From the library's annual Patron Survey.

## Legal/Contractual Obligation

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## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$2,596,425	\$0	\$2,746,419
Contracts	\$0	\$695,980	\$0	\$697,412
Materials & Supplies	\$0	\$236,071	\$0	\$221,156
Internal Services	\$0	\$91,774	\$0	\$89,337
Total GF/non-GF:	<b>\$0</b>	<b>\$3,620,250</b>	<b>\$0</b>	<b>\$3,754,324</b>
Program Total:	<b>\$3,620,250</b>		<b>\$3,754,324</b>	
Program FTE	0.00	30.25	0.00	30.25
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80014, Library Books - Acquisition & Processing  
No significant changes.

**Lead Agency:** Library

**Program Contact:** Katie O'Dell

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Youth Services Management ensures that library staff receive training to work with children and teens birth through age 17; offers reading promotion initiatives; and sets overall direction for services to this age group and their adult caregivers.

**Program Description**

Youth Services Management is provided systemwide through four main elements: staff training; youth reading initiatives; coordination, partnerships and advocacy; and program development and evaluation. The office plans systemwide services; develops and evaluates programs; oversees development and education for staff; advocates in the community for increased use of libraries by children and teens and their parents and caregivers; and explores and engages in community partnerships to increase youth library use, support other organizations' literacy objectives, and improve students' reading scores.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	County children and teens who have library cards	54.0%	50.0%	50.0%	50.0%
Outcome	Staff who report improved/reinforced skills after Youth Services training	95.0%	90.0%	90.0%	90.0%
Output	Card-holding children and teens who use their library card	70.0%	55.0%	60.0%	60.0%

**Performance Measure - Description**

The outcome measure shows the result of training opportunities for staff and volunteers to serve youth in the best manner possible. The two output measures illustrate this program's success at connecting Multnomah County youth with their public library.

## Legal/Contractual Obligation

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## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$281,730	\$0	\$530,014
Contracts	\$0	\$1,500	\$0	\$10,000
Materials & Supplies	\$0	\$77,859	\$0	\$250,490
Internal Services	\$0	\$9,291	\$0	\$21,354
Total GF/non-GF:	<b>\$0</b>	<b>\$370,380</b>	<b>\$0</b>	<b>\$811,858</b>
Program Total:	<b>\$370,380</b>		<b>\$811,858</b>	
Program FTE	0.00	2.50	0.00	3.25
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

This program will receive \$115,000 from a Library Services & Technology Act (LSTA) grant received from the State Library for the improvement of homework help resources for students. This money will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

\$35,775 comes from The Library Foundation for Summer Reading Program, STEM (science, technology, engineering, and math) Kits, and Teen Author Visit, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

✔ Significantly Changed

**Last year this program was: #80015, Youth Services Management**

Net increase of .75 FTE due to transfer of .50 Summer Reading Coordinator from Program & Community Outreach (80005) and an increase of .25 in the Office Assistant Sr. position. The corresponding expenses for the Summer Reading program are also transferred here. The expenses for the 2nd year of the "Evolving Homework" grant are budgeted here instead of in School-Age Services (80003).

**Lead Agency:** Library

**Program Contact:** Don Allgeier

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Neighborhood Libraries Management (NLM) sets overall direction for 18 regional and neighborhood libraries. NLM plans services; develops and evaluates programs and staff; and administers the budget for all locations. NLM also manages systemwide library services to the county's four largest immigrant communities (Chinese, Russian, Spanish and Vietnamese), with over 70 bilingual staff in 11 locations.

**Program Description**

NLM consists of the Neighborhood Libraries Director, Neighborhood Libraries Assistant Director, two Spanish bilingual Outreach Specialists and a Senior Office Assistant. In collaboration with the Library Director, the NLM provides general support and oversight to 18 libraries and continual communication with staff at all levels of the organization; develops collaborative relationships with community and governmental organizations to maximize the impact of library services; sets priorities and policies for libraries to best address community needs and county priorities; implements best practices for safe and efficient operations of materials handling tasks; and provides resources to individual managers, staff and work groups to improve their performance through ongoing training, coaching, leadership development and assessments.

NLM supports and directs the work of regional and neighborhood libraries, which were visited over 4.2 million times last year. These libraries provide learning, cultural and recreational opportunities to all county residents, as well as a community space for civic engagement.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Hired front-line staff in target languages of Chinese, Russian and Vietnamese	2	2	2	14
Outcome	Branch managers with completed performance reviews by end of fiscal year	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

**Output:** NLM regularly reviews demographic data and staffing to respond to the evolving demographics of our county. An assessment of the Somali community was completed in May 2012.

**Outcome:** 100% of 24 branch managers, the outreach specialists and the administrative assistant have a current performance plan in place with measurable goals, receive a mid-year check-in, and have a completed review by the end of the fiscal year. Performance management is a high priority for the Neighborhood Libraries Director and Neighborhood Libraries Manager in supporting excellence in 18 locations.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$444,199	\$0	\$490,241
Contracts	\$0	\$16,700	\$0	\$11,900
Materials & Supplies	\$0	\$31,342	\$0	\$47,092
Internal Services	\$0	\$12,960	\$0	\$17,391
Total GF/non-GF:	<b>\$0</b>	<b>\$505,201</b>	<b>\$0</b>	<b>\$566,624</b>
Program Total:	<b>\$505,201</b>		<b>\$566,624</b>	
Program FTE	0.00	4.00	0.00	4.50
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80016, Neighborhood Libraries Management  
 Net increase of .50 FTE to add a second Spanish-speaking outreach specialist.

**Lead Agency:** Library

**Program Contact:** Cindy Gibbon

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

IT Services maintains 869 public computers, related software and servers, high-speed Internet access, and a wireless network in library facilities for use by the general public. Library users can search the catalog of books and other materials, view and manage their library accounts, download e-books, use research databases and other electronic resources, and access the Internet for educational, business and personal use. These services are also available from homes, schools and offices via the library website. IT services also maintains more than 600 computers, related software, equipment, servers and networks for library staff use.

**Program Description**

IT Services procures, installs, configures, and maintains software, computers, printers, adaptive technology for those with special needs, electronic self-service equipment, servers and related equipment for library patrons and staff. Children and adults use library computers to do personal and business research, complete homework assignments, apply for jobs, find recreational reading, communicate with government agencies, manage their library accounts, and participate in the social web. Public computers also provide office automation software, such as word processing, to accomplish personal, business or school work. The library has computers and software in training rooms, teen after-school homework lounges, and for checkout to be used in-house with the library's public wireless network. Many public computer users have no access to a computer or the Internet at home, so the library is their only window to the world of 21st century technology, communication and information.

IT services also maintains equipment and software for library staff, supporting general office computing and library systems such as the library catalog, patron database, circulation system, materials acquisition system, website, provision of electronic resources, and other internal operations.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of public computers	892	869	888	888
Outcome	% of time wired public Internet computers are in use	77.0%	70.0%	75.0%	75.0%
Output	Wi-fi sessions	714,719	650,000	725,000	725,000

**Performance Measure - Description**

Output: Number of public computers (wired and wireless). Additional Chromebook computers were added through a Mt. Hood Cable Regulatory Commission grant in FY11- 12.

Outcome: % of time wired public Internet computers are in use. This measure is trending downward with the installation of wireless access in all library locations and the addition of loaner laptops through grant funds. This is a positive customer service trend because it translates to shorter wait times for a computer. People are now offered two hours per day of access on wired public computers, up from one hour in previous years.

Output: Number of public wi-fi sessions. The library's public wi-fi network is accessed by people using their own devices as well as those using library loaner laptops. Since many individuals cannot afford high-speed Internet access at home, library wi-fi is an important service to bridge the digital divide. Despite the significant cut in library hours, wi-fi use continues to trend upward in FY12-13.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$75,000	\$0	\$100,000
Materials & Supplies	\$0	\$570,265	\$0	\$943,255
Internal Services	\$0	\$5,303,609	\$0	\$5,354,761
Total GF/non-GF:	<b>\$0</b>	<b>\$5,948,874</b>	<b>\$0</b>	<b>\$6,398,016</b>
Program Total:	<b>\$5,948,874</b>		<b>\$6,398,016</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80017, IT Services

This program includes funding for server replacements and software upgrades for the library's integrated computer system, as well as funding for the implementation of new digital information strategies.



**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Lisa Canavan

**Executive Summary**

Logistics ensures that library books and materials move quickly and accurately among all 21 library locations.

Library Facilities coordinates the maintenance of the buildings and grounds to ensure safe, secure and welcoming facilities.

**Program Description**

Logistics operates the centralized sort center and delivery operations that move library materials to and among library locations, enabling residents to have quick access throughout Multnomah County. This program operates a 7-day-per-week delivery system that provides delivery to 42 service points each week day, delivering and receiving all library books and materials, interoffice mail, U.S. mail, library supplies and bank deposits.

Library Facilities provides central coordination and direction of repair and maintenance activities among county facilities staff, telecommunications, contractors and vendors for 21 library locations. This program serves all library staff and the public as expert resources on ADA-compliant building access, ergonomics, workflow management, security policy, and safety management.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Crates of books, mail and supplies moved annually	286,000	290,000	277,400	270,000
Outcome	Staff satisfaction with delivery system	99.0%	95.0%	99.0%	95.0%

**Performance Measure - Description**

Output: In FY12-13 Logistics expects to sort and deliver about 277,400 crates. A crate is the library's unit of measurement for transporting library materials, mail, supplies and other items. This is a 3% projected decrease from FY11-12.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$1,077,261	\$0	\$1,075,806
Contracts	\$0	\$2,100	\$0	\$2,100
Materials & Supplies	\$0	\$33,359	\$0	\$43,472
Internal Services	\$0	\$695,969	\$0	\$721,363
Total GF/non-GF:	<b>\$0</b>	<b>\$1,808,689</b>	<b>\$0</b>	<b>\$1,842,741</b>
Program Total:	<b>\$1,808,689</b>		<b>\$1,842,741</b>	
Program FTE	0.00	14.75	0.00	14.75
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80018, Facilities & Material Movement

No significant changes to the program. Organizationally, this program is moving from the former Systemwide Access Services division (now System Access & Information Services) to the Department Administration division.

**Lead Agency:** Library  
**Program Offer Type:** Support  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Cindy Gibbon

**Executive Summary**

System Access Services facilitates the public's use of library physical and electronic collections and services and supports staff delivering library services directly to the public. Staff in this program develop and implement policies and procedures; coordinate IT support for all library operations; manage the integrated library computer system (ILS) and the ILS discovery layer; assist front line staff and managers with process improvement; develop and deliver systemwide training on electronic resources and research tools, circulation procedures and customer service; steward the library's collections; and manage special projects.

**Program Description**

This program develops library policies and procedures that ensure equitable and safe access to library services; works with IT management to ensure adequate IT support for library services; manages the ILS and its discovery layer for patrons and staff; trains and coaches staff and monitors uniform implementation of policies and procedures systemwide; handles escalated customer service issues; oversees the collection of overdue library materials; protects patron privacy; ensures the library's compliance with applicable federal, state and local law; and manages special projects. The program ensures that Multnomah County Library users have equitable access to library services; that the public's investment in the library's collection is protected; and that processes are efficient and effective to meet the public's demand for library resources at best value for the taxpayer's dollar. Policies and procedures are designed to balance the public values of access and stewardship.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total new cards/welcome notices issued annually	69,198	71,000	60,000	60,000
Outcome	Average \$ value of customer accounts sent to collection agency	127	124	130	133
Efficiency	Cost per item checked out/renewed (See below)	0	0	0	0
Output	% of checkouts done by self check out	79.5%	79.0%	78.8%	79.0%

**Performance Measure - Description**

Output: Total of welcome/address verification postcards issued to new library registrants to verify addresses and to inform parents of the library's Internet access policy for children and teens.

Outcome: Average \$ value of customer accounts sent to collection agency annually (total dollar value of accounts/total number of accounts). Trending slightly upward, perhaps due to recession.

Efficiency: Cost per item checked out (total annual expenditures/total circulation). FY11-12 actual = \$2.48; FY12-13 purchased = \$2.35; FY12-13 estimate = 2.42; FY13-14 offer = \$2.42. Among the nation's busiest libraries, Multnomah County Library has one of the lowest costs per item checked out.

Output: This measure relates to RFID checkout station implementation completed systemwide at the end of FY11. Increased use of patron self check out should lead to decreased repetitive stress injuries and worker's compensation claims related to materials handling.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$948,226	\$0	\$1,015,006
Contracts	\$0	\$223,170	\$0	\$147,084
Materials & Supplies	\$0	\$235,937	\$0	\$170,109
Internal Services	\$0	\$34,697	\$0	\$52,967
Total GF/non-GF:	<b>\$0</b>	<b>\$1,442,030</b>	<b>\$0</b>	<b>\$1,385,166</b>
Program Total:	<b>\$1,442,030</b>		<b>\$1,385,166</b>	
Program FTE	0.00	9.00	0.00	9.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

This program will receive \$300,000 from the Oregon State Library for the statewide online reference service, Answerland. This money will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

## Significant Program Changes

**Last year this program was:** #80019, Customer Support & Account Management  
No significant changes.

**Lead Agency:** Library

**Program Contact:** Cindy Gibbon

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

System Information Services provides coordination, training, support, information and resources to Multnomah County Library's Information Services librarians and library assistants so they can quickly and accurately connect Multnomah County residents with the resources, experiences and information they seek. Information Services staff are expected to be knowledgeable, compassionate, respectful and committed to improving the quality of life for the community and available to assist in person, by phone, by e-mail, or online. Staff also connect with patrons virtually through Facebook, Twitter, My MCL and library blogs.

**Program Description**

System Information Services is responsible for the training and support of Information Services staff through classes, virtual micro-trainings and professional development forums. Staff in this section coordinate with Learning Systems, Human Resources, IT and other work groups to ensure that Information Services staff throughout the system are up to date with the latest technology trends and tools, have print and electronic resources that help them serve patrons, and are trained to use those resources.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of reference questions answered	869,855	840,000	750,000	750,000
Outcome	% of training participants who said they gained skills that will help them perform their jobs better	83.6%	0.0%	85.0%	87.0%

**Performance Measure - Description**

 **Measure Changed**

**Output:** Because of the reduction in library hours due to budget constraints, the number of reference questions answered is expected to decrease in FY12-13.

**Outcome:** This is a new measure looking at staff evaluations of classes offered by System Information Services.

## Legal/Contractual Obligation

The FY 2014 budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would do the following: Restore and retain library services such as summer reading, books, student and jobseeker support, and outreach to senior citizens; Prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$217,993	\$0	\$228,223
Contracts	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$0	\$31,643	\$0	\$14,065
Internal Services	\$0	\$6,928	\$0	\$8,148
Total GF/non-GF:	<b>\$0</b>	<b>\$257,564</b>	<b>\$0</b>	<b>\$251,436</b>
Program Total:	<b>\$257,564</b>		<b>\$251,436</b>	
Program FTE	0.00	2.00	0.00	2.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the newly formed Library District (98.7%) and resources from the County's Library Fund (1.3%). It represents a pro-rated share of property taxes (93%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (7%).

## Significant Program Changes

**Last year this program was:** #80020, Reference Services Coordination

No significant changes to this program. Organizationally, this program is moving from the former Reference, Adult Services, & Programming division (now Programming & Community Outreach) to System Access & Information Services (formerly Systemwide Access Services).

## Department Overview

The Nondepartmental budget accounts for those programs and countywide functions that do not belong to particular departments. Programs include the Board of County Commissioners and its Chair; the Auditor's Office; the County Attorney's Office; the Communications Office; the offices of Emergency Management, Sustainability, and Diversity and Equity; independent County organizations such as the Commission on Children, Families, and Community; non-County agencies such as the Regional Arts and Culture Council and the Oregon Historical Society; and entities that account for corporate debt service. Fund-level transactions are also budgeted here.

The Board of County Commissioners provides corporate leadership, policy direction, and strategic direction for Multnomah County. The elected Auditor and his staff promote efficient, effective, accountable government. The County Attorney's Office provides legal guidance, advice, and other services. The Communications Office provides information and access to County government for the news media and the public. The County's Office of Emergency Management coordinates countywide emergency disaster preparedness, response, and mitigation activities. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and its citizens. The Citizen Involvement Committee involves citizens in County policy and decision-making processes. The Local Public Safety Coordinating Council coordinates public safety plans, policies, operations, and strategies of local government agencies in Multnomah County; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

### Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The FY 2014 budget is \$106.1 million and 100.24 FTE. The year over year increase is due to increased debt service and an increase of nearly \$3.6 million of pass thru funding for the Transient Lodging Tax for the Convention Center Fund (10025).

