County Services Audit:
Service Distribution Adapts to Changing Demographics

March 2015

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To: Chair Kafoury, Commissioners Bailey, Smith, Shiprack, McKeel;
         Sheriff Staton; District Attorney Underhill; Citizens of Multnomah County

From: Steve March, Multnomah County Auditor

In one sense this was a daunting task, identifying not only the multitude of services that the County provides but also the methods of delivery and where that occurs. We focused our sight on County programs where we spend about $1 million or more where the County has some control over who receives services and how they're provided (we left out things like River Patrol, jails and similar functions). The results are presented with interactive maps upon which the reader, or user, can turn on or off various demographic features and focus on many types of County services and programs. If a picture is worth a thousand words, these interactive maps could certainly be worth ten-thousand.

Our objectives of this audit were to identify: the extent to which County service delivery is mirroring population changes; County efforts to match services to intended service recipients; and barriers to achieving these goals. In general, the County is doing a pretty good job at getting programs in the right places to be able to deliver services to the populations they intend to serve. Additionally, efforts to deliver services in clients' homes and other community locations have broadened the reach of many programs beyond more visible County and contractor facilities.

 County program staff are using a variety of methods to find eligible clients and figure out how they can best reach them with available services, whether directly or through community partners. As is almost always the case, limited resources, either at the program level or at community partners, significantly impact what we do and how we do it. Our report does not include recommendations. However, as County Commissioners make policy and budget decisions they can consider the barriers to providing services that we have noted, as well as how existing policies may interact to affect service provision.

We thank the many program staff throughout the County who provided and reviewed the information on their specific programs, and specifically thank two County Information Technology staff members, Ben Harper for Geographical Information System services, and Tara Bowen-Biggs for web layout. Mark Ulanowicz and Jennifer McGuirk were the auditors in charge of this audit. We would also like to thank the Chair and her staff for their interest, input and cooperation.

C: COO Madrigal; Department Directors

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How to Access the Report Maps

This document contains the complete narrative of the audit report.

To explore the interactive maps created as a central piece of this audit, please visit our Web page at

www.multco.us/auditor/county-services-distribution

The report narrative is also available at that Internet address.

Introduction

There have been demonstrable population changes in Multnomah County over the last 10 years, including a change in the concentration of some of our most vulnerable residents. Exhibits 1 and 2 show changes in areas of the County with the highest percentage of residents who are at or below 185% of the Federal Poverty Level.

Exhibit 1: Poverty by Multnomah County Census Tracts, per 2000 Decennial Census

| | 5% - 20% | | 21% - 30% | | 31% - 41% | | 41% - 50% | | More than 50% |
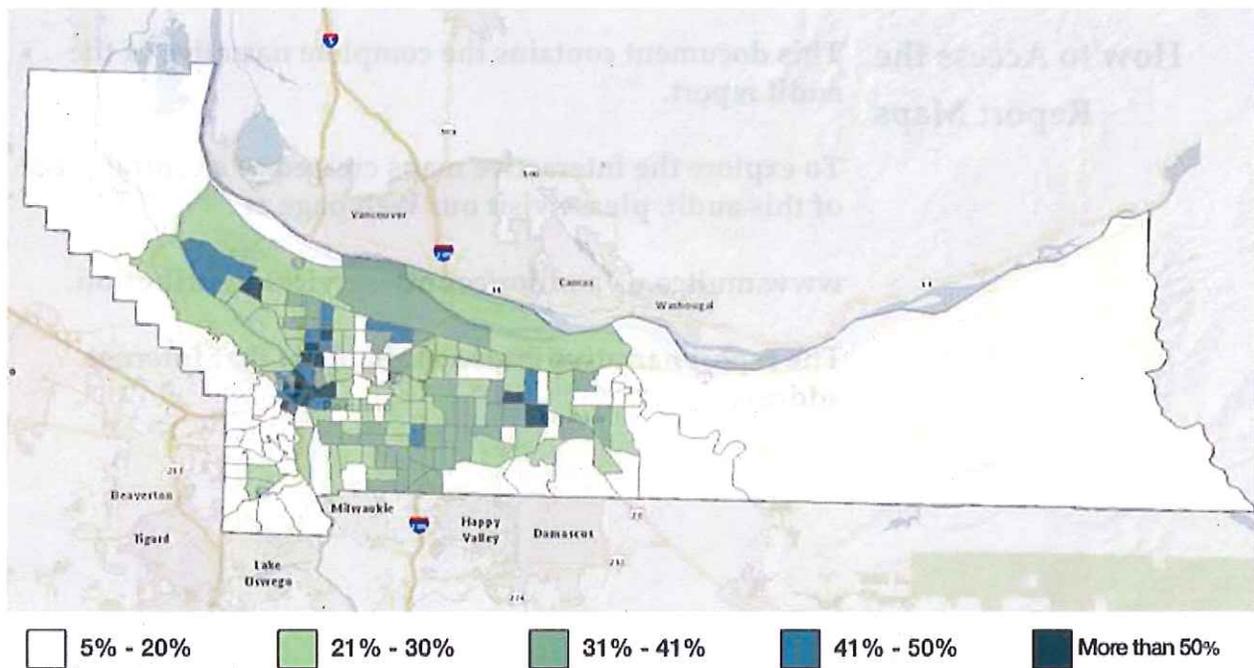
Data source: 2000 Decennial Census, % of Individuals Up to 185% of Federal Poverty Level, per census tract.