The budget for FY 2014 contains the following changes:

- \$258,000 in additional funding for the Office of Emergency Management, to support operations of the Emergency Coordination Center, continuity of operations planning ,and emergency preparedness in East Multnomah County.
- \$106,100 in one-time General funds for emergency preparedness planning for vulnerable populations.
- \$407,000 in additional funding for the Office of Diversity & Equity, to support Countywide employee resource groups, development and use of the Equity Lens, and to staff and operate the Multnomah Youth Commission.
- \$40,000 in additional one-time Video Lottery funds for the Office of Sustainability, for the Beginning Urban Farmer Program and \$20,000 of one-time General funds to support the County’s Food Summit.
- \$50,000 of one-time General funds to support Zenger Farms Grange capital campaign in SE Portland.
- \$70,000 in additional, one-time Video Lottery funds for the Office of Economic Development, to support microloans to small County businesses.
- \$5,000 in ongoing new funding to support the State Watermaster’s Multnomah County office.
- \$245,000 in one-time Video Lottery funding for the SummerWorks internship program.
- Mid FY 2012 the Commission on Children, Families and Community (CCFC) was moved to the Department of County Human Services.

Budget Trends*	FY 2012	FY 2013	FY 2013	FY 2014	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	98.59	99.66	99.66	100.24	0.58
Personnel Services	\$11,046,660	\$11,304,136	\$11,840,737	\$12,459,883	\$619,146
Contractual Services	33,332,249	34,083,704	34,779,290	38,049,424	3,270,134
Materials & Supplies	7,441,980	8,679,428	8,801,922	8,671,140	(130,782)
Debt Service	39,077,581	43,535,055	43,535,055	46,950,082	3,415,027
Capital Outlay	<u>12,085</u>	<u>16,558</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$90,910,555</b>	<b>\$97,618,881</b>	<b>\$98,957,004</b>	<b>\$106,130,529</b>	<b>\$7,173,525</b>

\*Does not include cash transfers, contingencies or unappropriated balances. Program Offers DO contain cash transfers, contingencies, and unappropriated balances.



## Successes and Challenges

A selection of successes from Nondepartmental agencies includes:

- Multnomah County is one of the greenest and most efficient local governments in the nation. The Office of Sustainability has led this effort providing critical direction, policy analysis, project management, and accountability ensuring the County saves resources and money.
- The Citizen Involvement Committee provides direct citizen voice into program development and direction and conveys citizen input to officials and departments through reports, recommendations and meetings. This maximizes the value of citizen input, giving citizens a greater sense of ownership in the County decision-making process.
- The County Attorney's Office demonstrates continued success in resolving cases through zealous advocacy, motions practice, and at trial.
- The Chair's Office has led efforts to streamline and modernize County operations; overseen energy efficiency increases that save the County \$1.3 million per year; leveraged partnerships to meet pressing community needs like a new Sellwood Bridge; and continued to champion services for the most vulnerable in the face of State and Federal funding cuts.
- Reports by the Auditor's Office in 2013 include the Financial Condition Report; a Payroll Audit to improve timekeeping accuracy; a Mobile Device analysis which resulted in new business processes for tracking and recording cell phone use; and an audit of the SUN Service System.
- The Regional Arts and Culture Council combined support from the County with City of Portland funds, Work for Art proceeds, and other sources to fund more than \$2.4 million in grants to 121 Multnomah County artists and 131 Multnomah County nonprofit organizations.

## Diversity and Equity

Nondepartmental is the “home” of the County’s Office of Diversity and Equity (ODE), a hub for countywide diversity and equity initiatives. The office provides data analysis, training and consulting; policy, practice, and procedures review; coordination of diversity and equity initiatives; equal employment opportunity (EEO) and affirmative action compliance; recruitment outreach audits; and coordination and oversight for the County’s Employee Network Groups.

In FY 2014 ODE continues a culture change strategy and the Dignity and Respect pledge campaign is the centerpiece of this work. Outcomes and activities from that effort will include:

- Team building: establishing a countywide Diversity Committee to communicate and coordinate existing work across the county; and continued development of the Equity Council; an interdepartmental team that meets monthly to review policy and practices and make recommendations for change.
- Implementation: Creating a robust informal complaint mechanism including the existing hotline and tracking system. A variety of educational interactive efforts including book groups, Facebook and Twitter campaigns, educational videos and focus questions for countywide discussion. Enhanced communication and best practice sharing strategies will include ODE Website toolkits, social media, video messaging and desktop training.

The Office of Diversity and Equity in partnership with the Multnomah County’s Chair’s Office launched the Equity and Empowerment Lens which has a Racial Justice focus to address inequities in County services, policies, practices and procedures. The Equity and Equality Lens is a set of reflective actions, materials and tools designed to provide information for discussion, planning and decision making leading to more equitable policies and programs. The Office works with all county employees to begin integrating the Lens questions and educational information into their daily work. Read more about this initiative in program 10017B ODE Equity Lens Program.

# Nondepartmental

fy2014 adopted budget

## Nondepartmental

The following table shows the programs that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,416,800	\$0	\$1,416,800	9.00
10001	BCC District 1	540,456	0	540,456	3.80
10002A	BCC District 2	540,456	0	540,456	4.00
10003	BCC District 3	540,456	0	540,456	3.60
10004	BCC District 4	540,456	0	540,456	4.00
10005	Auditor's Office	1,393,026	0	1,393,026	8.78
10006	Tax Supervising & Conservation Commission	304,688	0	304,688	2.40
10007	Communications Office	840,996	0	840,996	6.46
10008	County Attorney's Office	0	4,092,735	4,092,735	23.00
10009	Local Public Safety Coordinating Council	531,315	557,475	1,088,790	3.20
10010	Citizen Involvement Committee	229,981	0	229,981	2.00
10011	Office of the Board Clerk	888,139	0	888,139	2.00
10012A	Office of Emergency Management	890,079	1,073,050	1,963,129	5.00
10012B	Office of Emergency Management -Scale	55,061	55,062	110,123	1.00
10013	Office of Emergency Management-UASI Regional Preparedness	0	525,972	525,972	2.00
10014	Office of Emergency Management - COOP Specialist	55,489	55,489	110,978	1.00
10015	Office of Emergency Management - Vulnerable Population Specialist	106,122	0	106,122	1.00
10016	Government Relations Office	718,237	0	718,237	4.00
10017A	Office of Diversity & Equity	663,800	0	663,800	5.00
10017B	ODE Program Support	112,188	0	112,188	1.00
10017C	ODE Equity Lens Program	140,305	0	140,305	1.00
10017D	ODE Multnomah Youth Commission Support	154,481	0	154,481	1.00
10018A	Office of Sustainability	614,336	25,000	639,336	5.00
10018B	Office of Sustainability - Beginning Urban Farmer Program	50,000	60,000	110,000	0.00
10019A	Office of Economic Development	0	221,610	221,610	1.00
10019B	Office of Economic Development - Microloan Program	0	70,000	70,000	0.00

# Nondepartmental

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
10020	Regional Arts & Culture Council	163,733	0	163,733	0.00
10021	State Mandated Expenses	5,257,290	392,088	5,649,378	0.00
10022	Pass-Through Payments to East County Cities	5,937,323	0	5,937,323	0.00
10023	OHS Local Option Levy	0	1,744,253	1,744,253	0.00
10024	County School Fund	0	20,000	20,000	0.00
10025	Convention Center Fund	0	27,329,500	27,329,500	0.00
10026	Capital Debt Retirement Fund	0	22,460,047	22,460,047	0.00
10027	GO Bond Sinking Fund	0	14,701,075	14,701,075	0.00
10028	PERS Pension Bond Sinking Fund	0	78,170,000	78,170,000	0.00
10029	SummerWorks Internship Program	0	245,000	245,000	0.00
<b>Total Nondepartmental</b>		<b>\$22,685,213</b>	<b>\$151,798,356</b>	<b>\$174,483,569</b>	<b>100.24</b>

\*Does include cash transfers, contingencies or unappropriated balances.

## Fund Level Programs

The following program offers account for General Fund revenues, the beginning balance in the Behavioral Health Care Fund, and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
25101	Mental Health Beginning Working Capital	0	14,017,238	14,017,238	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95000	Fund Level Transactions	54,950,486	52,736,740	107,687,226	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	383,346,102	0	383,346,102	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>				

**Lead Agency:** Chair  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Jeff Cogen

**Executive Summary**

The Chair is the Chief Executive Officer of Multnomah County. The Chair works closely with the Board of County Commissioners to set the policy direction of Multnomah County and implements that direction as mandated by the Home Rule Charter. All Departments and non-departmental offices report to the Chair, including the Office of Diversity and Equity, Office of sustainability, Communications Office, Board Clerk's Office and Government Affairs.

**Program Description**

The Chair oversees a \$1.5 billion budget and more than 4,400 Full Time Employees. Chair Cogen and his staff are focused on improving the health and welfare of Multnomah County residents by leading innovative, creative, cost-effective and practical solutions to community issues. The Chair develops the Executive Budget; appoints department directors; has authority over litigation, contracts and financial instruments and manages the Board agenda. The Chair is also the Chief Personnel Officer for the County.

Chair Cogen believes that good government reflects the values and priorities of the community. As Multnomah County residents have struggled and prioritized their spending, so too has the County. The Chair has led efforts to streamline and modernize county operations; improve management span of control; leveraged partnerships to meeting pressing community needs like the Gateway Center for Domestic Violence and Crisis Assessment and Treatment Center; and continued to champion services for the most vulnerable at the federal, state and local level.

In FY 14, the Chair will work with the City of Portland and other local jurisdictions to ensure the coordinated care of our community's well-being; implement a Mental Health First Aid Training program for front-line county staff and first responders; fight for increased state and federal funding for Mental Health services; and work with the State Legislature to return local control to counties on issues of tobacco and gun control.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Community input sessions prior to development of Executive Budget	0	4	5	5
Outcome	Constituents inform the Chair's budget decisions	0	0	0	0
Outcome	Proposal and approval of FY 14 Budget	1	1	1	1

**Performance Measure - Description**

In FY 14 the Chair's office will continue to seek opportunities to improve the county's business practices and build a culture of excellence and innovation. By expanding opportunities for constituents to interact directly with the Chair and his staff, the Chair can better align county programs with community need.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,040,150	\$0	\$1,076,013	\$0
Contracts	\$20,000	\$0	\$38,829	\$0
Materials & Supplies	\$31,892	\$0	\$52,789	\$0
Internal Services	\$261,847	\$0	\$249,169	\$0
Total GF/non-GF:	<b>\$1,353,889</b>	<b>\$0</b>	<b>\$1,416,800</b>	<b>\$0</b>
Program Total:	<b>\$1,353,889</b>		<b>\$1,416,800</b>	
Program FTE	9.00	0.00	9.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The Chair's Office is funded by the County General Fund. This budget includes a 1% constraint.

## Significant Program Changes

**Last year this program was:** #10000, Chair's Office

This offer includes 1.0 FTE that was re-classified from a Senior Policy Adviser to a Public Advocate to provide a single point of contact for constituent concerns and engage in a more robust outreach effort to people in the communities where they live. Salary savings from the reclassification of this position were used to meet constraint.

**Lead Agency:** District 1  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Deborah Kafoury

**Executive Summary**

Commissioner Deborah Kafoury is one of five elected officials comprising the governing body of Multnomah County. This is Commissioner Kafoury's fifth year serving on the Board of County Commissioners, where she represents the residents of District One.

Commissioner Kafoury is committed to serving her constituents to the best of her ability; addressing policy issues that impact all people in the County, especially those who are unable to advocate for themselves; and, passing a balanced budget that uses the County's resources wisely and effectively to improve the life of County residents. Please visit [www.multco.us/ds1](http://www.multco.us/ds1) to learn more about Commissioner Kafoury's office and priorities.

**Program Description**

Commissioner Kafoury is the main point of contact for residents in District 1 who have questions and concerns about county services or policies. In addition to being responsive to the residents of her district, Commissioner Kafoury is an advocate for issues of concern to the entire county including preventing and ending homelessness, the health and well-being of Multnomah County's children and families, land use and transportation, and ensuring Multnomah County services are available for our most vulnerable residents.

In FY 13, Commissioner Kafoury led the effort to replace the Sellwood Bridge, including the successful translation of the existing span to the temporary detour bridge; secured contingency funding to rapidly-rehouse homeless families on the family shelter wait list; championed a gun violence prevention ordinance for Multnomah County residents and a gun turn in day; led an effort to refocus the community's plan to end homelessness; advanced county efforts to address bed bugs; and spearheaded the planning effort to replace the Downtown Courthouse. Commissioner Kafoury serves as the Board's representative on the Portland Children's Levy Allocation Committee, the Multnomah County Audit Committee, and as the Co-Chair of the Domestic Violence Fatality Review Committee.

In FY 13-14, Commissioner Kafoury will:

1. Keep the Sellwood Bridge replacement project on time and on budget and ensure that workforce goals of 20% DMWESB are met.
2. Establish a plan to renovate or rebuild the Downtown Courthouse.
3. Implement the community's plan to end homelessness, specifically creating a governance committee and aligning budgets with the City of Portland, Home Forward and private funders to better address homelessness in Multnomah County.
4. Actively engage with the SUN School system RFP process to ensure the best possible outcomes for the County's investment.
5. Work with the Legislative team to advance state and federal agendas, including passing legislation to prevent gun violence.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Establish feasible plan for the Downtown Courthouse.	0.0%	0.0%	0.0%	40.0%
Outcome	Sellwood Bridge Replacement Project.	0.0%	0.0%	0.0%	40.0%
Output	Create Governance Committee to oversee Homeless Plan.	0.0%	0.0%	0.0%	100.0%
Output	Send out a monthly e-newsletter.	0	12	12	12

**Performance Measure - Description**

By the end of FY 13-14, the Courthouse plan will be 40% complete. A decision will be made between build new/replace; work will have started to advance that objective (site selection or forensic analysis required to renovate); a Business Case Analysis to determine the possibility of a Public/Private Partnership will be complete; start-up funding will be secured. Construction on the Sellwood Bridge will be 40% complete (slated to open summer 2015). A governance committee will be created to oversee implementation of A Home For Everyone: A United Community Plan to End Homelessness in Portland/Multnomah County. Our monthly e-newsletter will share information about policies and priorities with those who receive it for residential and commercial purposes.

## Legal/Contractual Obligation

The Board of County Commissioners are mandated by the Multnomah County Home Rule Charter. Chapter III, 3.10 (3).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$418,843	\$0	\$443,466	\$0
Contracts	\$7,000	\$0	\$0	\$0
Materials & Supplies	\$19,704	\$0	\$27,399	\$0
Internal Services	\$70,272	\$0	\$69,591	\$0
Total GF/non-GF:	<b>\$515,819</b>	<b>\$0</b>	<b>\$540,456</b>	<b>\$0</b>
Program Total:	<b>\$515,819</b>		<b>\$540,456</b>	
Program FTE	3.80	0.00	3.80	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

General Fund Program.

## Significant Program Changes

Last year this program was: #10001, BCC District 1



**Lead Agency:** District 2  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Loretta Smith

**Executive Summary**

Commissioner Loretta Smith is the District 2 representative to the Board of County Commissioners. She sits as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and budget support the work of County Department's in the delivery of services to County residents, businesses, Regional Government Partners, key stakeholders in the academic community, the faith community and the system of community-based non-profits. Commissioner Smith works to ensure that County services are oriented to protect the most vulnerable community members accessing public health, mental health and homelessness programs; promoting public safety through policing services, County jails, Adult and Juvenile Probation and Parole services, broad community justice initiatives and services for families and high-risk youth. Providing cost-effective services in the County's infrastructure of roads, bridges, animal services and Library services, and managed through the lens of equity, transparency, and sustainability ensures a continuing connection to Multnomah County values, its mission, goals, objectives and outcomes.

**Program Description**

Community engagement, transparent and open governments are core values in the duties performed through District 2's Commissioner. Commissioner Smith continues to utilize a multi-modal approach that encompasses, group and individual meetings with constituents, tours of facilities, speaking engagements, resolution and proclamation development, newsletter, website, social media connections and telephonic communication. Program and community highlights for Fiscal Year 2012-2013 include the following activity: 1) Budget development for the Summer Youth Connect program (\$100,000 in County General Fund dollars and \$395,000 in partnership resources with the City of Portland and Worksystems, Inc.); 2) Multnomah County Interfaith Peace & Non-Violence Summit, Anti-Bullying Summit, State of Equity Discussion, 3) Sponsorship of Infant Mortality Awareness Month, Multnomah County, National Coming Out Day, National Cyber Security Awareness Month and Declaring World AIDS Day on December 1, 2012 in Multnomah County.

Priorities for FY 2013-2014 will include: maintaining Multnomah County's commitment to summer youth employment through Summer Youth Connect; engaging in key Regional Policy activity through Metro's MPAC group and SW Corridor Steering Committee;

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Respond to constituent inquiries, emails and information requests	100	100	100	200
Outcome	Updated website, mapping function and expanded social media outreach	0	0	0	52
Output	Convene METRO MPAC Regional Advisory Planning Sub-committee	0	0	12	24
Outcome	Community satisfaction survey informs constituent engagement activity	0.0%	0.0%	0.0%	70.0%

**Performance Measure - Description**

In Fiscal Year 2013-14 Commissioner Smith expands methods to connect with constituent populations and stakeholders via electronic newsletters, website improvements and mapping activities. The Commissioner's office will continue involvement in regional planning and advisory committee activity in support of Multnomah County planning efforts that seek to improve the transportation, quality of life and economic fortunes of County residents and local businesses.

## Legal/Contractual Obligation

The Multnomah County Board of Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$425,641	\$0	\$428,060	\$0
Contracts	\$6,121	\$0	\$10,170	\$0
Materials & Supplies	\$14,150	\$0	\$29,564	\$0
Internal Services	\$69,907	\$0	\$72,662	\$0
Total GF/non-GF:	<b>\$515,819</b>	<b>\$0</b>	<b>\$540,456</b>	<b>\$0</b>
Program Total:	<b>\$515,819</b>		<b>\$540,456</b>	
Program FTE	4.00	0.00	4.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The District 2 office is funded through County General Fund

## Significant Program Changes

**Last year this program was:** #10002, BCC District 2

Commissioner Smith values community-wide engagement opportunities. In Fiscal Year 2012-2013, Commissioner Smith continued her work with neighborhood offices, business associations, community-based organizations and community advocacy groups. As such, in order to gauge constituent satisfaction with services provided through this office, the office will develop a mechanism to survey community residents and stakeholders in the fiscal year. Primarily the survey will focus on those that engage in activity with the office through telephonic inquiry, email and written communication. It is an important tool that can be utilized to inform this office of District 2 issues and concerns, and how the community views the responsiveness of their elected official.

**Lead Agency:** District 3  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Judy Shiprack

**Executive Summary**

Multnomah County Commissioner Judy Shiprack is one of five elected officials composing the governing body of Multnomah County. Commissioner Shiprack represents District 3, the central portion of Multnomah County including most of SE Portland.

Commissioner Shiprack focuses on policy impacting her constituents while embracing the Board's mission, vision and values of social justice, health, public safety, integrity, stewardship, innovation and sustainability. She works with the community in creating a county budget that is equitable, transparent and responsible.

**Program Description**

Commissioner Shiprack will continue to provide leadership and engage the community in order to create the best county services for the community, especially for the vulnerable. Finding efficiencies, cost saving measures, and supporting evidence-based programs and services are a high priority.

Policy priorities include early education, public safety, elders, food security and finding solutions to the county's aging infrastructure. She is working with state leaders to advocate creating an early learning system to ensure school readiness. She promotes elders issues by serving as liaison to Elders in Action, supporting programs and other collaborative efforts. Commissioner Shiprack continues to be dedicated to an efficient public safety system by serving as Co-Chair to the Local Public Safety Coordinating Council (LPSCC). She is working with her colleagues on the Board, other stakeholders and the community to find a solution to the unsafe and obsolete Downtown Courthouse. Commissioner Shiprack recognizes the important role of a thriving local food economy in meeting the health and economic needs of our community. She will continue her leadership in furthering the accomplishments of the Multnomah Food Initiative.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Institutional Food Buyers Alliance	0	1	1	1
Outcome	Downtown Courthouse	5.0%	15.0%	20.0%	40.0%
Output	Local Public Safety Coordinating Council's What Works Conference	1	1	1	1
Input	Community Meetings	120	90	135	100

**Performance Measure - Description**

-Commissioner Shiprack convenes an institutional food buyers alliance in Multnomah County to align and steer the collective buying power of regional institutions towards sustainable, locally grown food.

-A safe and efficient courthouse is vital for delivering justice in Multnomah County. Commissioner Shiprack will continue to develop a plan to address the ageing Downtown Courthouse.

-On January 11, 2013 Oregon's Chief Justice, the Governor and state and local leaders gathered for the What Works conference to discuss the Governor's Public Safety Commission's recommendations to identify fiscally responsible and sustainable evidence-based policies and practices controlling corrections growth.

-Constituent meetings and the policies resulting from them indicate Commissioner Shiprack's dedication to community building in her district, participating in several civic processes focused on family, youth and community development including the East Portland Action Plan, SE-area chambers of commerce and neighborhood and business associations.

## Legal/Contractual Obligation

The Board of County Commissioners offices are mandated by the Multnomah County Home Rule Charter. Chapter III,3.10(3).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$422,716	\$0	\$442,685	\$0
Materials & Supplies	\$23,787	\$0	\$27,270	\$0
Internal Services	\$69,316	\$0	\$70,501	\$0
Total GF/non-GF:	<b>\$515,819</b>	<b>\$0</b>	<b>\$540,456</b>	<b>\$0</b>
Program Total:	<b>\$515,819</b>		<b>\$540,456</b>	
Program FTE	3.60	0.00	3.60	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

General Fund Program

## Significant Program Changes

Last year this program was: #10003, BCC District 3

**Lead Agency:** District 4  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Diane McKeel

**Executive Summary**

Commissioner Diane McKeel is one of the five elected members that comprise the governing body for Multnomah County. Commissioner McKeel represents District 4, the eastern area of the County. As a member of the Board of County Commissioners, Commissioner McKeel is responsible for adopting an annual balanced budget, setting policy and effectively representing her district.

Commissioner McKeel and her staff are committed to the ongoing engagement of the community, operating in an open and transparent manner, and responding to the needs of constituents in a timely fashion. To learn more about Commissioner McKeel's office visit the website at [www.multco.us/cc/ds4](http://www.multco.us/cc/ds4).

**Program Description**

During FY12-13, Commissioner Diane McKeel prioritized her work around increasing services for veterans, ending the commercial sexual exploitation of children, advocating for more resources to end child hunger, expanding STEM opportunities for youth, economic and community development in East Multnomah County and securing stable funding for the award winning Multnomah County Library System.

In the coming year, Commissioner McKeel will continue her successful work around veterans', economic development, worksite wellness, combating domestic human trafficking and advocating for services to continue following the need as it moves east. Commissioner McKeel will increase her efforts to identify opportunities for youth to engage in the community, be supported at every age and be ready to take advantage of the careers of the future. She will also continue to champion equity and diversity through the use of the County's Equity and Empowerment Lens and by hosting an interfaith summit.

Commissioner McKeel will continue to represent the County on important issues at the local, state and federal level.

- 1.) Transportation - Chair of the East Multnomah County Transportation Committee and the County representative on the Joint Policy Advisory Committee on Transportation (JPACT)
- 2.) Veterans - Chair of the Multnomah County Veterans Task Force, Chair of the Association of Oregon Counties (AOC) Veterans Services Subcommittee, Member of the National Association of Counties (NACo) Veterans and Military Service Subcommittee
- 3.) Health Care - Member of the NACo Health Steering Committee, Co-Vice Chair of the AOC Health and Human Services Committee

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Respond to constituent calls, letters and emails within 24 hours.	95.0%	95.0%	95.0%	95.0%
Outcome	East Multnomah County STEM Partnership	0.0%	0.0%	50.0%	100.0%
Outcome	Apply County's Equity and Empowerment Lens to office initiatives	0.0%	0.0%	25.0%	50.0%
Outcome	Wednesday Walker Series	0	0	1	1

**Performance Measure - Description**

1. VETERANS - Decrease numbers of homeless veterans by maintaining flexible funds for VASH vouchers, preserve and/or increase mental health services and improve website to help veterans access services and information.
2. CSEC - Preserve services available for victims of trafficking, slow demand through work on awareness, increase penalties for buyers, pimps and traffickers through advocacy at the Oregon State Legislature and support efforts to reduce violence against women.
3. YOUTH - host interns in the office, encourage mentoring, partner with organizations to reduce bullying in schools and increase STEM (Science, Technology, Engineering and Math) opportunities in East Multnomah County.
4. WELLNESS - Continue the summer Wednesday Walkers Series to encourage worksite wellness and support the new Wellness Coordinator in creating lasting organizational change.

## Legal/Contractual Obligation

The Board of County Commissioners offices are mandated by the Multnomah County Home Rule Charter. Chapter III,3.10(3).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$422,166	\$0	\$447,426	\$0
Materials & Supplies	\$21,557	\$0	\$20,515	\$0
Internal Services	\$72,096	\$0	\$72,515	\$0
Total GF/non-GF:	<b>\$515,819</b>	<b>\$0</b>	<b>\$540,456</b>	<b>\$0</b>
Program Total:	<b>\$515,819</b>		<b>\$540,456</b>	
Program FTE	4.00	0.00	4.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Commissioner McKeel's Office is funded by the County General Fund.

## Significant Program Changes

Last year this program was: #10004, BCC District 4

**Lead Agency:** Auditor  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Program Contact:** Steve March

**Executive Summary**

The Auditor's Office promotes efficient, effective, equitable and accountable government. Authorized by the County Charter, the elected Auditor and staff conduct independent, objective performance audits and special studies of county operations. Our audits examine program performance, service outcomes, management processes and general operations. We provide the public and County officials, as well as management, with an assessment of the quality, effectiveness and value of County services and identify opportunities for improvements.

**Program Description**

The most visible products of our work are audit and other reports, but our interactions with management and staff also can result in improvements to County services and delivery. In addition we provide internal and external accountability not only through our audits but in managing the Good Government Hotline for employees and the public. We work with the County's Audit Committee to further ensure financial accountability.

Audits and reports released, or to be released in 2012 and 2013 include: SAP Access & Identity follow-up; Payroll Audit; Good Government Hotline; SUN Service System; Mobile Device Management & Accountability; Contracting with Consultants; Salary Commission report; County Business Income Tax & Vendors. Audits underway currently include: Facilities; Mental Health & Addiction Services; and, County-wide Overtime.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of reports issued	8	8	7	8
Outcome	Recommendation implementation rate - within 5 years	89.0%	90.0%	90.0%	90.0%
Quality	Auditees reporting that the audit will improve organization	90.0%	90.0%	0.0%	0.0%

**Performance Measure - Description**

✔ **Measure Changed**

- 1) Number of Reports Issued; temporary fte reductions affected output.
- 2) Recommendation Implementation rate - has been fairly consistent but considering ways to improve through biennial reporting by significant recommendation.
- 3) We are working to develop a new "Quality" measurement; our prior measurement (Auditees reporting survey) did not appear to provide meaningful information. Figures here are from last survey.

## Legal/Contractual Obligation

County Charter 8.10 states, "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted government auditing standards. The auditor may also conduct studies intended to improve the performance of county efforts."

Government auditing standards outline the requirements for planning, conducting, and reporting of audit work. Auditors are required to complete at least 80 hours of relevant training every two years. In addition we are required to have a peer review every 3 years to ensure compliance with standards; The Multnomah County Auditors Office passed that review in 2011 and will need to complete it again in 2014.

By Charter the Auditor's Office also appoints a Salary Review Commission every two years and performs redistricting every ten years. A Salary Commission will be appointed for 2014.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$1,001,387	\$0	\$1,068,433	\$0
Contracts	\$151,500	\$0	\$150,000	\$0
Materials & Supplies	\$25,870	\$0	\$13,595	\$0
Internal Services	\$154,993	\$0	\$160,998	\$0
Total GF/non-GF:	<b>\$1,333,750</b>	<b>\$0</b>	<b>\$1,393,026</b>	<b>\$0</b>
Program Total:	<b>\$1,333,750</b>		<b>\$1,393,026</b>	
Program FTE	8.65	0.00	8.78	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

Last year this program was: #10005, Auditor's Office



**Lead Agency:** Tax Supervising &

**Program Contact:** Tom Linhares

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Tax Supervising and Conservation Commission (TSCC) reviews the budget and tax levying authority of all taxing districts that have more real market value in Multnomah County than in any other county. Starting in FY 11, districts with a population under 200,000 have the ability to opt out of the Commission's jurisdiction. As of the 2013-14 fiscal year, 13 districts have chosen that option. Perhaps the most important duties of the Commission are to: 1) act as a technical resource to budget staffs for both large and small taxing districts, and 2) publish a comprehensive annual report.

**Program Description**

There are five commissioners, appointed by the Governor to four year terms. Administrative employees, currently 2.4 FTE, are appointed by the Commission.

The Commission serves citizens by providing an extensive review of the budgets of the 27 local governments under its jurisdiction. The reviews are both procedural and substantive in nature. These types of review and the certification process distinguish TSCC from other regulatory bodies which do not receive copies of the budget document. TSCC's review also differs from the comprehensive audit in that our review is conducted prior to the adoption of the budget and can therefore prevent errors from occurring.

The Commission continues to assert influence beyond Multnomah County. Commission staff played a critical role in securing passage of HB 2425 (2011 Session) which updated Oregon's local budget law for the first time since 1963 affecting nearly 1,500 taxing districts. In December 2011 the Commission published a Recent History of Oregon's Property Tax System. This report has been very well received by officials from all 36 counties as well as legislative leaders and private citizens.

The commission conducts hearings on the largest taxing district's budget (population exceeding 200,000) and must certify any objections and/or recommendations for all districts prior to the district adopting the budget each year. The Commission also holds public hearings throughout the year on new local option levy or general obligation bond measure placed before the voters.

The Commission is required by law to publish an annual report of local governments' budgets, indebtedness, property taxes and other financial information. The report is often cited by citizen activists, news media and government officials as the most comprehensive source of budget and property tax information available in the entire state.

TSCC ensures that violations of local budget law are minimized, especially if the error results in a property tax levy that exceeds authority. TSCC works closely with the county assessor's office as a double check that property tax levies are entered and calculated accurately. TSCC's efforts seek to make the financial affairs of local governments at all levels more transparent and accountable to the citizens we serve.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Output; Provide training and technical assistance for districts' budget staff.	13	15	11	15
Outcome	Outcome; Reduce the number of objections and recommendations in TSCC Certification Letters.	15	10	15	10
Output	Output; Conduct public hearings on approved budgets and property tax measures for taxing districts.	12	12	16	15

**Performance Measure - Description**

By reducing errors, taxing districts gain credibility with the citizens that they serve. The ideal result would be to have all taxing districts under TSCC's jurisdiction complete their budget process with no objections or recommendations included in the TSCC certification letter. Public hearings provide TSCC commissioners as well as citizens an opportunity to learn about and ask questions about the financial affairs of taxing districts.

## Legal/Contractual Obligation

TSCC is mandated by ORS 294.605 to 294.705. Counties with a commission are required to establish an account in the general fund for purposes of funding the expenditures of the commission, "as submitted", up to a maximum appropriation of \$280,000 (ORS 294.630). This amount increases by three percent per year starting in 2011-12. For FY 2014 the maximum appropriation is \$305,963 (280,000 x 1.03 x 1.03 x 1.03).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$279,398	\$0	\$290,025	\$0
Contracts	\$2,000	\$0	\$2,000	\$0
Materials & Supplies	\$9,900	\$0	\$8,050	\$0
Internal Services	\$4,706	\$0	\$4,613	\$0
Total GF/non-GF:	<b>\$296,004</b>	<b>\$0</b>	<b>\$304,688</b>	<b>\$0</b>
Program Total:	<b>\$296,004</b>		<b>\$304,688</b>	
Program FTE	2.40	0.00	2.40	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

There are no direct revenues. Expenditures of the Commission are included in the CAFFA Grant, bringing in an average of \$61,725 over the last four fiscal years. With the passage of HB 2074 (Chapter 596, Oregon Laws 2009), the County is reimbursed one-half of the net operating costs of the Commission from the districts under the Commission's jurisdiction. This change resulted in \$94,169 of new revenue for the County in 2009-10, \$97,393 in 2010-11, \$106,089 in 2011-12 and \$105,792 in 2012-13.

## Significant Program Changes

Last year this program was: #10006, Tax Supervising & Conservation Commission

**Lead Agency:** Public Affairs Office

**Program Contact:** Dave Austin

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Communications Office is the central distribution voice to and point of information for taxpayers, the public and the news media, communicating what Multnomah County does and how employees work in the community to provide services. The office – using targeted communications strategies – works directly with the Chair’s Office, the Board, elected officials, and County staff to promote transparency and demonstrate how effectively local government officials use taxpayer dollars to support all residents. Also, the office works with the Chief Operating Officer to handle internal advisory communication for the Chair when it comes to critical information, including – but not limited to – county business, labor practices and negotiations, budget strategies and relevant political issues around labor practices, negotiations and other sensitive topics. Top goals include: providing taxpayers, the public and the media with stories and information about critical county programs; responding to public records requests; responding with urgency and immediacy to the public and media inquiries about the county; strongly carrying and promoting the values of the Board of Commissioners, both internally and externally; advising the Chair, the Board, elected officials, and County staff on the best approaches with taxpayers, the public and the media; creating materials that increase the county’s visibility; committing to and working with the highest standard of transparency for the sake of the public; and developing new ways to reach out to county residents by inviting them to participate in local government.