Exhibit 2: Poverty by Multnomah County Census Tracts, per 2009-13 American Community Survey

	5% - 20%		21% - 30%		31% - 41%		41% - 50%		More than 50%

Data source: 2009-13 American Community Survey Five-Year Estimates, % of individuals up to 185% of Federal Poverty Level, per census tract
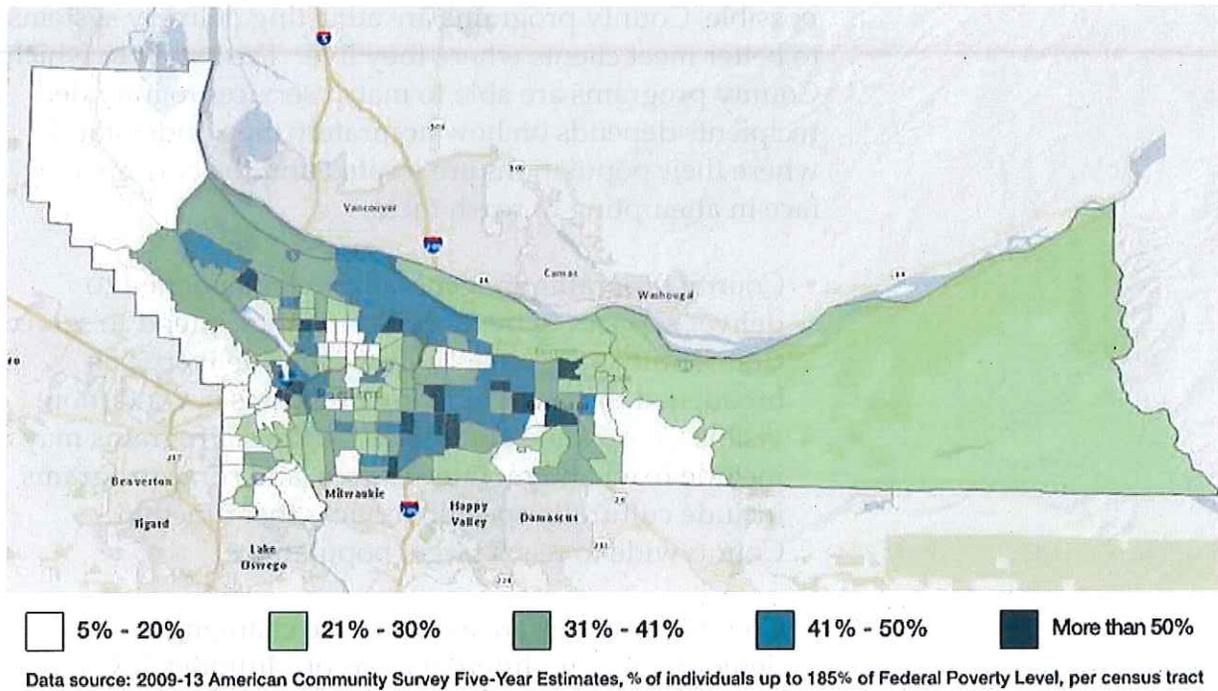
Results

These demographic changes prompted the County Auditor to examine the extent to which service distribution is equitable. The objectives of this audit were to identify 1) the extent to which County service delivery is mirroring population changes, 2) County efforts to match services to intended service recipients and 3) barriers to achieving these goals.

County program service distribution generally mirrors the location of intended service recipients. To the extent possible, County programs are adjusting delivery systems to better meet clients where they live. The extent to which County programs are able to match services to intended recipients depends on how accurately they understand where their populations are located and the barriers they face in attempting to reach them.

- County programs are generally well positioned to deliver services to the populations they intend to serve. Community and home-based service delivery has broadened the reach of many programs beyond more visible County and contractor facilities. Programs may include fixed and mobile services, and some programs include culturally specific services that function Countywide to reach target populations.

- County programs are aware of the changing demographics in different areas of Multnomah County. Programs use a variety of methods to determine where eligible clients live and are best able to access available services. In many cases, the programs take advantage of Geographic Information System (GIS) resources available within the County to map client populations, eligible populations and service locations. Other programs collect survey data, data from police departments, or the State of Oregon. Where programs have expanded service distribution, they appeared to have done so in areas that had experienced recent population growth and/or shifts.

- Limited resources are the most common barrier facing County programs as they attempt to reach their intended service recipients.

- Community partner capacity limitations also have a significant impact on service provision.