**Program Description**

This office will aggressively and consistently inform the public of stories and events that provide a high level of understanding of what the county does with taxpayer dollars and how local government makes a difference in people’s lives. The office will employ a wide range of media – television, newspapers, radio and digital media, as well as direct communications to the public, including appearances and community meetings – to reach a diverse audience and proactively increase the visibility of Multnomah County and the services it provides to all residents. The office will be the lead on ensuring the public that Multnomah County government is efficient, transparent and open to dialogue with its residents.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of news stories generated by Communications Office	100	250	150	300
Outcome	Number of multi-media videos/projects produced by office	0	25	15	50
Output	Increase over the prior year in the # of Twitter followers	48.0%	0.0%	30.0%	25.0%

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$627,863	\$0	\$711,543	\$0
Contracts	\$10,000	\$0	\$16,000	\$0
Materials & Supplies	\$10,747	\$0	\$8,550	\$0
Internal Services	\$85,195	\$0	\$104,903	\$0
Total GF/non-GF:	<b>\$733,805</b>	<b>\$0</b>	<b>\$840,996</b>	<b>\$0</b>
Program Total:	<b>\$733,805</b>		<b>\$840,996</b>	
Program FTE	6.00	0.00	6.46	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

**Significant Program Changes**

Last year this program was: #10013, Communications Office

**Lead Agency:** County Attorney

**Program Contact:** Jenny Morf

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The mission of the Office of County Attorney is to provide the highest quality and cost effective legal advice and representation. The Office reviews and advises on the legal aspects of County government operation, defends claims against the County and its employees, and assists with Federal, State, and County legal requirements. The County Attorney collaborates with risk management, provides legal training and strives to provide clients with appropriate advice before legal issues become legal problems.

**Program Description**

The Office of County Attorney prepares and reviews legal documents including contracts, Ordinances, Resolutions, Board Orders, Executive Rules, Administrative Procedures, and others. It provides legal advice and counsel to the Board of County Commissioners, the Chair, the Sheriff, the Auditor, the District Attorney, County Departments, Offices, Advisory Boards, Districts, Commissions and Committees. It prepares formal written opinions deemed necessary by the County Attorney regarding significant interpretations of federal and state laws, the Charter, County Code and other legal requirements. The Office controls and supervises all civil actions and legal proceedings where the County is a party or has a legal interest. The Office represents and defends any legal action, matter or proceeding in any court or tribunal and as requested by the Board.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Attorney Direct Service Hours	16,527	22,000	18,669	19,000
Outcome	Client Satisfaction- helping clients achieve their objectives	88.0%	90.0%	91.0%	91.0%
Efficiency	Percentage of attorney time dedicated to direct client services	88.0%	90.0%	91.0%	90.0%
Input	Number of tort claims received	150	150	138	140

**Performance Measure - Description**

The number of attorney direct service hours represents attorney time dedicated to litigation, legal consultation, legal document preparation and review, and client training. Direct service hours exclude time spent on professional development, administrative, clerical, or office related tasks. Office attorneys dedicate the vast majority of their time providing direct services.

A tort claim is a notice of intent to bring a lawsuit for damages against the County or its employees. A downward trend in the number of tort claim notices could be attributed to a number of factors, including consultation with attorneys on policies and practices to establish best practices and avoid unlawful conduct.

## Legal/Contractual Obligation

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$3,256,698	\$0	\$3,413,100
Contracts	\$0	\$30,000	\$0	\$30,000
Materials & Supplies	\$0	\$119,500	\$0	\$119,500
Internal Services	\$0	\$499,179	\$0	\$530,135
Total GF/non-GF:	<b>\$0</b>	<b>\$3,905,377</b>	<b>\$0</b>	<b>\$4,092,735</b>
Program Total:	<b>\$3,905,377</b>		<b>\$4,092,735</b>	
Program FTE	0.00	23.00	0.00	23.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$3,905,377	\$0	\$4,092,735
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$3,905,377</b>	<b>\$0</b>	<b>\$4,092,735</b>

## Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

## Significant Program Changes

Last year this program was: #10014, County Attorney's Office

**Lead Agency:** Local Public Safety

**Program Contact:** Peter Ozanne

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The central purpose of Multnomah County’s Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations and strategies of local government agencies to improve the local public safety system’s cost-effectiveness and responsiveness to the needs of the community. Since 1995, LPSCC has convened leaders from local governments; public safety, social service and education agencies; private service providers and local communities throughout the County to collaborate on the development of (a) solutions to problems in the intergovernmental operation of the public safety system, (b) coordinated policies to improve that system and (c) evidence-based strategies that address issues important to community safety. The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system. It also oversees the operation of DSS-Justice, the County’s public safety data warehouse and decision support system.

**Program Description**

Senate Bill 1145 (1995) established LPSCCs in each of Oregon’s 36 counties to “coordinate local criminal justice policy among affected criminal justice entities” (ORS 423.560). To carry out this mission, LPSCC’s Executive Committee meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies and strategies. The Executive Committee is co-chaired by Multnomah County District 3 Commissioner Judy Shiprack and City of Portland Mayor Charlie Hales.

LPSCC also directs the work of several subcommittees and smaller workgroups that focus on key issues within the public safety system, such as youth and gang violence prevention, coordination between the public safety and mental health systems, and juvenile justice. These groups typically report to the LPSCC Executive Committee once every few months, depending on how often the group meets.

In its FY 2010 adopted budget, Multnomah County’s Board of Commissioners formally transferred responsibility for the administration of DSS-J to the County’s Local Public Safety Coordinating Council (LPSCC), which agreed to oversee the development of DSS-J and ensure data security through a Policy Committee.

In FY 2014, the Council will fund the following staff: a full-time Executive Director, who directs and coordinates inter-agency public safety policy discussions; a full-time Public Safety System Analyst, who examines cross-agency data and relevant policies to identify improvements to the public safety system; a full-time Executive Assistant, who provides organizational and communications support; and a part-time, temporary assistant, who provides research assistance on special projects.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of LPSCC Executive Committee Meetings	10	10	10	10
Outcome	% of Executive Committee Members satisfied with the results/outcomes of meeting	81	85	85	85

**Performance Measure - Description**

LPSCC facilitates communication and collaboration among public safety and community leaders and oversees development of public safety plans, policies and strategies through monthly meetings of its Executive Committee. Therefore, a major part of LPSCC’s performance is measured by meeting attendance of its members, which reflect the value of these meetings, and members’ satisfaction with the results of these meetings.

## Legal/Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$345,236	\$0	\$394,220
Contracts	\$0	\$124,500	\$0	\$5,000
Materials & Supplies	\$0	\$21,115	\$0	\$17,568
Internal Services	\$516,140	\$175,036	\$531,315	\$140,687
<b>Total GF/non-GF:</b>	<b>\$516,140</b>	<b>\$665,887</b>	<b>\$531,315</b>	<b>\$557,475</b>
<b>Program Total:</b>	<b>\$1,182,027</b>		<b>\$1,088,790</b>	
Program FTE	0.00	2.60	0.00	3.20
<b>Program Revenues</b>				
Intergovernmental	\$0	\$425,171	\$0	\$557,475
Other / Miscellaneous	\$0	\$240,716	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$665,887</b>	<b>\$0</b>	<b>\$557,475</b>

## Explanation of Revenues

LPSCC is funded by the State Department of Corrections through SB 1145. The FY 2014 budget contains approximately \$128,000 one-time carryover funds that accumulated in LPSCC's budget over several years. LPSCC will apply the majority of these one-time funds towards DSS-J operations. LPSCC will also receive \$5,000 to provide research support for a grant administered by the District Attorney's Office.

## Significant Program Changes

**Last year this program was:** #10015, Local Public Safety Coordinating Council  
None.



**Lead Agency:** Citizen Involvement

**Program Contact:** Kathleen Todd

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

A community of involved citizens is fundamental to building trust and accountability in Multnomah County governance. This offer provides the resources for the Citizen Involvement Committee (CIC), through its Office of Citizen Involvement (OCI), to energetically pursue this goal.

### Program Description

The CIC maintains a publicly-accessible office providing a clearinghouse for information about and entry into a bevy of county citizen opportunities. The CIC provides ongoing independent assessment of citizen participation opportunities; identifies and works to remove barriers to participation through live forums, Departmental Reviews, and Diversity Outreach trainings; advocates in partnership with other governmental and non-governmental organizations for citizen involvement in policy and decision-making; coordinates independent Citizen Budget Advisory Committees (CBACs); implements the citizen-driven Dedicated Fund Review; and recognizes the dedication of county's volunteers by hosting the annual Volunteer Awards Ceremony for all county departments. The CIC and OCI provide direct citizen voice into program development and direction early in decision-making processes and convey citizen input to officials and departments through reports, recommendations, meetings. This maximizes the value of citizen input, giving citizens a greater sense of ownership in the process.

This offer supports county accountability strategies in multiple ways by: 1) Fostering and supporting actively engaged communities of citizens working with the county; 2) Enhancing the public's awareness of county operations and providing venues for citizen contribution to program development and direction, including live forums and online surveys; 3) Focusing efforts on seeking out and engaging underrepresented communities, including maintaining a Spanish-language version of the CIC website; 4) Providing citizens a single entry point for involvement information; 5) Regularly updating its websites, database & publications with current volunteer opportunities; and 6) Creating consistent protocol for citizen involvement activities. This offer ensures the resources necessary to: maintain a centralized and current database of volunteers and interested citizens; maintain an up-to-date bilingual website listing volunteer information and opportunities; create consistent expectations and processes for citizen involvement activities; expand training and support of county volunteers and staff; and increase community outreach, especially to underrepresented communities who do not normally participate in county government, through online and real-time opportunities

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	database of volunteers is current and available at all times	100.0%	100.0%	100.0%	100.0%
Outcome	percentage of participants in activities who felt time was well spent	96.0%	95.0%	98.0%	90.0%
Output	substantive response to citizen emails, calls, concerns within 3 working days	100.0%	95.0%	100.0%	95.0%
Output	new citizen involvement opportunities are publicized within 3 working days	95.0%	90.0%	95.0%	90.0%

### Performance Measure - Description

The performance measures for this program offer essential measurements of efforts to notify and educate the public about the county and citizen involvement opportunities. OCI's enhanced use of our webpages, social media accounts, online volunteer database, and live recruitment in the community increases the public's knowledge of and likely participation with county citizen involvement opportunities.

## Legal/Contractual Obligation

Chapter Re: Chapter 3.75 Multnomah County Home Rule Charter; Resolution 8-86, Resolution 95-245, Multnomah County Code 2.30.640; 3.30-3.306 1. The County Charter states that the commission “shall appropriate sufficient funds for the operation of the office and the committee”.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$166,344	\$0	\$177,345	\$0
Materials & Supplies	\$11,888	\$0	\$10,851	\$0
Internal Services	\$40,575	\$0	\$41,785	\$0
Total GF/non-GF:	<b>\$218,807</b>	<b>\$0</b>	<b>\$229,981</b>	<b>\$0</b>
Program Total:	<b>\$218,807</b>		<b>\$229,981</b>	
Program FTE	2.00	0.00	2.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

**Last year this program was:** #10016, Citizen Involvement Committee

The CIC, through the Office of Citizen Involvement, is engaged in pro-active work with county officers, county employees and the larger community to enhance the understanding and acceptance of the value of active citizen participation in county governance. This has been and remains the core mission of CIC. Activities such as live topical forums, online surveys, the Spanish website, Travelling Recruitment Campaign, a sub committee focused on outreach and diversity issues, and the development of additional resources for advisory committee staff have expanded CIC partnerships throughout the county community.

**Lead Agency:** Nondepartmental - All

**Program Contact:** Lynda Grow

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of the Board accounts for all functions and expenditures necessary for efficient operation of the Board of County Commissioners, who work on behalf of citizens individually and as members of the Board. The Office of the Board supports the Board as a body by providing those things necessary for the Board to function effectively and collectively and provide information on items brought before the Board and public.

Board Clerks act to maintain the integrity of all Multnomah County processes and procedures pertaining to the Board of County Commissioners. They uphold the Board of Commissioners' Vision and support its Mission in their work.

**Program Description**

The Office of the Board manages all Board meetings, agendas, records, indices and schedules. They disseminate information pertaining to adopted resolutions, orders, ordinances and proclamations.

Board Clerks serve as parliamentarians at all meetings, take minutes, prepare meeting records and notices and provide internal and external customer service, information and referral. They perform responsible clerical and research work associated with the proceedings of the meetings, the Board's actions and records; provide information on upcoming board items, post public notices, provide information and referral to the public; and, schedule meetings space and equipment.

The Office pays for the County's memberships in advocacy organizations including the National Association of Counties, Association of Oregon Counties and Leader's Round Table.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of Board Meetings Scheduled	90	110	95	104
Outcome	Number of Board Meetings Held	90	100	90	100
Output	Number of Board meeting documents processed and distributed	4,098	4,000	4,394	4,400

**Performance Measure - Description**

Regular board meetings are held on Thursdays throughout the year. The Board meetings in Board Briefings and Executive Sessions on Tuesdays. Public Hearings, Budget Work Sessions and Special Meetings are scheduled as needed. Each of these meetings is individually convened and adjourned.

Board Clerks are responsible for notifying internal and external customers of scheduled meetings and cancellations; processing, posting and distributing all agenda submissions and official documents that result from board action and directives of those documents and ensure ease of access for future internal and external inquiries. Board clerks provide members of the public with agendas, notices of public hearings, and access to public records. They provide custody of the records, books and documents of the Board and protect and preserve the official County records both electronically and on paper for perpetuity.

## Legal/Contractual Obligation

Commissioners affirm to support the Constitutions of the United States, the State of Oregon, the Multnomah County Home Rule Charter, and Multnomah County Laws. The Board adopts and publishes rules for the conduct of Board meetings, they serve as the governing body for Dunthorpe-Riverdale Sanitary and Service District No. 1; Mid-County Street Lighting Service District No. 14; sit as the County Budget Committee; The Hospital Facilities Authority; Public Contract Review Board; Multnomah County Board of Health and Multnomah County Library District Board.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$207,195	\$0	\$223,807	\$0
Contracts	\$5,000	\$0	\$5,000	\$0
Materials & Supplies	\$224,116	\$0	\$241,359	\$0
Internal Services	\$427,023	\$0	\$417,973	\$0
Total GF/non-GF:	<b>\$863,334</b>	<b>\$0</b>	<b>\$888,139</b>	<b>\$0</b>
Program Total:	<b>\$863,334</b>		<b>\$888,139</b>	
Program FTE	2.00	0.00	2.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a general fund program.

## Significant Program Changes

Last year this program was: #10017, Office of the Board

**Lead Agency:** Nondepartmental - All

**Program Contact:** Joe Rizzi

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

**Executive Summary**

Emergency Management coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and some departments as well as coordination with cities, special districts and non-governmental organizations. By developing relationships with community partners, Emergency Management bolsters citizen preparedness community resilience.

In an disaster, Emergency Management functions as the state-mandated conduit for obtaining state and federal resources to support local emergency response for the County, cities and districts, and coordinates emergency and disaster declarations.

After an emergency, Emergency Management coordinates with state and federal agencies that provide financial assistance to families effected by the incident and guides the community recovery process.

**Program Description**

This is the core Multnomah County Office of Emergency Management (MCEM) Program offer and the basis for the Emergency Management UASI Regional offer (10029) and the COOP Specialist Program Offer. Program focus includes: 1) County general and departmental preparedness; 2) Intergovernmental preparedness; and 3) Citizen and community preparedness and resilience. This work is done with strategic and policy guidance from the Operations Council. MCEM also receives input from local jurisdictions, districts and agencies engaged in emergency planning.

MCEM understands that a resilient community can potentially reduce the burden on limited emergency response capacity in a severe emergency. For that reason, MCEM works with businesses, non-governmental organizations, faith based groups, volunteer organizations and directly with community members to encourage disaster resilience and create a coordinated response to disasters.

MCEM contributes to Climate Action Plan Objectives 17-1 to assess climate-related vulnerabilities, strengths and resiliency; and 17-5 to collaborate with Metro and state agencies to update hazard mapping and inventories.

During an emergency, MCEM activates and manages the County Emergency Coordination Center (ECC) which is staffed by employees from various County departments to provide a single location where strategic direction, response coordination and resource support for incident response is carried out.

Overall program activity is informed by the Emergency Management Performance Grant work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, state and federal partners.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Annual exercise performance objectives successfully tested.	100.0%	100.0%	100.0%	100.0%
Outcome	Oregon Emergency Management requirements met for annual performance grant.	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

Output: Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR). Exercises are expected to reveal performance deficiencies and lead to focused improvements. Actual emergency activation may substitute for an exercise and a self-reported AAR is submitted to the State (as in FY09-10 H1N1 activation).

Outcome: There are 5 project areas, each with multiple activities, in the annual FY 11 Emergency Performance Grant (EMPG). This annual measurement covers required activities for a competent emergency management program. EMPG grant performance projects overlap County Fiscal Years.

## Legal/Contractual Obligation

ORS 401 requires Multnomah County to develop and maintain an effective emergency management program and Multnomah County Ordinance 1138 establishes the County's Office of Emergency Management. ORS 401 requires resource requests and emergency/disaster declarations be submitted by the County Emergency Management Director to the Director of Oregon Emergency Management.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$375,351	\$252,382	\$335,707	\$298,006
Contracts	\$20,000	\$703,939	\$21,455	\$703,939
Materials & Supplies	\$61,505	\$79,127	\$61,504	\$71,105
Internal Services	\$300,805	\$0	\$471,413	\$0
<b>Total GF/non-GF:</b>	<b>\$757,661</b>	<b>\$1,035,448</b>	<b>\$890,079</b>	<b>\$1,073,050</b>
<b>Program Total:</b>	<b>\$1,793,109</b>		<b>\$1,963,129</b>	
Program FTE	2.50	2.50	2.50	2.50
Program Revenues				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$1,035,448	\$0	\$1,073,050
Other / Miscellaneous	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$1,035,448</b>	<b>\$0</b>	<b>\$1,073,050</b>

## Explanation of Revenues

In addition to General Fund, MCEM also receives Emergency Management Performance Grant monies which provide a 50% match to eligible program costs paid for by the County general fund up to approximately \$300,000 for FFY 13. MCEM also applies for and receives State Homeland Security Grant Program funds on behalf of the County and to pass through to other jurisdictions with the County. Additionally, MCEM applies for and receives FEMA Flood Hazard Mitigation Plan funding; and Urban Area Security Initiative funds, which are primarily for regional planning staff and related planning costs described in Program Offer 10029

## Significant Program Changes

**Last year this program was:** #10028, Office of Emergency Management

**Lead Agency:** Nondepartmental - All  
**Program Offer Type:** Innovative/New Program  
**Related Programs:**  
**Program Characteristics:** Climate Action Plan

**Program Contact:** Joe Rizzi

**Executive Summary**

This FTE provides assistance in planning, training, response and coordination, as well as community outreach around disasters. Smaller cities within the county do not have emergency management programs but still have the need to coordinate their local first responders (police, fire, public works, volunteers, etc) in times of disasters. This assistance will allow our smaller cities to become more resilient to disasters and help protect our communities with in our County. Planning and training at the local level will further enhance our preparedness to our communities and our citizens outside of the Metro area where resources are limited but risk to hazards are not.

**Program Description**

This scaled offer would provide assistance to our eastern and smaller cities that are currently being serviced by an FTE that Gresham funded with 50% of its funding from a federal grant, Emergency Management Performance Grant (EMPG). The other 50% match to the federal grant comes from local cities. The 50% local match was split up between the local cities receiving services from this position with contributions from (Fairview, Wood Village, Troutdale and Gresham).

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	City Emergency Operations Plans, current and up to date	0	0	0	0
Outcome	Better coordination between Cities and County to become more resilient	0	0	0	0

**Performance Measure - Description**

Coordination of local jurisdiction with the county to prepare for, respond to, mitigate against, and recovery from disasters natural and/or manmade. FTE will ensure that Emergency Operation Plans for the Cities are current and compliant with standards as well as in sync with County plans and procedures, thus building safer and more resilient communities within the County.

## Legal/Contractual Obligation

ORS 401 requires Multnomah County to develop and maintain an effective emergency management program and Multnomah County Ordinance 1138 establishes the County's Office of Emergency Management. ORS 401 requires resource requests and emergency/disaster declarations be submitted by the County Emergency Management Director to the Director of Oregon Emergency Management. Emergency Declarations move from Cities, to County, to State then Federal.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$0	\$50,061	\$50,062
Contracts	\$0	\$0	\$0	\$0
Materials & Supplies	\$0	\$0	\$5,000	\$5,000
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$55,061</b>	<b>\$55,062</b>
Program Total:	<b>\$0</b>		<b>\$110,123</b>	
Program FTE	0.00	0.00	0.50	0.50
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$0	\$55,062
Other / Miscellaneous	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$55,062</b>

## Explanation of Revenues

In addition to General Fund, MCEM also receives Emergency Management Performance Grant monies which provide a 50% match to eligible program costs paid for by the County general fund approximately \$300,000 for FFY 14. MCEM also applies for and receives State Homeland Security Grant Program funds on behalf of the County and to pass through to other jurisdictions with the County. Additionally, MCEM applies for and receives FEMA Flood Hazard Mitigation Plan funding; and Urban Area Security Initiative funds, which are primarily for regional planning staff and related planning costs described in Program Offer 10029

## Significant Program Changes

### Last year this program was:

Funded by EMPG 50% and local Jurisdictions 50% this FTE was managed by the City of Gresham. Do to changes in the funding distribution formula for the Emergency Management Grant; Gresham will not be eligible for this funding in the future.



**Lead Agency:** Nondepartmental - All

**Program Contact:** Joe Rizzi

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This offer is built on the core Emergency Management program offer 10012. Multnomah County maintains active engagement in the Department of Homeland Security Portland Urban Area Security Initiative (UASI) region emergency policy, planning and preparedness efforts. UASI provides funds to jurisdictions and agencies within the region for regional planning staff, supplies, equipment, training and planning.

**Program Description**

The UASI region includes Clackamas, Columbia, Washington, Multnomah and Clark (WA) counties, and the City of Portland as the administrative agency. UASI grant funds are used regionally for a wide range of preparedness and response capacities in areas such as transportation, law enforcement, IT security and citizen preparedness. The County's Emergency Management Director and regional counterparts serve as the steering committee for this grant. This offer reflects MCEM's staffing positions for UASI support to a variety of inter-jurisdictional working groups and Committees.

While these staff are located in the Multnomah County Office of Emergency Management, their work is focused on regional projects with regional benefit.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Project expenditures and reports within administrative requirements.	100.0%	100.0%	100.0%	100.0%
Outcome	Assigned planning processes/products are on time or ahead of schedule.	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

**Output:** UASI Regional Staff are responsible to monitor and report expenditures and project progress through project completion. Reports are submitted at least quarterly.

**Outcome:** Planning projects assigned to staff funded by UASI will change in focus and number over time, based on priorities identified by the UASI Region Points of Contact (POC) Group. This measure is based on planning staff reports to the UASI POC. Planning periods will overlap the budget year.

**Legal/Contractual Obligation**

Intergovernmental Agreement with City of Portland, which administers the UASI grant.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2013	2013	2014	2014
<b>Program Expenses</b>				
Personnel	\$0	\$218,750	\$0	\$218,750
Contracts	\$0	\$307,222	\$0	\$307,222
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$525,972</b>	<b>\$0</b>	<b>\$525,972</b>
<b>Program Total:</b>	<b>\$525,972</b>		<b>\$525,972</b>	
Program FTE	0.00	2.00	0.00	2.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$525,972	\$0	\$525,972
Other / Miscellaneous	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$525,972</b>	<b>\$0</b>	<b>\$525,972</b>

**Explanation of Revenues**

Department of Homeland Security Urban Area Security Initiative (UASI) regional funding to Multnomah County through Intergovernmental Agreements with the City of Portland. These funds are expected to continue for at least into FY 13.

**Significant Program Changes**

Last year this program was:

**Lead Agency:** Nondepartmental - All

**Program Contact:** Joe Rizzi

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Continuity of Operations and Government (COOP/COG) planning is an effort within individual departments to ensure the continued performance of minimum essential functions during a wide range of disruptions. Essentially, it is the capability of maintaining the business of government under all eventualities. This offer also supports COOP orientation and training for the County's contracted human service providers.

**Program Description**

COOP plans guide the County when services are disrupted by a catastrophic event as well as when services are compromised by inclement weather, utility disruptions, water leaks, or severed communication links. This is accomplished through the development of plans, comprehensive procedures, and provisions for alternate facilities, personnel, resources, redundant communications and vital records/databases.

This offer continues COOP planning based on a completed countywide Business Impact Analysis (BIA). The BIA has been completed for all Departments' essential functions in order to measure the impact of disrupted County services on public safety, health and welfare, ability to meet federal/state regulatory requirements, revenue and economic viability, and other criteria. Tier 1-5 priorities and their associated maximum tolerable downtimes have been identified for each department/office involved in the COOP planning process.

The BIA results are critical to development of mitigation strategies, IT Disaster Recovery plans, Facilities and Property Management Strategic Planning and development of a Records Emergency Action Plan (REAP). The COOP program is closely coordinated with DCA/IT Disaster Recovery planning staff during COOP plan development.

This offer supports the input of COOP plans into a web-based planning tool; update of plans across departments; identification of alternate facilities/personnel and essential records/databases; finalization of plan activation and maintenance agreements; and evaluation of the plan in an exercise. This offer also supports ongoing training of COOP Functional Staff and Leadership. Finally, a Continuity of Government Plan (COG) will be developed that captures how the essential functions of both the executive and legislative branches of the County will be sustained under any circumstances.

This offer also supports COOP orientation and training for the County's contracted human services providers using the model developed for County departments.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	COOP/COG Plans for departments and offices updated and loaded into Bold Tool.	0	0	2	2
Outcome	COOP/COG plans updated based on 2012 exercise.	0	0	2	2

**Performance Measure - Description**

Maintain the COOP Working Group to support the organization's COOP capability, including best practices for after-exercise improvement planning.

Complete a draft COG plan for Multnomah County.

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$54,486	\$54,486	\$55,489	\$55,489
Contracts	\$0	\$0	\$0	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
<b>Total GF/non-GF:</b>	<b>\$54,486</b>	<b>\$54,486</b>	<b>\$55,489</b>	<b>\$55,489</b>
<b>Program Total:</b>	<b>\$108,972</b>		<b>\$110,978</b>	
Program FTE	0.00	0.00	0.50	0.50
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$54,486	\$0	\$55,489
Other / Miscellaneous	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$54,486</b>	<b>\$0</b>	<b>\$55,489</b>

**Explanation of Revenues**

This position is eligible for a 50% match from the Emergency Management Performance Grant.

**Significant Program Changes**

Last year this program was: #10037, Continuity of Operations Planning

**Lead Agency:** Nondepartmental - All  
**Program Offer Type:** Innovative/New Program

**Program Contact:** Joe Rizzi

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer will build on a regional vulnerable populations emergency planning framework to integrate the needs of populations with physical, sensory, mental health, cognitive or developmental conditions into the County's disaster planning.

The project funded by this offer will tie vulnerable population needs into the County Emergency Operations Plan, and include building mapped information into Emergency Management's web-based mapping tool used for planning and response coordination.

**Program Description**

A Regional Vulnerable Populations Emergency Annex was developed in 2010 to assist counties in our region in understanding the functional needs of individuals in an emergency. This document provides a framework for integrating vulnerable populations into the County's disaster planning. These individuals can be challenged by rapid onset events, isolating events, power failure or large-scale and prolonged events. Issues such as appropriate alert and notification, transportation, evacuation, shelter requirements, durable medical needs and behavioral health issues in shelter populations will be addressed by this offer.

Using the framework document and subsequent analysis based on RAND Institute and National Council on Disability reports, this offer will fund a project to build vulnerable population needs into the current County Emergency Operations Plan (EOP). The project will work with departments including Department of County Human Services and Health as well as community stakeholders to integrate departmental planning with the EOP.

Additionally the project will work with IT/GIS to facilitate the use of geo-coded information including demographics, service sites, and transportation routes into planning and response tools. Requirements for a vulnerable populations registry that would more readily integrate with alert and notification systems and 911 call/data system will be identified.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Documented planning sessions with stakeholders	12	24	12	24
Outcome	Vulnerable Populations plans reviewed or enhanced	6	6	12	12

**Performance Measure - Description**

**Output:**  
Measure documents processes, data and agreements used to inform written planning annexes.

**Outcome**  
EOP annexes provide guidance to Departments, agencies and emergency coordinators who are activated in a disaster situation.

**Legal/Contractual Obligation**

The Older Americans Act requires emergency/disaster preparedness planning for older adults in Multnomah County.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$42,318	\$0	\$100,122	\$0
Materials & Supplies	\$0	\$0	\$6,000	\$0
<b>Total GF/non-GF:</b>	<b>\$42,318</b>	<b>\$0</b>	<b>\$106,122</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$42,318</b>		<b>\$106,122</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

**Last year this program was:** #10038, Disaster Preparedness for Vulnerable Populations  
 This project was funded as a One-Time-Only request in FY 2013; funding provided for 1 FTE for 6 months.

**Lead Agency:** Nondepartmental - All

**Program Contact:** Nancy Bennett

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Office of Government Relations represents the Board of Commissioners and county departments before the United States Congress, the Oregon Legislature and local governing bodies to advance Multnomah County's annual legislative agenda. This function is vital in protecting and advancing the interests of Multnomah County.

### Program Description

The Office of Government Relations is managed by two Co-Directors of Government Relations. They are responsible for managing the federal and state legislative agenda set by the Board of Commissioners. The Co-Directors serve as state lobbyists for the county, manage budget and compliance issues, manage the county's federal government relations contract, represent the county with coalitions and at stakeholder meetings, lead county government relations meetings, and provide regular updates to the Board of Commissioners. The office also two additional positions -- a Policy Manager who is responsible for tracking state and federal legislation and providing policy analysis on key issues and a Senior Grants Coordinator who is responsible for tracking grants across departments and providing technical assistance on applications.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Develop and pass comprehensive state and federal legislative agenda	0	1	1	1
Outcome	Produce an annual report on state and federal legislative outcomes	0	0	0	1

### Performance Measure - Description

The Office of Government Relations will focus on the following performance measures: 1) produce a comprehensive state and federal legislative agenda that is consistent with the county's budget and policy priorities and produce an annual report on state and federal legislative outcomes; 2) Support state and federal legislation that protects local authority; and 3) Support and pass government transformation initiatives while ensuring local interests are protected.

## Legal/Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$492,718	\$0	\$570,906	\$0
Contracts	\$100,000	\$0	\$100,000	\$0
Materials & Supplies	\$18,635	\$0	\$15,907	\$0
Internal Services	\$28,076	\$0	\$31,424	\$0
Total GF/non-GF:	<b>\$639,429</b>	<b>\$0</b>	<b>\$718,237</b>	<b>\$0</b>
Program Total:	<b>\$639,429</b>		<b>\$718,237</b>	
Program FTE	4.00	0.00	4.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This program is funded by County General Fund.

## Significant Program Changes

**Last year this program was:** #10030, Government Relations Office

The Chair's executive budget provides an increase of \$41,000 to bring a County-wide grants coordination position to full-time status.



**Lead Agency:** Nondepartmental - All

**Program Contact:** Daryl Dixon

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of Diversity and Equity (ODE) is a hub for Multnomah County's diversity equity and inclusion (DEI) efforts and initiatives. ODE's mission is to hold Multnomah County accountable to ensure access, equity and inclusion in our services, policies, practices and procedures. ODE works within the County to improve workforce collaboration, communication and accountability. ODE collaborates with jurisdictions across the region to change the underlying systems that create social injustice and race-based disparities in our communities and to increase the economic success of all county residents.

**Program Description**

A focused needs assessment(including Arthatree Audit, 2012 employee survey, interviews with Equity Council, Employee Resource Group members, Board of County Commissioners, Department Directors and other County leadership) will shape the work of ODE in 2013-2014. Our strategic plan will be based on needs identified, actions we believe will address those needs and the metric we will use to determine whether the action or the initiative is successful. Activities (included in this program offer) will include a Leadership Scorecard; Continued expansion of the Summer Youth Leadership Development Program; Workforce educational efforts including website toolkits, speakers,and films; the annual Equity Inventory; activities to support a cultural shift toward Open Government and transformative innovation; and Several special-focus projects to improve policy, practice and accountability in recruitment,hiring and retention.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# Monitoring Reports	2	1	1	1
Outcome	Minority Employment Vs Labor Market	100.0%	100.0%	100.0%	100.0%
Output	# of County-Wide Policies and Plans	16	20	20	20
Output	County-Wide Diversity and Equity Inventory/Assessment and Strategic Plans	1	1	3	3

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$563,998	\$0	\$586,479	\$0
Contracts	\$0	\$0	\$2,000	\$0
Materials & Supplies	\$22,457	\$0	\$14,585	\$0
Internal Services	\$46,121	\$0	\$60,736	\$0
Total GF/non-GF:	<b>\$632,576</b>	<b>\$0</b>	<b>\$663,800</b>	<b>\$0</b>
Program Total:	<b>\$632,576</b>		<b>\$663,800</b>	
Program FTE	5.20	0.00	5.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This is a General Fund program.