Background

The Multnomah County government serves all residents with general programs such as libraries, elections administration, and roads and bridges. It also serves subsets of the population that require more specific services. Within services the County provides to particular populations, there is a range of discretion for the County in deciding who should receive services. In some cases, there is little or no discretion, such as individuals who are sentenced to jail or directed by the state or a court into probation/parole. On the other end of the range, the County has complete discretion in determining who would benefit most from some specific services, such as those paid for by the County's general fund. The Department of County Human Services' Community Healing Initiative is an example of one of these programs that is paid for by the general fund. The majority of services provided by the County fall somewhere in the middle, where federal or states rules and/or funding sources impact who is eligible for services and the level of those services.

County programs deliver services directly – using County staff – or through contracted service providers. Programs have the greatest control over service delivery when they provide services directly; control over contracted services is only as precise as the contract language used and the County's ability to oversee contractor behavior and practices. The County delivers services from fixed locations such as clinics and senior centers as well as in client homes and other community settings.

Objectives, Scope and Methodology

The objectives of this audit were to identify 1) the extent to which County service delivery is mirroring population changes, 2) County efforts to match services to intended service recipients and 3) barriers to achieving these goals. We focused our review on 55 County programs that were both large – having a fiscal year 2014 budget of approximately $1 million or more – and where the

County has some discretion in deciding who will receive services or how they are provided. The extent to which the County has discretion over how or who receives services varies significantly among the programs we reviewed.

We looked at programs in the Departments of Community Justice, Community Services, County Human Services and Health, as well as the Library District and District Attorney's Office. We did not review Sheriff's Office programs due to the County's limited discretion related to detention and patrol, nor did our scope include the Departments of County Management or County Assets, as they generally provide internal services to other County departments.

To achieve our objectives, we interviewed staff members about all 55 programs, reviewed program data and mapped program data when possible. We worked with a County GIS specialist to develop maps conveying County demographics, provision of County services and/ or aggregated client locations. We analyzed the resulting maps for relationships between fixed service locations, mobile services and distributions of eligible populations or service recipients.

To create maps, we used data that were sufficiently reliable in regard to our objectives. The main demographic data source was the U.S. Census Bureau American Community Survey Five-Year Estimates for 2009-2013. We used five-year estimates because they are more reliable than one- or three-year estimates, and they are the only estimates available for smaller geographic units, such as census tracts.

We assessed the reliability of County client data by interviewing program staff members knowledgeable about the data, and reviewing documentation about the data and/or the systems that produced them. We also

assessed the reliability of service location addresses. In addition, we collected some descriptive program data, such as the number of clients served. For the majority of programs, both descriptive and mapped data represented FY 2014 activity; maps for Health Department home visiting programs convey calendar 2013 data, as this was the most recent final data available. Because the descriptive data were not material to our objectives, we did not assess their reliability. We relied on program managers to provide accurate data and information about the services provided.

We conducted this review in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Physical & Mental Health Services

Facility-Based Services

Multnomah County's Health Department and Department of County Human Services (DCHS) provide physical and mental health services to thousands of county residents. The Health Department provides services directly at health clinics and at Women, Infants and Children (WIC) offices. DCHS contracts with hospitals and community mental health and addictions treatment agencies to provide services at agency-owned or operated facilities. DCHS also provides direct mental health services at school-based locations.

We compared WIC locations to maps of vital statistical data on pregnant women eligible for WIC in FY 2014 to those who received WIC in FY 2014. We also compared maps of primary care health clinics and dental clinics to

maps of American Community Survey (ACS) data on poverty and on means-tested public health insurance (primarily Medicaid) — a proxy for Oregon Health Plan members, who along with uninsured people, are the clinics' primary clients. WIC offices, primary care health clinics and dental services appeared to be reasonably well placed to provide access to intended clients.

For mental health services, we compared outpatient locations to the zip codes of individuals receiving services in FY 2014, membership data from the County's mental health insurance plan, as well as ACS poverty data and means-tested public health insurance data. Mental Health outpatient clinics were not as well placed as physical health clinics, in terms of proximity to the eligible population, primarily Oregon Health Plan members.

In addition to comparing maps of school-based physical and mental health services to ACS public health insurance data, we compared these maps to Oregon Department of Education data on Free and Reduced Price Lunch eligibility, a proxy for childhood poverty. School-based mental health locations fit target populations more closely than school-based physical health clinics, at least in part because the County has more flexibility in establishing the sites, they require less physical space and cost less for associated districts. School-based physical health clinics require a significant amount of space at schools as they are fully equipped clinics with four or more staff members each.

Examples of efforts to reach intended service recipients

- The Health Department uses a site selection process for its new dental and primary care clinics that includes a variety of data on poverty (such as Census poverty data and Free and Reduced Price Lunch eligibility data), as well as data on medically underserved populations, medically underserved areas and health professional shortage areas.

- The WIC program used data from the State of Oregon for women who gave birth in 2010 and who participated in WIC during pregnancy that year to help estimate areas of greatest demand for WIC services. While WIC offices are relatively well placed with regard to the eligible population, transportation to WIC offices can be problematic for many clients. This led the WIC program to create ways its clients can fulfill the program's educational requirements without necessarily visiting a WIC clinic. For example, clients may attend classes at community locations, such as libraries, or can participate online.

- The DCHS Mental Health and Addiction Services Division (MHASD) uses data from sources such as Health Share of Oregon and its own mental health insurance plan to analyze the proximity of its contracted outpatient clinics to its health plan members (those that have used outpatient mental health services and those that are eligible for those services).

Examples of barriers

A significant barrier facing these departments with their facility-based services is that they lack flexibility in adapting to changes in the concentrations of their intended client populations.

- The Health Department established La Clinica de Buena Salud primarily to serve the Latino community in the NE Portland Cully Neighborhood. The concentration of this population declined in Cully, but the Department could not easily relocate its established medical facility. As a result, the clinic expanded its intended client population to include other vulnerable populations, including Somali and Russian immigrant families in that neighborhood.

- MHASD's contracted facility-based services are also dependent on the locations of contractor facilities. While the contracting process allows MHASD to encourage service providers to locate in specific areas of the County by allocating funding according to geographic service coverage, it does not require providers to be located in specific regions of the County.

- Some County programs reported that it can be difficult to get a facility sited where it would best meet client needs. Community partners, such as schools, may not have the space or resources required for a program. Other facilities may be difficult to site due to community concerns. For example, it is difficult for the Health Department to locate needle exchange sites for its programs.

Home and Community-Based Services

The lack of a nearby facility does not necessarily mean that the County is not providing services in a specific area; County programs provide many services in clients' homes or other community locations. The Health Department has four home visiting programs for pregnant women and young children meeting specific criteria, such as those at risk for premature or low birth weight infants. MHASD provides in-home and community based services directly and through contractors to Oregon Health Plan members and their families, as well as private insured or indigent clients, with serious mental health diagnoses. The MHASD crisis system is another service delivery system with mobile components. Anybody in the County can access the Crisis Call Center and its related services, and Project Respond is a mental health crisis service that is dispatched to any location within the County.

Generally, the intended recipients of home and community-based programs are the same as those for the

physical and mental health facility-based programs, and we represented these populations through ACS means-tested public health insurance data. We compared the data to MHASD's mental health visits by zip code and found that MHASD's mental health home and community based visits generally matched concentrations of the Medicaid populations. We also compared Early Childhood Services' Healthy Birth Initiative (HBI) and Nurse Family Partnership (NFP) home visit data to vital statistical data. Early Childhood Services visits matched concentrations of their intended recipients: first births to African American families for HBI, and first births to low-income families for NFP.

Examples of efforts to reach intended service recipients

Mobile programs need to identify and connect with individuals who are eligible and who are most likely to benefit from services. Making this connection requires outreach to individuals and community partners who are in the position to provide referrals. These referrals not only identify potential clients, but can act to reduce barriers related to trust of program staff coming into clients' homes.

- The Health Department's sexually transmitted disease/HIV unit uses epidemiological data to identify individuals and groups of individuals with specific diseases and conditions to direct their outreach efforts.

- Early Childhood Services staff members market their programs to physicians who routinely treat Oregon Health Plan members, as well as social service agencies and culturally specific organizations. They also use GIS to compare birth statistics to their current caseloads as a way of determining if they are not connecting with potential clients and if there are areas of the County that would benefit from greater outreach efforts.

- The Environmental Health Division's Healthy Homes and Families programs provide a variety of home visits. For example, they provide home inspections and a range of services for individuals with asthma as well as for individuals with high exposure to lead. The programs receive referrals from a network of community partners throughout the County, such as WIC offices, Head Start centers and health clinics. In the case of lead exposure, they also monitor state data on blood test lead levels. For the asthma program, staff compare epidemiological data to caseloads to identify areas or populations that require increased outreach efforts.

Examples of barriers

- Resource limitations impact mobile physical and mental health programs to varying degrees. For example, funding for outreach efforts is limited. Without outreach, physicians and community agencies may not know they can refer eligible clients for services.

Human Services

Facility-Based Services

The Department of County Human Services offers programs designed to assist a variety of populations. Generally, the populations share a common characteristic – poverty – but in some cases, there are other characteristics that are the focus, such as a developmental or physical disability. The majority of these programs deliver services through contracted community partners. For the purpose of comparing program locations and participants, we used ACS data on poverty and subsets within this larger group, such as people age 65 and over and school-aged children living in poverty.

The comparison of human service program sites to intended client populations yielded mixed results. The

SUN Service System includes SUN Community Schools as well as school-linked services: Social and Support Services for Educational Success, Parent Child Development Services and Anti-Poverty Services. SUN Community Schools and most school-linked service locations match concentrations of their intended client populations well, while Aging, Disability, and Veterans Services' (ADVS) senior centers, SUN Anti-Poverty Services sites and Energy Assistance outreach locations did not appear to fit as well. It appeared that locations of Energy Assistance outreach efforts and Anti-Poverty Services sites did not adversely impact the programs' ability to reach their intended clients – the participant data fit concentrations of poverty within the County. We could not determine if the same situation applied to the senior centers because the program data wouldn't support analysis of this issue.