**Significant Program Changes**

Last year this program was: #10033, Office of Diversity & Equity

**Lead Agency:** Nondepartmental - All

**Program Contact:** Daryl Dixon

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of Diversity and Equity (ODE) is a hub for Multnomah County's diversity equity and inclusion (DEI) efforts and initiatives. ODE's mission is to hold Multnomah County accountable to ensure access, equity and inclusion in our services, policies, practices and procedures. ODE works within the County to improve workforce collaboration, communication and accountability. ODE collaborates with jurisdictions across the region to change the underlying systems that create social injustice and race-based disparities in our communities and to increase the economic success of all county residents.

**Program Description**

This offer funds 1 FTE Administrative Specialist; A one time only (\$2,400) investment in data visualization software; The County's contribution to the Public Employee Diversity Conference (15,000); The 7 County Employee Resource Groups; and a one time only investment in certification for the Affirmative Action/EEO Specialist(\$5,000). This offer will allow ODE/Multnomah County to: Continue fiscal and project oversight and support for 7 Employee Resource Groups and to start an 8th for Employees with Disabilities; Continue democratization of data through production of interactive, accessible and actionable data dashboards; Continue the Dignity and Respect Campaign; Pursue Model Employer for Persons with Disabilities activities and improvements; Continue staffing for the Equity Council; Participate in the 20th Annual Public Employee Diversity Conference; Provide AA/EEO Certification training for AA/EEO Specialist. The ODE Administrative Specialist provides scheduling and public relations interface for the Multnomah County Chief Diversity and Equity Officer, supports 10 staff, coordinates multiple recurring meetings, staffs the Equity Council and the ERG Leadership Meeting, manages ODE finance and travel, and oversees and supports 7 Employee Resource Groups.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Public Employee Diversity Conference sponsorship	1	1	1	1
Outcome	Model Employer for People with Disabilities	0	0	0	1
Output	Employee Resource Groups	6	7	7	8
Output	Interactive Data Dashboards: Affirmative Action, Recruitment, Hiring, Probation	0	1	3	15

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$69,188	\$0
Contracts	\$0	\$0	\$15,000	\$0
Materials & Supplies	\$0	\$0	\$28,000	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$112,188</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$112,188</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This is a General Fund Program.

**Significant Program Changes**

Last year this program was:

**Lead Agency:** Nondepartmental - All

**Program Contact:** Daryl Dixon

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of Diversity and Equity (ODE) is a hub for Multnomah County diversity equity and inclusion (DEI) efforts and initiatives. ODE's mission is to hold Multnomah County accountable to ensure access, equity and inclusion in our services, policies, practices and procedures. ODE works within the County to improve workforce collaboration, communication and accountability. ODE collaborates with jurisdictions across the region to change the underlying systems that create social injustice and race-based disparities in our communities and to increase the economic success of all county residents. The Equity and Empowerment Lens is ODE's analysis, critical thinking and quality improvement tool.

**Program Description**

The Equity and Empowerment Lens with a Racial Justice Focus is a groundbreaking tool that is changing equity and social justice work nation-wide. This offer supports 1 FTE Program Specialist Senior and materials and printing costs for ongoing County-Wide training on the Lens. Chair Cogen, in the introduction to the Lens, articulates it's importance and function, "These are adverse and challenging times we live in. But while we are all struggling, we know that for some members of our community these adversities and challenges are disproportionate and glaring. Multnomah County faces enormous inequities that are well-documented. Communities of color, immigrants, and refugees are bearing the weight of disparity in poverty, educational attainment, chronic health conditions and mortality... The Equity and Empowerment Lens, which has a racial justice focus, embodies social responsibility policy, program or practice in regards to the fair and just distribution of resources and representation. We are learning great things as we begin the process of integrating and institutionalizing the Lens county-wide. The inequities in our community are unjust, systemic in nature, and avoidable. ..By holding a laser-like focus to our policies and operations with values like inclusion, social, and racial justice leading the way, we can change the way we do our business to promote more equitable conditions and opportunities for our employees and the entire community."

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Lens Intro Trainings	0	20	20	25
Outcome	Strengthened Organizational Capacity (technical assistance sessions)	0	3	0	5
Outcome	Improved Policy	0	0	0	5
Output	Strengthened Alliances (Intro to Lens Community sessions)	0	0	0	5

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$0	\$119,175	\$0
Contracts	\$0	\$0	\$5,000	\$0
Materials & Supplies	\$0	\$0	\$7,500	\$0
Internal Services	\$0	\$0	\$8,630	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$140,305</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$140,305</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This is a General Fund program.

**Significant Program Changes**

Last year this program was:

**Lead Agency:** Nondepartmental - All

**Program Contact:** Daryl Dixon

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of Diversity and Equity (ODE) is a hub for Multnomah County diversity equity and inclusion (DEI) efforts and initiatives. ODE's mission is to hold Multnomah County accountable to ensure access, equity and inclusion in our services, policies, practices and procedures. ODE works within the County to improve workforce collaboration, communication and accountability. ODE collaborates with jurisdictions across the region to change the underlying systems that create social injustice and race-based disparities in our communities and to increase the economic success of all county residents. The Multnomah Youth Commission, the official youth policy body for Multnomah County is a group of 24 young people, ages 13-21, that strives to provide a voice for youth in the County's work. In addition to its advisory role within local government, the MYC works to improve the community through service projects. The work of MYC is guided by "Our Bill of Rights: Children + Youth," the nation's first Bill of Rights written by and for young people and adopted by a local government.

**Program Description**

This program offer supports the work of the Multnomah Youth Commission (MYC). The Multnomah Youth Commission serves the County in several important ways. The Elected Official Liaison Program: Each elected official at the County has a youth liaison to help inform the policy and program decisions of County elected officials with the views and insights of local youth. Youth commissioners and staff provide training and technical assistance for community organizations, government agencies, and businesses. The MYC advises and make recommendations on policies and programs to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities while obtaining the opportunities, necessary to become healthy, productive adults; and Assists in the coordination of policies and actions creating more youth friendly communities. The Multnomah Youth Commission is working with youth and adults throughout our community to change the way violence is viewed and dealt with. The Youth Against Violence Committee, formed in response to the growing violence directed towards young people in the forms of gang, anti-gay and gender-biased bullying and sexual violence. The Rob Ingram Youth Summit Against Violence, where youth caucus, build community and consider youth-driven policy recommendations is another important way the MYC works to address violence in our communities. The goals of the summit are: Provide resources for youth to deal with violence they have experienced or are currently experiencing in their lives; Inform policy makers about the experiences youth face regarding violence; Provide policy recommendations; Educate youth and adults about "Our Bill of Rights: Children + Youth" and the importance of its implementation into all decision making arenas in the community; Bring diverse youth from across the region together to share ideas and experiences regarding violence and build a youth movement for social change. This program offer includes 1 FTE Program Specialist Senior, \$15,000 for temporary administrative support and \$16,000 for two youth to work 12 hours/week each in program support roles.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# Youth Commission meetings and retreats	22	22	22	22
Outcome	Rob Ingram Youth Summit Against Violence	1	1	0	0
Outcome	Youth provided work experience as temp workers in program support role	2	2	2	2

**Performance Measure - Description**

**Legal/Contractual Obligation**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$0	\$98,020	\$131,264	\$0
Materials & Supplies	\$0	\$12,500	\$11,387	\$0
Internal Services	\$0	\$0	\$11,830	\$0
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$110,520</b>	<b>\$154,481</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$110,520</b>		<b>\$154,481</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$98,018	\$0	\$0
Other / Miscellaneous	\$0	\$12,500	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$110,518</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

**Significant Program Changes**

 **Significantly Changed**

**Last year this program was:** #10007, CCFC Administration

This program was part of both ~~10007-CCFC Administration~~ and 10007-CCFC Community Engagement and Plan Implementation

This program offer is for the Multnomah County portion of the current City-County Multnomah Youth Commission partnership. MYC was moved into the Office of Diversity and Equity in 2013.



**Lead Agency:** Nondepartmental - All

**Program Contact:** John Tydlaska

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of Sustainability seeks to support the safety, wellbeing, and prosperity of both current and future county residents by focusing on foreseeable, long-term trends that threaten Multnomah County's ability to support and empower all residents to strive for their maximum potential.

**Program Description**

As a result of years of addressing important long-term environmental threats such as climate change through efforts dating back to the turn of the century as captured in the 2001 Action Plan for Global Warming, Multnomah County is widely recognized as one of the greenest and most efficient local governments in the nation. The Office of Sustainability seeks to build on this legacy of excellence by institutionalizing a County-wide focus on securing the prosperity of future generations. To that end, the Office of Sustainability supports Multnomah County's continuing ability to provide critical services to residents by (1) creating an organizational culture that promotes and celebrates innovation in addressing trends that undermine the long-term prosperity of all community members, (2) supporting departments in developing and implementing strategies to address these trends through mitigation and adaptation efforts, (3) supporting operational efficiencies to reduce costs, and (4) developing shared metrics that allow for centralized tracking of progress towards mitigating foreseeable trends.

(CAP: 1-2, 1-3, 3-3, 9-1, 10-1, 11-4, 14-1, 14-2, 15-1, 15-2, 15-3, 15-4, 15-5, 15-6, 16-1, 16-2, 16-6, 17-1, 17-2, 17-3, 17-6, 17-7, 18-1, 18-2, 18-4, 18-7, 18-8, 18-9, 18-11 + overall CAP Coordination)

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Dollar value of fresh, healthy produce donated to emergency food organizations.	34,000	35,000	38,000	35,000
Outcome	Greenhouse gas emissions reduction from 2001 levels for County	22.0%	25.0%	25.0%	27.0%
Outcome	Recycling rate for County operations.	46.0%	50.0%	50.0%	53.0%
Output	Graduates of Beginning Urban Farmer Apprenticeship program.	15	15	20	18

**Performance Measure - Description**

Output: Dollar value of fresh, healthy produce that is grown by community volunteers and donated to emergency food organizations from county CROPS farm.

Outcome: The county's adopted climate goal is to reduce greenhouse gas emissions 80% below 1990 levels by 2050. This performance measure tracks the reduction in greenhouse gas emissions from Multnomah County's operations since 2001, when the county adopted its first climate action plan and began tracking data. A 27% reduction translates to over \$1.5M in avoided energy costs.

Outcomes: The County's recycling goal is 75% by the end of 2012.

Outcomes: The BUFA program is a partnership with OSU Extension to develop farmers who can grow food profitably on small plots of land in and around urban areas.

## Legal/Contractual Obligation

Under the ODA Specialty Crop Grant, Multnomah County has agreed to work with institutional food purchasers to identify opportunities for increased purchasing from local food producers.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Personnel	\$477,086	\$2,244	\$516,116	\$0
Contracts	\$28,000	\$30,000	\$15,000	\$15,000
Materials & Supplies	\$5,650	\$0	\$12,800	\$10,000
Internal Services	\$57,991	\$756	\$70,420	\$0
<b>Total GF/non-GF:</b>	<b>\$568,727</b>	<b>\$33,000</b>	<b>\$614,336</b>	<b>\$25,000</b>
<b>Program Total:</b>	<b>\$601,727</b>		<b>\$639,336</b>	
Program FTE	5.00	0.00	5.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$33,000	\$0	\$25,000
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$33,000</b>	<b>\$0</b>	<b>\$25,000</b>

## Explanation of Revenues

\$20,000 of one-time-only General funds for the Food Summit and staff training.

Oregon Department of Agriculture Specialty Crop Grant - \$25,000

This program offer also anticipates approximately \$10,000 of in-kind donations for the County CROPS program for FY14.

In addition to General Fund support, a portion of this program is that receives various grants and donations.

## Significant Program Changes

**Last year this program was:** #10034A, Office of Sustainability  
None.

**Lead Agency:** Nondepartmental - All

**Program Contact:** John Tydlaska

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Beginning Urban Farmer Apprenticeship Program (BUFA) provides training and mentorship to enable individuals to break into the field of sustainable small-scale, urban farming, enabling residents to begin their own farming businesses or enter the farming workforce.

To support the goals of sustainable, small-scale urban farming, this program contains a one-time contribution of \$50,000 toward the Zenger Farm Urban Grange capital construction campaign.

**Program Description**

Small farms have been gradually disappearing from Multnomah County since the 1970's, and the average age of the Oregon farmer is 57 years old. And that average age continues to climb. Because fewer people pursue farming as a career, there are scant opportunities for training and mentorship for farming of any variety, and especially for the specialty skills needed for small-scale urban farming.

Despite the lack of people pursuing farming as a career, demand for food, and especially for food that is grown locally using responsible methods continues to increase.

BUFA is an 8-month, growing season-long, training and mentoring program for aspiring urban farmers to supply them with the knowledge and skills they need to become a new generation of sustainable small-scale, urban farming. Participants receive training via the classroom and on-line as well as significant hands-on, in-the-field apprenticeship work throughout the growing season with experienced farmers.

Zenger Farm is a non-profit farm in outer southeast Portland dedicated to promoting sustainable food systems, environmental stewardship, and local economic development through a working urban farm. The Zenger Farm Urban Grange will be a hub for healthy food and community connection, broadening its availability as an open-air classroom, and allowing the farm to double the number of people it serves as an educational, economic, and environmental resource.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of program graduates	15	15	20	18
Outcome	BUFA graduates who begin farming professionally	0	0	0	3

**Performance Measure - Description**

**Output:** Program graduates have had extensive training and development in growing food profitably on small plots of land in and around urban areas.

**Outcome:** Training and knowledge give people the skills to take up farming, and BUFA also seeks to connect program graduates with the resources to enable them to enter an incubator program or otherwise take steps to begin farming professionally.

**Legal/Contractual Obligation**

None.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$50,000	\$40,000
Materials & Supplies	\$0	\$0	\$0	\$19,568
Internal Services	\$0	\$0	\$0	\$432
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$60,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$110,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$20,000
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,000</b>

**Explanation of Revenues**

This program uses \$40,000 of State Video Lottery funding revenues to help aspiring farmers move through training and pursue actual farming entrepreneurial opportunities.

The adopted budget includes a \$20,000 grant from the East County Soil & Water Conservation District, which will provide for training materials and supplies for the Beginning Urban Farmer Program. This grant is one-time-only for FY 2014.

Additionally, the adopted budget adds \$50,000 of one-time General fund resources toward the Zenger Farm Urban Grange capital construction campaign.

**Significant Program Changes**
 **Significantly Changed**
**Last year this program was:**

Last year this program was a part of the Sustainability program.

**Lead Agency:** Nondepartmental - All

**Program Contact:** John Tydlaska

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Economic Development Program works with the Multnomah County Board of Commissioners to leverage existing county programs and policies to enhance the competitiveness of local businesses, increase the economic success of all county residents, and engage Multnomah County businesses as vital members of the community.

**Program Description**

The Economic Development Program seeks to reduce barriers for residents striving to improve their lives economically and to inspire residents to support all community members pursuing their maximum potential. The program identifies opportunities to increase the stability and quality of the workforce, decrease unemployment and underemployment for all county residents, bring more capital and technical assistance to small businesses, and foster an environment where business and the broader community participate respectfully in constructive dialogue. The program works with businesses, trade associations, labor groups, non-profit organizations, other County divisions, and the state, federal and other local governments to identify and pursue these opportunities.

The program also manages contracts with local micro lending institutions that increase the amount of financial and technical assistance available to small businesses, oversees and reports on Multnomah County's expenditures of State Lottery Funds, manages the County's engagement with a summer internship program for youth working in city and county government, and provides staff support to the Business Advisory Council.

The program is run by the Economic Development Director, who works with the Multnomah County Board of Commissioners, in consultation with the Business Advisory Council, to set and achieve economic development goals.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Multnomah County businesses visited	10	30	20	30
Outcome	Businesses that receive technical or financial assistance	0	10	17	25
Output	Compile annual report on State Lottery Fund expenditures	1	1	1	1
Output	Create Multnomah County Economic Development Strategy	0	1	0	1

**Performance Measure - Description**

Outreach efforts to businesses ensures that the County remains informed of the needs of local businesses and provides opportunities for the County to connect them with resources that may help address those needs. This outreach and assistance is a critical component to deepening a collaborative relationship with the business community. Reporting on the expenditures of State Lottery Funds increases transparency and accountability for the County's economic development efforts, and developing a comprehensive strategy intensifies the focus of the County's efforts and further increases accountability.

**Legal/Contractual Obligation**

None.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$135,104	\$0	\$144,745
Contracts	\$0	\$29,000	\$0	\$30,000
Materials & Supplies	\$0	\$35,158	\$0	\$32,063
Internal Services	\$0	\$14,059	\$0	\$14,802
Total GF/non-GF:	<b>\$0</b>	<b>\$213,321</b>	<b>\$0</b>	<b>\$221,610</b>
Program Total:	<b>\$213,321</b>		<b>\$221,610</b>	
Program FTE	0.00	1.00	0.00	1.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program is funded by State Video Lottery Dollars.

**Significant Program Changes**

Last year this program was: #10035A, Economic Development  
None.