We did not map the County's programs aimed at serving the homeless population – the population is very difficult to measure because of different definitions of homelessness within data sources and the transient nature of much of that population. Also of note, while we did map facilities operated by contracted providers of culturally specific services, such as those working with seniors, we did not analyze the extent to which these facilities were well placed. Culturally specific providers have relatively few sites, but are responsible for serving clients Countywide. Thus, their physical locations are not necessarily a good indicator of how well these providers are reaching their clientele.

Examples of efforts to reach intended service recipients

- Senior Center funding is allocated using a formula that factors in the geographic presence of seniors at varying ages, incomes and race/ethnicity including different percentages of the federal poverty level. Using census data helps ADVS know where its seniors are—and where its resources need to be.

- The SUN Service System uses a tool it calls the Equity Index to rank existing and potential Community Schools into quartiles. The Index is a measure of vulnerability of the student population based on poverty and racial disparities. The SUN Community School program has grown to the point that it includes all of the highest priority schools.

- While the majority of the services funded by the County's Domestic Violence Coordination Office (DVCO) occur where survivors live, there are also three facility-based emergency shelters. These locations were based on community and client needs.

- Because incidents of domestic violence appear to be associated with poverty, the DVCO has been working with low-income housing agencies to place advocates in and around concentrations of low-income housing.

Examples of barriers

- Funding is a significant barrier for some human service programs. For example, the DVCO does not have sufficient funding to staff both the downtown and East County courthouses with an advocate to assist with legal support and restraining orders. For many programs, adding or shifting service locations would mean reducing the funding available for existing sites.

- The depth of services available at individual SUN Community Schools depends on a variety of factors that are not under the County's control. For example, the Oregon Food Bank has established food pantries at some SUN Community Schools, but can only do this where districts are willing and adequate space is

available. While the core operating funding level for SUN is the same across community schools, the specific services offered at a site depend on the additional resources and partners that are present or can be attracted to the site.

Home and Community-Based Services

Human Services provision is not necessarily dependent upon County or contractor facilities. A number of County programs bring services directly to their intended recipients. For example, the Department of County Human Services (DCHS) includes home and community-based services ranging from Domestic Violence and Anti-Poverty Services case management to Homeless Families Shelter & Emergency Services.

We found several home and community-based services that lent themselves to mapping given their relatively large numbers of participants or community locations: DCHS Community Services Division's Energy Assistance and Weatherization programs, as well as one of the Library District's mobile programs, Books 2 U, which provides books and materials to families and schools. Mapping these services to intended recipients showed a good fit. Energy Assistance and Weatherization recipients were primarily in areas with higher poverty levels. Books 2 U is geared to schools with characteristics including low reading achievement scores and relatively high student populations eligible for Free and Reduced Price Lunch. There was a reasonable connection between school-year and summer Books 2 U locations with Free and Reduced Price Lunch eligibility.

Examples of efforts to reach intended service recipients

- The Library uses data from the Oregon Department of Education on reading achievement and free and reduced price lunches, as well as primary languages, to identify County schools that would benefit from Books

2 U. The program utilizes a variety of delivery methods to reach children: Library staff and volunteers deliver books and materials to schools during the school year, and they bring books to many community locations during the summer in conjunction with a variety of activities, such as the federal Summer Food Service Program.

- The Library also works with other County programs to distribute reading materials, such as the Health Department's early childhood home visiting programs.

- The County allocates resources for anti-poverty programs based on a longstanding County policy supporting the use of household poverty data. Allocations are made to geographic districts according to these data. Resources are also distributed Countywide according to racial/ethnic considerations.

Examples of barriers

Like most County programs, all of these programs face resource constraints to varying degrees, but they also face challenges that are somewhat unique.

- The County's "no wrong door" policy for residents seeking anti-poverty program assistance was established to make it easier for clients to obtain assistance. But this policy may conflict with efforts to allocate resources to specific areas because it allows · residents in one area of the County to access resources allocated to another.

General Government and Public Safety Services

The County and Library District provide general services to the broad community of County residents. For example, the Library operates regional and neighborhood libraries across the County and offers a variety of services to all residents. Public safety services are also designed to

benefit all County residents. However, the County's public safety programs are generally targeted at very specific populations within the County: those that have interacted directly with the justice system, such as inmates, parolees and people on probation.

General government and public safety programs use a mix of County and contracted staff to provide services. Within public safety programs in our sample, the Neighborhood District Attorney (Neighborhood DA) program provides services directly, while the Department of Community Justice (DCJ) primarily contracts with providers to deliver services to offenders and their families. We did not map the locations of services under DCJ, given the referral process for entry into these services.

We did map the Elections Division's official ballot drop boxes and Library branch locations to ascertain how well they matched the distribution of the County's population. And, we mapped Library cardholders who used their cards at least once in FY 2014. We found that the distribution of official ballot drop boxes and Library locations were generally a good fit with how the County's population is distributed. However, this distribution was not reflected among the majority of individuals who used Library cards in FY 2014; this population was more centralized within the County.

Examples of efforts to reach intended service recipients

- The Elections Division recently mapped voter registrations and eligible voters in the County. This led Elections to establish a new 24-hour ballot drop box in the Centennial neighborhood.

- Library branches offer a number of collections and programs in languages other than English, including

family story times and citizenship preparation classes. The Library has mapped where residents speak particular languages to ensure these resources are in the right places.

- The District Attorney's Office has used crime statistics as well as information from police agencies to identify problem areas and to site its Neighborhood DA offices. The Neighborhood DA program works with community leaders to support mentorship and other intervention programs for offenders and to improve livability generally, such as through the Neighborhood DA's involvement in the Rockwood/Rosewood Enrichment Neighborhood Enforcement Workgroup.

- To help keep at-risk youth out of the juvenile justice system, DCJ has two juvenile court counselors imbedded in Portland Public Schools (PPS), and one in the Portland Police Bureau's Youth Services Division to cover PPS and the David Douglas and Parkrose School Districts.

- DCJ uses a standard process by which youth in the system are evaluated based on the "risk to reoffend." Those that are assessed as being sufficiently high risk are referred into one or more programs – these programs include, but are not limited to: electronic monitoring, intensive home-based services and case management.

- DCJ's adult offender services unit also has an assessment process that leads to referrals for additional services. Many of these services had involved drug and alcohol treatment and with the expansion of Medicaid coverage, DCJ has been able to find treatment for more offenders than in the past.

Examples of barriers

- Resources available for Neighborhood DA offices are the primary barrier to the growth of the program. Direct contributions from non-County organizations, such as the Lloyd District, have an impact on the location of these offices.

- Referrals to DCJ's high-risk youth programs are not limited by resources, but they are limited to those youth already in the juvenile justice system. And, the provision of services is dependent on police agencies to make arrests and issue citations. Larger police agencies, like the Portland Police Bureau, make more arrests, and as a result, a large majority of youth in services comes from Portland.

Programs in Our Scope

Department of Community Justice

Adult Services

- Adult Offender Mental Health Services: Access to resources for severe and persistently mentally ill offenders, including mental health evaluations, coordinated care, prescription services, and residential beds for dual diagnosis individuals.
- Addiction Services-Adult Offender Residential-Primarily Men: 81 beds for Parole/Probation Officers and courts to assign high risk offenders for residential drug and alcohol treatment.
- Addiction Services-Adult Women's Residential Treatment: 40 residential alcohol and drug treatment beds for high-risk female offenders.
- Addiction Services-Adult Drug Court Program: Outpatient treatment and supervision for drug offenders.

- Adult Recog Program: Assessment of defendants in County Jail for release pending court appearance.
- Adult Pretrial Supervision: Assessment and supervision for defendants who are released prior to trial.
- Adult Family Supervision Unit: Supervision and services for offenders with children, who have children in the juvenile justice system, and/or who are pregnant.
- Adult Day Reporting Center: Nonresidential sanction and skill building program for adult offenders.
- Adult Property Crimes Programs (RAIN & START): Drug testing, supervision, and case management services through Parole/Probation Officers, funding for jail beds or jail transition, and alcohol and drug treatment.

Juvenile Services

- Family Court Services: Parenting information and child custody mediation for high conflict high-risk situations.
- Juvenile Intake, Assessment, Intervention & Adjudication: Responds to victim and public inquiries, administers risk assessments to offenders, and aligns youth with services based on risk level.
- Juvenile High-Risk Unit (RISE): Specific services for youth at high risk for gang activity (Resource Intervention Services to Empower [RISE]).
- Juvenile Secure Residential A&D Treatment (RAD): Secure treatment program for high-risk probation youth with serious drug and alcohol problems, chronic offending behaviors, and mental health issues.
- Juvenile Assessment & Treatment for Youth & Families: Serves medium- and high-risk youth with substance abuse, mental health, and/or behavioral problems. Clinical assessments and outpatient treatment for probation youth.

Department of Community Services

Elections Division

- Elections: Conducts all local, city, county, state and federal elections for the citizens of and all political districts within the County.

Department of County Human Services

Aging, Disability and Veterans Services (ADVS) Division

- ADS Access & Early Intervention Services: Through a phone helpline and district senior centers, provides information and referral services, and in-home, community, and emergency services for older adults and people with disabilities.
- ADS Long Term Care Program: Determines eligibility for and enrolls older adults and persons with disabilities in financial, nutritional, medical and case management services. Provides case management.

Community Services Division

- Energy Assistance: Direct utility payments to income eligible households, along with energy education, case management, and related services.
- Weatherization: Energy use audits, weatherization, furnace repairs and replacement, and appliance replacement to fixed and low-income households.
- Community Healing Initiative: Prevention services to Asian and Native American youth and families at highest risk of gang membership; intervention services to African-American and Latino youth and families involved with the juvenile justice system.
- Homeless Families Shelter & Emergency Services (HFSES): Year-round day and night shelter, access and referral to services, housing placement and retention support, and increased winter shelter capacity through the Family Warming Center.

- Homeless Youth System: Crisis and safety services, shelter, assertive engagement and linkage to community supports, transitional and permanent housing, education and employment services, mental and other health services, and alcohol and drug treatment services to homeless youth.