**Lead Agency:** Nondepartmental - All

**Program Contact:** John Tydlaska

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer funds \$70,000 for outreach, financial education, training, and other support services for small businesses in Multnomah County that are eligible to receive financial assistance under Multnomah County's micro lending program.

**Program Description**

Many small businesses and new start-ups in our community lack adequate access to credit. While banks provide loan capital to the most credit worthy borrowers, many small and start-up businesses in our community cannot meet the necessary criteria to access traditional bank financing. In addition, county residents interested in starting or expanding small business ventures often lack specific business skills, necessitating that training & support be paired with the loan.

Micro lending organizations (which compete with credit cards, loans from family and friends, and even with disreputable 'loan sharks') fill this borrowing gap. In addition, the micro lending programs currently active in Multnomah County do not have resources to provide the technical assistance necessary to train and support a very small fraction of their potential clients adequately. Because most of the scarce technical assistance funding that is currently available can only be used after loans are made, there are even fewer resources available to help businesses get into the position where they can apply for and get a loan.

These funds will enable MercyCorps NW and Microenterprise Services of Oregon, the current providers of micro lending services under Multnomah County's micro lending program, increase outreach efforts and provide pre-loan assistance for prospective borrowers at some of the lowest income levels.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of borrowers who apply for Multnomah County micro loans.	0	0	0	30
Outcome	Number of borrowers < 50% MFI who receive loans.	0	0	0	15

**Performance Measure - Description**

The number of applicants who apply enables us to evaluate the effect of the increased outreach efforts. The number of borrowers who are below 50% MFI enables us to evaluate the effect of the increased technical assistance.

**Legal/Contractual Obligation**

None.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$70,000
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$70,000</b>
Program Total:	<b>\$0</b>		<b>\$70,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program is funded with one-time Video Lottery Fund resources.

**Significant Program Changes**

Last year this program was:



**Lead Agency:** Nondepartmental - All

**Program Contact:** Julie Neburka

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Regional Arts & Culture Council (RACC) provides contract services to Multnomah County and its residents. Formerly a county bureau (the Metropolitan Arts Commission), RACC became an independent 501(c)(3) organization in 1995 in order to leverage support from other regional government partners and private donors, ultimately investing much more in arts and culture than the County alone can afford. These investments create vibrant neighborhoods, enhance our children's education, and fuel the creative economy with measurable economic benefits for Multnomah County. This request for \$163,733 reflects inflation of 2.25% followed by a standard county reduction of 1%.

**Program Description**

RACC plays a vital role in the county's economic and community development efforts. Specifically, RACC provides services in five key areas: (1) Through Advocacy, RACC helps build support and resource for arts and culture. (2) RACC Grants provide artists and arts organizations with the base financial support they need to continue serving our community. (3) RACC's nationally acclaimed Public Art program, including the Multnomah County 2% for Art Ordinance, integrates a wide range of art into public spaces. (4) RACC provides other Community Services including workshops for artists, consulting for arts organizations, and a variety of printed and electronic resources; and (5) RACC is developing comprehensive Arts Education solutions for our community.

Arts and culture activities add measurable value to our region's economy and to our quality of life. Artists and arts organizations bring residents together for shared cultural experiences that stimulate creativity which in turn supports more innovative businesses and a richer educational experience for our children. A vibrant arts community serves as a magnet for young creatives, and Multnomah County's investment in the arts contributes to the competitive advantage we have over other regions in the country that are all competing to attract sustainable businesses and a creative, well-educated workforce. Multnomah County is home to a vast majority of the region's artists and arts and culture organizations, which together generate more than \$253.5 million for the local economy, and \$21 million for state and local coffers, every year.

Proposed program allocations for FY14 County dollars include: Advocacy and Development, \$11,500 (no change from FY13); Grants, \$103,146 (an increase of \$187); Community Services, \$5,000 (no change); Arts Education, \$30,000 (no change), and Management/General, \$13,900 (an increase of \$1,798 to cover expanded outreach to communities of color and geographically underserved communities in FY14).

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Grants to artists, arts organizations, & schools	3,100,000	3,200,000	3,200,000	4,700,000
Outcome	Multnomah County children engaged in creative learning of standard curricula	5,609	5,909	5,909	6,500
Input	Multnomah County dollars invested in arts & culture	160,206	161,748	161,748	163,733
Efficiency	Dollars leveraged by RACC from other public and private partners	7,500,000	9,000,000	9,000,000	9,200,000

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$161,748	\$0	\$163,733	\$0
Total GF/non-GF:	<b>\$161,748</b>	<b>\$0</b>	<b>\$163,733</b>	<b>\$0</b>
Program Total:	<b>\$161,748</b>		<b>\$163,733</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

**Last year this program was:** #10032, Regional Arts & Culture Council  
**LAST YEAR'S RESULTS, AND EXPECTED RESULTS THIS YEAR**

**ADVOCACY AND DEVELOPMENT.** County dollars help RACC build more support from both the public and private sectors. The county's contribution last year of \$10,000 to Work for Art's matching challenge fund leveraged more than \$475,000 through workplace giving and other contributions from the private sector – money that gets re-invested in a wide variety of arts organizations in our community. RACC expects to achieve similar results for a similar investment in FY14.

**GRANTS.** In FY13, support from the County was combined with City of Portland funds, Work for Art proceeds, and other sources to fund more than \$2.4 million in grants to Multnomah County artists, arts organizations and schools. In FY14, RACC expects to award fewer projects grants due to budget cuts within the City of Portland, but more general operating support thanks to the passage of ballot measure 26-146, which will provide an estimated \$2.2 million in revenues to RACC by March of 2014.

**PUBLIC ART.** The County contracts with RACC to build and maintain its public art collection, and those programs are funded through a separate percent-for-art ordinance. (These dedicated revenues are not included in this request.)

**COMMUNITY SERVICES.** RACC provides valuable resources to artists and arts organizations at no cost to them through the RACC website ([www.racc.org](http://www.racc.org)), monthly newsletter (ArtNotes) and other information services. In addition, hundreds of artists and arts administrators are served each year through RACC workshops and other technical assistance programs.

**ARTS EDUCATION.** RACC has been working to reverse the trend of declining arts education in our public schools by pairing artists with teachers to integrate the arts into the standard curriculum for K-8 students. "The Right Brain Initiative" is helping arts-based learning become part of classroom instruction in math, science, language arts, social studies and other subjects, and students are learning more because of it. Multnomah County funding is a critical to the success of this public-private partnership, which also includes support from foundations, businesses and individuals.

**MANAGEMENT AND GENERAL.** RACC's management and general expenses are low at 8%.

**Lead Agency:** Nondepartmental - All

**Program Contact:** Michael Crank

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer accounts for Facilities charges for the State Courts and for the Tax Supervising & Conservation Commission. It also accounts for debt service on the new East County Courthouse, for pass-through payments to the Multnomah Law Library, and for maintaining the never-opened Wapato Jail.

**Program Description**

ORS 1.185 requires that counties provide court space for the operation of the state circuit courts. Multnomah County operates courts at the downtown Courthouse, the Multnomah County Justice Center, the Donald E. Long Juvenile Justice Center, and at the new East County Courthouse, opened in FY 2013. County-provided courtroom space is a key resource in the County's criminal justice system. Multnomah County courts' central locations allow easy access to the court system, provide visibility to the community of the public safety system at work, and allow the justice system to hold offenders accountable.

The County's Facilities Division is responsible for operating and maintaining County courtrooms, and for maintaining the Wapato Jail facility. The Facilities Division provides services ranging from planning, construction, and building operations and maintenance to cleaning the buildings and maintaining the grounds for courtrooms located in Multnomah County's owned and leased facilities. Facilities maintains the grounds, interior, and exterior of the Wapato Jail, and incurs costs for this maintenance and for utilities in order to minimize deterioration of the building.

The 2011 Legislature passed several bills that changed the way court fees are allocated among local programs. One local program, the Multnomah Law Library, is a recipient of a new allocation of fees through Multnomah County to the Law Library. FY 2014 is the third year of this new pass-through payment of about \$995,000 annually.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	All customer service requests are begun within 10 days of receipt	0.0%	95.0%	95.0%	95.0%
Outcome	Customer Service satisfaction rating	0.0%	90.0%	92.0%	92.0%

**Performance Measure - Description**

These performance measures are the same as those used for the County's other building operations. Facilities customers are emailed a link for a Zoomerang customer service satisfaction survey. Replies and results are reviewed and used for continuous quality improvement.

## Legal/Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms.

(1) The county in which a circuit court is located or holds court shall:

(a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.

(b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

(2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$995,000	\$0	\$995,000	\$0
Materials & Supplies	\$237,104	\$0	\$296,560	\$0
Internal Services	\$4,077,676	\$712,888	\$3,965,730	\$392,088
<b>Total GF/non-GF:</b>	<b>\$5,309,780</b>	<b>\$712,888</b>	<b>\$5,257,290</b>	<b>\$392,088</b>
<b>Program Total:</b>	<b>\$6,022,668</b>		<b>\$5,649,378</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$995,000	\$0	\$995,000	\$0
Other / Miscellaneous	\$320,800	\$0	\$41,923	\$0
<b>Total Revenue:</b>	<b>\$1,315,800</b>	<b>\$0</b>	<b>\$1,036,923</b>	<b>\$0</b>

## Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County. The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs are \$321,000 per year (net) from FY 2012 through FY 2020, and will be \$1.7 million per year from 2020 through 2030.

## Significant Program Changes

**Last year this program was:** #10018, State Mandated Expenses

No significant changes.

**Lead Agency:** Nondepartmental - All

**Program Contact:** Mike Jaspin

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer accounts for Business Income Tax (BIT) collected on behalf of and passed through to the east county cities of Gresham, Troutdale, Fairview, and Wood Village. These payments are prescribed in an intergovernmental agreement (IGA) that shares revenue from the BIT. Under the terms of this agreement, the four cities share 25% of the first 0.6% of BIT collections. This offer also includes the County's obligation to share Community Service Fee revenues generated through the Strategic Investment Program (SIP) with the City of Gresham.

**Program Description**

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities. The County entered into a SIP agreement with Microchip Technologies, Inc., in FY 2004. Under terms of that agreement, the company agrees to pay 25% of property tax abated in the form of a Community Service Fee. State statutes direct that the County share that revenue with the City in which the company receiving the SIP exemption is located.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

### Legal/Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$5,704,079	\$0	\$5,937,323	\$0
Total GF/non-GF:	<b>\$5,704,079</b>	<b>\$0</b>	<b>\$5,937,323</b>	<b>\$0</b>
Program Total:	<b>\$5,704,079</b>		<b>\$5,937,323</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Taxes	\$357,334	\$0	\$319,612	\$0
<b>Total Revenue:</b>	<b>\$357,334</b>	<b>\$0</b>	<b>\$319,612</b>	<b>\$0</b>

### Explanation of Revenues

The BIT pass-through is 25% of the first 0.6% of BIT collections.  
Community Service Fee is 25% of the taxes abated under the Strategic Investment Program.

### Significant Program Changes

Last year this program was: #10021, Pass-Thru Payments to East County Cities

**Lead Agency:** Nondepartmental - All

**Program Contact:** Julie Neburka

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Oregon Historical Society (OHS) is a private not-for-profit entity founded in 1898. Since 1899, it has received appropriations from (1) state government (except 2002-6) in recognition of its operation of the state history museum and a large Oregon history research library; and (2) Multnomah County (\$335k per year, 1999-2003) as a participant in the county library levy. Passage of special purpose levy 26-118 in November 2010 provides for levy support at the rate of \$0.05 per thousand of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale and Crown Point Country) will together receive \$150,000 per year from the levy proceeds. The levy allocates the balance, estimated at \$1,594,253 in FY 2013, to the Oregon Historical Society for purposes described below.

**Program Description**

OHS operates the Oregon history museum, the Davies Family Research Library (Oregon and Oregon Territory), and educational programs for adults, families and school groups (also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding is providing basic operational support, as well as funding to underwrite the improved hours of service in the library, free admission to residents of Multnomah County and all school groups, improved collections development and care, and new and exciting programming. OHS is committed to serving the diverse communities of the region and the state, and reflects that commitment in its programs and collections.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Multnomah County citizens admitted free of charge	14,471	10,000	19,206	21,100
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	58	35	141	155
Quality	Care of Collections through additional curator/registrar	0	1	1	1

**Performance Measure - Description**

The levy has provided basic operational support and has certainly increased OHS's public services. The library has been open 32 hours a week since the levy funding went into effect in July 2011, and has served an additional 36% of patrons. Due to the levy funding, the increased public programs are reaching more Oregonians than ever and OHS has had the ability to enhance collections care and display more of Oregon's treasures. In June of 2012, OHS was able to open their new permanent exhibit "Oregon Voices" which has doubled their capacity for school groups. Overall, the last calendar year has seen an increase in Multnomah County residence visits by 33% and a total attendance increase of 26%.

### Legal/Contractual Obligation

Measure 26-118 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$150,000 per year from the levy proceeds.

FY 2014 is the third year of the five-year local option levy

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$1,837,418	\$0	\$1,744,253
Total GF/non-GF:	<b>\$0</b>	<b>\$1,837,418</b>	<b>\$0</b>	<b>\$1,744,253</b>
Program Total:	<b>\$1,837,418</b>		<b>\$1,744,253</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Taxes	\$0	\$1,837,418	\$0	\$1,727,530
Other / Miscellaneous	\$0	\$0	\$0	\$16,723
Total Revenue:	<b>\$0</b>	<b>\$1,837,418</b>	<b>\$0</b>	<b>\$1,744,253</b>

### Explanation of Revenues

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

### Significant Program Changes

Last year this program was: #10031, OHS Local Option Levy



**Lead Agency:** Nondepartmental - All

**Program Contact:** Mike Jaspin

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This program offer distributes revenues received from property taxes associated with railroad cars to local school districts. This is a statutory responsibility of Oregon counties (ORS 308.505 to ORS 308.665) and these revenues are dedicated to a County School Fund.

Formerly, revenues dedicated to the County School Fund included revenues received from the sale of timber cut on federal forest land. Federal legislation governing these payments has sunset as of FY 2012. Congress passed a one-year extension of this program for FY 2013.

### Program Description

Since 1908, all counties in Oregon had received payments from the US government from revenue generated by the sale of timber cut on federal forest lands. State law specified how the revenue was to be allocated.

The federal law authorizing federal timber payments to counties, PL 106-393, sunset as of September 30, 2006. It was reauthorized by Congress for one year in 2007, and was renewed in 2008 for a four-year period, during which time the amount received declined each year. FY 2012 was to have been the last year in this 4-year extension. Congress reauthorized this legislation for one year in FY 2013.

The County School Fund also receives a portion of the ad valorem tax that is assessed on the value of rail cars as outlined by state statute.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

### Performance Measure - Description

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

### Legal/Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Contracts	\$0	\$23,800	\$0	\$20,000
Total GF/non-GF:	<b>\$0</b>	<b>\$23,800</b>	<b>\$0</b>	<b>\$20,000</b>
Program Total:	<b>\$23,800</b>		<b>\$20,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$20,000	\$0	\$20,000
Other / Miscellaneous	\$0	\$3,800	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$23,800</b>	<b>\$0</b>	<b>\$20,000</b>

### Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$15,000-\$20,000 over the past several years.

### Significant Program Changes

Last year this program was: #10020, County School Fund

**Lead Agency:** Nondepartmental - All

**Program Contact:** Mark Campbell

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer budgets the revenue and expenditures associated with the County's commitment to fund the Oregon Convention Center and the Visitor's Development Initiative. This program operates under intergovernmental agreements (IGAs) between Multnomah County, the City of Portland, and METRO. The program accounts for proceeds of the Transient Lodging Tax and Motor Vehicle Rental Tax that are passed through to METRO for operation of the Oregon Convention Center and other tourism related entities.

**Program Description**

This program accounts for a portion of taxes collected from area hotels, motels, and vehicle rental agencies. The Transient Lodging Tax has supported the Oregon Convention Center since 1986. The tax is set at 11.5% on all hotel and motel room rentals in Multnomah County. Cities retain 5% of the tax generated within their boundaries. Another one percent supports regional tourism promotion. The remaining 5.5% supports programs associated with the Oregon Convention Center, the Regional Arts & Culture Council (RACC), and the Visitors Development Board. The Motor Vehicle Rental Tax was increased by the Board of County Commissioners in April, 2000. This 2.5% increment is entirely dedicated to support of the activities noted above.

This program supports the Oregon Convention Center which hosts programs, conferences, and events that bring visitors and business groups to Portland. The tourism and travel industry is among the leading private sector employers in Oregon. Large conventions generate significant activity for local hotels, restaurants, and retail establishments. Travel Portland has estimated that a typical out-of-town convention delegate will spend between \$600-\$700 during a three-day stay in the region. A report prepared in 2011 by Crossroads Consulting Services documents the dollar impact of the visitors facilities managed by METRO. The report estimates the economic impact at just less than \$682 million per year.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	\$ (In Millions) Impact of Convention Center Visitors to County Economy	450	450	470	470
Outcome	# of Employees in Travel/Tourism Industry (Est.)	4,260	4,650	4,400	4,500

**Performance Measure - Description**

The Oregon Convention Center (OCC) generates significant economic activity to metropolitan Portland and the State. Multnomah County accounts for 2/3rds of tourism related activity. Travel/tourism accounts for approximately 10% of metropolitan area employment.