Domestic Violence Coordination Office

- Domestic Violence Victims Services Continuum: Emergency shelter, short-term advocacy, mobile advocacy, rent assistance, civil legal advocacy and restraining order assistance, and specialized support for victims and children. Culturally specific services for African Americans, Native Americans, Latinos/ Hispanics, Russian speakers, immigrants/refugees, and sexual minorities.

Mental Health and Addiction Services Division

- Behavioral Health Crisis Services: Behavioral health emergency crisis response system, including call center, mobile outreach, and urgent walk-in clinic.
- Mental Health Services for Adults: Psychiatric inpatient, respite and outpatient services.
- Community Based Mental Health Services for Children & Families: Services ranging from prevention/early intervention to comprehensive outpatient services.
- School Based Mental Health Services: School-based mental health treatment including crisis intervention; mental health assessment; individual, group, and family treatment; and clinical case management for underserved families.
- Culturally Specific Mental Health Services: Culturally specific mental health services for Asian American, African American, Eastern European, Latino/Hispanic, and Native American communities.

- Addictions Detoxification & Post Detoxification Housing: Medically monitored in-patient detoxification; post-detox supportive housing for homeless addicts continuing treatment.

SUN (Schools Uniting Neighborhoods) Service System

- Anti-Poverty Services: Youth employment support services, low-income tax preparation services, CourtCare, school-based initiatives, benefits outreach, and County's Interfaith Initiative services.
- SUN Community Schools: School-based educational, recreational, social and health services for school-age children at risk of academic failure and their families.
- Social & Support Services for Educational Success: Year-round, school-linked, age-appropriate and culturally specific academic support, case management, family engagement, and skill building groups.
- Parent Child Development Services: Services for children (birth through age 5) and their parents to promote positive parenting, healthy child development, and school readiness.

District Attorney *Division II: Misdemeanor Prosecution, Neighborhood DA and Gang Units*

- Neighborhood DA Program: Neighborhood-based DAs working directly with local citizens, community groups, neighborhood and business associations, and law enforcement agencies to combat quality of life crimes and improve neighborhood livability.

Health Department *Clinical Services*

- Medicaid/Medicare Eligibility: Supports access to health services through enrollment assistance and advocacy to families and children applying for Oregon Health Plan coverage and/or other public insurance coverage.

- Dental Services: Provides urgent, routine, and preventive dental services in clinics and school-based programs.
- North Portland Health Center: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured North Portland residents.
- Northeast Health Center: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured Northeast Portland residents.
- Mid County Health Center: Provides culturally competent, comprehensive primary care, preventive health, and enabling services, such as transportation and translation to uninsured and under-insured Mid-County residents.
- East County Health Center: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured East County residents.
- School-based Health Centers: 13 fully equipped medical clinics provide access to care including chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, and other services.
- La Clinica de Buena Salud: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured NE Portland Cully Neighborhood residents.
- Southeast Health Center: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured Southeast Portland residents.

- Rockwood Community Health Center: Provides comprehensive, culturally appropriate primary care, enabling services, and behavioral health services to uninsured and under-insured East County Rockwood residents.
- Primary Care and Dental Access and Referral: Schedules new clients for primary and dental care, and schedules uninsured patients referred into community specialty care; provides information and referral for medical, dental, and social services.

Community Health Services

- STD/HIC/Hep C Community Prevention Program: Prevents and reduces epidemics by controlling disease spread using evidence-based prevention interventions and STD treatment for those at highest risk.
- Services for Persons Living with HIV: Provides community-based primary care and support services to highly vulnerable populations living with HIV; coordinates a six-county care system promoting access to high quality HIV services.
- Early Childhood Home Based Services: Home visiting programs for pregnant women and first-birth parents and children, including Nurse Family Partnership and Healthy Start of Oregon; programs target high-risk families experiencing health disparities and meeting eligibility criteria.
- Early Childhood Home and Community Based Services: Home visiting programs for pregnant women and first-birth parents and children, including the Healthy Birth Initiatives Program and CaCoon; programs target high-risk families experiencing health disparities and meeting eligibility criteria.

- Women, Infants and Children: Provides food, nutrition education, growth monitoring, and support services to pregnant women, breastfeeding women, infants, and children up to age 5.
- Environmental Health Education, Outreach and Housing: Addresses health inequities through chronic disease prevention, improving health and livability of the home, and addressing environmentally related health concerns.

Library District

Central Library

- Central Library: Offers access to Library collections, informational services, programs, classes, Internet access, and meeting spaces; provides system-wide services, including virtual services.

Neighborhood Libraries

- Regional Libraries: Belmont, Gresham, Hillsdale, Hollywood, and Midland branches offer access to Library collections and the Internet, as well as learning, cultural, and recreational services. Branches typically have more space and larger collections, offer more services, and/or have a higher rate of overall use than neighborhood libraries.
- Neighborhood Libraries: Albina, Capitol Hill, Fairview-Columbia, Gregory Heights, Holgate, Kenton, North Portland, Northwest, Rockwood, St. Johns, Sellwood-Moreland, Troutdale, and Woodstock branches offer access to Library collections and the Internet, as well as learning, cultural, and recreational services.