Metro provides data analysis on total annual spending in millions of dollars (output) which is estimated to support the total number of people employed (outcome) in the travel/tourism industry.

## Legal/Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated.

There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$23,689,500	\$0	\$27,329,500
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$23,689,500</b>	<b>\$0</b>	<b>\$27,329,500</b>
<b>Program Total:</b>	<b>\$23,689,500</b>		<b>\$27,329,500</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Taxes	\$0	\$23,360,000	\$0	\$27,000,000
Other / Miscellaneous	\$0	\$329,500	\$0	\$329,500
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$23,689,500</b>	<b>\$0</b>	<b>\$27,329,500</b>

## Explanation of Revenues

The transient Lodging Tax was originally established in 1972. A supplemental Countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the Visitor's Development Initiative.

The Motor Vehicle Rental Tax was originally established in 1976. The tax was increased to 12.5% in April 2000, with the additional 2.5% dedicated to the Visitor's Development Initiative.

## Significant Program Changes

Last year this program was: #10022, Convention Center Fund

**Lead Agency:** Nondepartmental - All

**Program Contact:** Mark Campbell

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer accounts for principal and interest payments on various full faith and credit obligation bonds, capital leases, and intergovernmental agreements that were entered into to finance various capital improvements or capital acquisitions.

**Program Description**

Multnomah County is currently making payments on the following obligations:

- Series 2004 Advance Refunding (\$54.2 million) - Full Faith & Credit
- Series 2003 Refunding (\$9.6 million) - Full Faith & Credit
- Series 2010A (\$9.8 million) - Full Faith & Credit
- Series 2010B (\$15 million) - Full Faith & Credit
- Oregon Investment Transportation Bank (OTIB)(\$3.2 million)
- Sellwood Library 2002 (\$1.1 million)
- Capital Lease Sheriff's Office Warehouse 2010 (\$815,000) - Capital Lease
- Series 2012 (\$128 million)- Full Faith & Credit

The outstanding debt issues have funded a number of capital improvements and acquisitions. These include, among others, purchase of the Multnomah, McCoy, and Mead buildings, health clinic equipment and improvements, deferred capital maintenance, construction of the East County Courthouse, road improvements to 223rd street, Sellwood Bridge replacement project and various computer applications. All binding obligations were approved by the Board of County Commissioners. The facilities and equipment purchased with these bond issues support many of the County's direct service programs.

Careful management of debt obligations contributes to sound financial management practices. Debt payments are recovered from departments who benefit from specific projects via internal service reimbursements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Moody's Rating of Aa3 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service.

(1)-indicates Moody's Aa2 or Aa3 rating, (0)-represents a rating lower than Aa2 or Aa3.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

## Legal/Contractual Obligation

Principal and interest on the full faith and credit obligations, capital leases and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$4,000	\$0	\$4,000
Debt Service	\$0	\$18,330,905	\$0	\$20,753,560
Cash Transfer	\$0	\$0	\$0	\$250,000
Unappropriated & Contingency	\$0	\$4,397,204	\$0	\$1,452,487
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$22,732,109</b>	<b>\$0</b>	<b>\$22,460,047</b>
<b>Program Total:</b>	<b>\$22,732,109</b>		<b>\$22,460,047</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$14,733,542	\$0	\$17,305,722
Intergovernmental	\$0	\$0	\$0	\$320,800
Other / Miscellaneous	\$0	\$7,998,567	\$0	\$4,833,525
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$22,732,109</b>	<b>\$0</b>	<b>\$22,460,047</b>

## Explanation of Revenues

Debt service payments are collected from departments in their facilities charges and passed through to the Capital Lease Retirement Fund.

## Significant Program Changes

Last year this program was: #10023, Capital Debt Retirement Fund

**Lead Agency:** Nondepartmental - All

**Program Contact:** Mark Campbell

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The GO Bond Sinking Fund program accounts for the payment of General Obligation Bond principal and interest approved by the voters in May 1993 and May 1996. The 1993 GO Bond (issued in February 1994) to restore the historic Central Library and build the Midland Library. The 1996 GO Bond was issued in October, 1996 to remodel, construct, or purchase various Library and Public Safety facilities and equipment. Revenue to pay the debt is derived from property taxes and interest earned on the cash balances.

**Program Description**

Multnomah County's General Obligation debt was refinanced in FY 2010 to take advantage of historically low interest rates.

The 1994 and 1996 debt issues were rolled into one debt payment with the Series 2010 Refunding General Obligation Bonds. The savings to taxpayers as a result of this refinancing is estimated at \$5.2 million. Bond payments are made on time to maintain an investment grade rating on the bond issue. The careful management of debt has been noted as a key component in the County's most recent rating reviews.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome		0	0	0	0

**Performance Measure - Description**

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. Moody's recently upgraded the rating on the County's General Obligation debt to Aaa. This is the highest rating assigned to municipal debt issues.

(1)-indicates Moody's Aa1 rating, (0)-represents rating lower than Aa1.

## Legal/Contractual Obligation

Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997. Multnomah County has never defaulted on any debt issues.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$0	\$0
Debt Service	\$0	\$8,162,550	\$0	\$8,160,800
Unappropriated & Contingency	\$0	\$7,827,200	\$0	\$6,540,275
Total GF/non-GF:	\$0	\$15,989,750	\$0	\$14,701,075
Program Total:	\$15,989,750		\$14,701,075	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Taxes	\$0	\$8,000,000	\$0	\$6,978,128
Other / Miscellaneous	\$0	\$7,989,750	\$0	\$7,722,947
Total Revenue:	\$0	\$15,989,750	\$0	\$14,701,075

## Explanation of Revenues

Revenue to pay the debt is derived from property taxes and interest earned on the cash balances.

## Significant Program Changes

Last year this program was: #10024, GO Bond Sinking Fund



**Lead Agency:** Nondepartmental - All

**Program Contact:** Mark Campbell

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The PERS Pension Obligation Bond Sinking Program accounts for principal and interest payments on pension obligation revenue bonds issued December 1, 1999 in the amount of \$184,548,160 to retire the County's PERS unfunded actuarial accrued liability. Revenues that support debt payments are derived from charge backs to departments based on their departmental personnel cost.

### Program Description

The County passed Resolution No. 99-218 on November 4, 1999, authorizing the issuance of up to \$200,000,000 of bonds to finance the estimated unfunded accrued actuarial liability of the County to the Oregon Public Employees Retirement System. Senate Bill 198-B, effective October 23, 1999, authorized the County to pledge taxes that the County may levy within the limitations of sections 11 and 11b, Article XI of the Oregon Constitution not subject to annual appropriation. On December 1, 1999 the County issued \$184,548,160 in Pension Obligation Bonds to fund its PERS unfunded liability.

Debt service payments are supported by a surcharge against payroll. The surcharge rate has fluctuated, on average, between 6% and 7% of payroll. A reserve is being established to support future, escalating debt payments in order to maintain the surcharge at a constant level.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Moody's Rating of Aa2 or Better	1	1	1	1
Outcome		0	0	0	0

### Performance Measure - Description

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service.

(1)-indicates Moody's Aa2 rating, (0)-represents rating lower than Aa2.

## Legal/Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999, authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$50,000	\$0	\$25,000
Debt Service	\$0	\$17,041,600	\$0	\$18,036,600
Unappropriated & Contingency	\$0	\$58,335,900	\$0	\$60,108,400
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$75,427,500</b>	<b>\$0</b>	<b>\$78,170,000</b>
<b>Program Total:</b>	<b>\$75,427,500</b>		<b>\$78,170,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$18,000,000	\$0	\$18,392,240
Other / Miscellaneous	\$0	\$57,427,500	\$0	\$59,777,760
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$75,427,500</b>	<b>\$0</b>	<b>\$78,170,000</b>

## Explanation of Revenues

Interest earnings on the fund balance and service charges assessed to departments as a percentage of payroll. In FY 2014, departments will pay 6.25% of payroll costs toward the retirement of the Pension Obligation Bonds.

## Significant Program Changes

Last year this program was: #10025, PERS Pension Bond Fund

**Lead Agency:** Nondepartmental - All  
**Program Offer Type:** Innovative/New Program

**Program Contact:** Loretta Smith

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

SummerWorks is the paid summer internship program that supports key interventions to prevent student dropouts by connecting youth to career pathways. It is the culminating experience in the Summer Youth Connect Continuum wherein students receive progressively more intensive academic support, and career and college experiences as they move toward graduation. The program is part of a regional workforce development program with public and private partnerships.

**Program Description**

SummerWorks is part of the County's broader Economic Development Program that seeks to drive countywide economic development policy, expand relationships with Multnomah County businesses and promote job creation and a competitive workforce. This program will ensure that 100 youth gain valuable summer work experience at either County or external worksites. Under the program, youth ages 16-21 from diverse backgrounds participate in internships lasting between 6-10 weeks for a total of 180 hours.

In addition to the internship experience, youth will receive work-readiness training and case management. County departments participating in the program and the County staff supervising the interns will receive a program orientation, planning assistance, and ongoing program support.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participating youth	25	50	50	100
Outcome	Dollar value of funding and services leveraged from community partners	25,000	50,000	50,000	100,000
Outcome	Number of community partners	5	8	8	10

**Performance Measure - Description**

OUTCOME - Number of community partners: Community partners are businesses, non-profits, and other government organizations that we have sponsored.

In Fiscal Year 2013, this outcome was measured as number of corporate numbers. With the increase in internship placements, the County SummerWorks program increased the number and type of external partners with whom interns are hosted. A more general measure reflects both private and public partnerships.

**Legal/Contractual Obligation**

None

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$0	\$0	\$35,000
Contracts	\$0	\$100,000	\$0	\$200,000
Materials & Supplies	\$0	\$0	\$0	\$10,000
Total GF/non-GF:	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>	<b>\$245,000</b>
Program Total:	<b>\$100,000</b>		<b>\$245,000</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program is paid for with Video Lottery Fund resources.

**Significant Program Changes**

**Last year this program was:** #10035B, Summer Youth Connect

Last year, this program was Program #10035B - Summer Youth Connect. Funding for this program was included in FY 2013 #10035B - Summer Youth Connect. In Fiscal Year 2014 the program doubled the number of slots funded from 50 to 100.

**Lead Agency:** County Human Services

**Program Contact:** Edward Jones

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The funds in the county's Behavioral Health Fund, which are maintained by the county, represent the accumulation of any unspent Medicaid dollars annually and interest earned on the fund balance throughout the fiscal year. The use of these funds is restricted by the federal government. The money can be used only for those individuals who are Medicaid eligible and are in need of mental health services authorized by the county according to Center for Medicaid and Medicare Systems (CMS) definition of medical necessity.

**Program Description**

This program offer is only for budgeting and accounting purposes.

The state requires the MHO to have a minimum reserve of \$250,000. Given the mental health responsibilities in our county and the number of Verity - Oregon Health Plan (OHP) members Multnomah County is responsible for, it would not be prudent to maintain the reserve at this minimum level. Best practice would support the need to maintain a minimum reserve account balance of \$12 million dollars. This amount approximately represents 3 months of operating capital that would be needed to support a system of Multnomah County's size. This would cover any reasonable but unexpected cost increases within our system or the need to transition existing business to another entity.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Unappropriated & Contingency	\$0	\$13,255,558	\$0	\$14,017,238
<b>Total GF/non-GF:</b>	<b>\$0</b>	<b>\$13,255,558</b>	<b>\$0</b>	<b>\$14,017,238</b>
<b>Program Total:</b>	<b>\$13,255,558</b>		<b>\$14,017,238</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$13,255,558	\$0	\$14,017,238
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$13,255,558</b>	<b>\$0</b>	<b>\$14,017,238</b>

**Explanation of Revenues**

\$13,951,218 Beginning Working Capital as of 7/1/13  
 \$66,020 Estimate of interest earned during FY14

**Significant Program Changes**

**Last year this program was:** #25101, Mental Health Beginning Working Capital  
 In FY13 program offer 25055B included \$2,062,583 of the total beginning working capital.

**Lead Agency:** Overall County

**Program Contact:** Mike Jaspin

**Program Offer Type:** Revenue/Fund

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer budgets a number of 'fund level' transactions. These include transfers between funds, fund contingencies, and reserves.

**Program Description**

This offer includes the following cash transfers:

- General Fund to Capital Improvement Fund - \$8,586,646
- General Fund to Asset Preservation Fund - \$275,000
- General Fund to Asset Replacement Revolving Fund - \$226,000
- General Fund to Information Technology Fund - \$1,500,000
- General Fund to Fleet Management Fund - \$1,203,958
- Federal State Fund to General Fund - \$1,103,294

The offer accounts for the General Fund Contingency, which is established at \$1,465,205. The General Fund Contingency also contains \$5,782,105 for a BIT reserve set at 10% of anticipated revenues and \$3,274,043 for various Board earmarks.

The offer accounts for the 10% General Fund revenue reserve as described in the Financial and Budget Policies. The Library Fund contingency (\$5,598,059) and the Risk Fund contingency (\$14,695,328) and unappropriated balance are recorded here too.

Video Lottery revenues of \$5,229,915 and contingency of \$785,387 are recorded in this offer, while expenditures are reported in departmental program offers where they are spent.

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investor Services uses as a benchmark. The goal in developing the reserve policy was to shield the county from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the BCC takes affirmative action to transfer it. Conditions under which the contingency can be used are limited, in most cases, to one-time-only expenditures.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of Reserve Goal Met	100.0%	100.0%	100.0%	100.0%
Outcome	Moody's Bond Rating	0	0	0	0
Output	Transfers from Contingency	10	10	10	10

**Performance Measure - Description**

The level of reserves is one indicator of the County's financial position. Transfers from the General Fund contingency should be limited to events that could not be foreseen when the annual budget was prepared. With few exceptions, all transfers from the contingency should follow the Board's adopted Financial & Budget policies.

Change in bond rating: (0) = no change, (1) = upgraded rating, (-1) = downgraded rating

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Cash Transfer	\$26,379,184	\$1,201,541	\$11,791,604	\$1,103,294
Unappropriated & Contingency	\$41,071,673	\$46,081,074	\$43,158,882	\$51,633,446
<b>Total GF/non-GF:</b>	<b>\$67,450,857</b>	<b>\$47,282,615</b>	<b>\$54,950,486</b>	<b>\$52,736,740</b>
<b>Program Total:</b>	<b>\$114,733,472</b>		<b>\$107,687,226</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$5,223,488	\$0	\$5,229,915
Other / Miscellaneous	\$0	\$47,480,688	\$0	\$52,772,802
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$52,704,176</b>	<b>\$0</b>	<b>\$58,002,717</b>

## Explanation of Revenues

## Significant Program Changes

Last year this program was: #95000, Fund Level Transactions



**Lead Agency:** Overall County

**Program Contact:** Mike Jaspin

**Program Offer Type:** Revenue/Fund

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program offer budgets countywide, or 'corporate', revenues that make the General Fund. The General Fund is the primary source of discretionary revenue that supports county programs across all departments and service areas.

**Program Description**

For FY 2014, General Fund resources are estimated to be \$468.7 million, which includes \$55.8 million of beginning working capital. The revenues budgeted in this program offer represent approximately 81.8% of the total General Fund. The primary ongoing revenue sources are property taxes, business income taxes (BIT), and motor vehicle rental taxes (MVRT). The remaining General Fund revenues are budgeted within departmental program offers.

Accurate revenue forecasting is crucial to the development of long range financial plans. It is the goal of the Budget Office to produce revenue estimates that fall within a range of (+/-) 2% of actual collections. The assumptions used to develop revenue forecasts should be clearly articulated to, and understood by, all decision makers in the budget process. The County's Financial & Budget Policies out the forecast process.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2013	2013	2014	2014
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$0</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$6,408,561	\$0	\$6,512,579	\$0
Intergovernmental	\$4,014,476	\$0	\$4,417,704	\$0
Taxes	\$312,770,728	\$0	\$315,693,473	\$0
Other / Miscellaneous	\$56,728,702	\$0	\$56,722,346	\$0
<b>Total Revenue:</b>	<b>\$379,922,467</b>	<b>\$0</b>	<b>\$383,346,102</b>	<b>\$0</b>

## Explanation of Revenues

There are a handful of revenues that make up the bulk of the General Fund. These include (in order of size) - property tax, BIT, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget documents.

A more complete discussion of the forecast assumptions can be found on the Budget Office website.

## Significant Program Changes

Last year this program was: #95001, General Fund Revenues