Youth Services

- School-Age Services: Services to improve reading and information literacy for youth in kindergarten through high school. Programs include Books 2 U.

Data Sources   *Demographic and Reference Maps*

- Data source: U.S. Census Bureau, 2009-2013 American Community Survey Five-Year Estimates, aggregated to Multnomah County census tracts.

  o   Maps:
    - % Up to 185% of Federal Poverty Level, 2009-13
    - % Up to 185% of Federal Poverty Level, Age 65+
    - % Medicare and Medicaid Coverage, means tested
    - % Age 5+ Not Using English at Home (language other than English at home)
    - % White
    - % African American
    - % Native American/Alaska Native
    - % Asian
    - % Hawaiian Native or Pacific Islander
    - % Hispanic or Latino
    - Population Distribution
    - % Under Age 5
    - % Age 18+
    - % Age 60+

- Data source: U.S. Census Bureau, 2000 Census, aggregated to Multnomah County census tracts.

  o   Map:
    - % Up to 185% of Federal Poverty Level, 2000

- Data source: Schools Uniting Neighborhoods (SUN) Service System Equity Index, based on Oregon Department of Education Free and Reduced Price Lunch student counts, 2013-2014, linked to school attendance boundaries.

.o Map:
- % Free and Reduced Lunch

- Data source: Multnomah County Health Department, based on Oregon Health Authority vital statistical data final for calendar 2013, births per square mile.

o Map:
- Number of Births

County Services Maps

- Data source: Department of County Human Services Mental Health and Addiction Services Division, FY 2014 data.

o Maps:
- Mental Health (MH) Outpatient Sites, FY 2014-Adults
- MH Outpatient Sites, FY 2014-Children
- MH Outpatient Sites, FY 2014-Adults & Children
- MH Visits by Zip, FY 2014
- School-based MH Services Sites
- School-based MH Clients by Zip, FY 2014

- Data source: Health Department, FY 2014 data.

o Maps:
- School-based Health Centers
- Dental Services Sites
- Primary Care Health Centers
- WIC Sites & Clients, FY 2014

- Data source: Health Department, based on Oregon Health Authority vital statistical data preliminary for FY 2014.

o Maps:
- Receiving Medicaid & WIC Eligible, FY 2014
- Receiving Medicaid & WIC, FY 2014

- Data source: Health Department, based on Oregon Health Authority vital statistical data final for calendar 2013.

o Maps:
- Healthy Birth Initiative Visits, 2013
- Nurse Family Partnership Visits, 2013

- Data source: Department of County Human Services Aging and Disability Services Division, FY 2014 data.

o Maps:
- Aging, Disability and Veterans Services (ADVS), Services/District, FY 2014
- ADVS Senior Centers
- ADVS Culturally Specific Senior Centers
- ADVS Meals on Wheels Sites

- Data source: Department of County Human Services Schools Uniting Neighborhoods (SUN) Service System, FY 2014 data.

o Maps:
- SUN Community Schools—Core & Linked Program Types, 2013-14
- SUN Anti-Poverty Services Sites
- SUN Anti-Poverty Culturally Specific Sites
- SUN Anti-Poverty Services Clients by Zip, FY 2014
- SUN Parent Child Development Services Sites
- SUN PCDS Culturally Specific Sites
- SUN Social & Support Services for Educational Success
- SUN SSSES Culturally Specific Sites

- Data source: Department of County Human Services Energy Services, FY 2014 data.

  o Map:
    - Energy Assistance Outreach Events, FY 2014
    - Energy Assistance Clients, FY 2014
    - Weatherization Clients, FY 2014

- Data source: Department of Community Services Elections Division, FY 2014 data.

  o Map:
    - Elections Ballot Drop Boxes

- Data source: Multnomah County Library District, FY 2014 data.

  o Maps:
    - Library Branches
    - Active Library Cardholders, FY 2014

- Data source: Multnomah County Library District, calendar 2014 data.

  o Map:
    - Library Books 2 U Sites, 2014

Project Staff   Audit Team
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GIS Services
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Response

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Multnomah County Chair

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February 27, 2015

Dear Auditor March,

Thank you for your thorough and thoughtful work on the County Services Audit: Service Distribution Adapts to Changing Demographics.

Your work to help us understand if our county programs and services are mirroring population changes and the needs of our clients is extremely useful. As you've identified in your report, Multnomah County provides a multitude of services in different locations and our clients access them in a variety of ways. While it is clear there is room for improvement in some areas, I am encouraged that our county program staff are being resourceful in finding ways to reach eligible clients.

Moving forward, I believe this information will be extremely valuable to the Board as we make policy and budget decisions about where and how to deliver vital county services to our constituents. It is especially important for us to consider what barriers exist and how to remove those obstacles so we can maximize the impact of our investment in services.

Sincerely,

Deborah Kafoury
Multnomah County Chair