

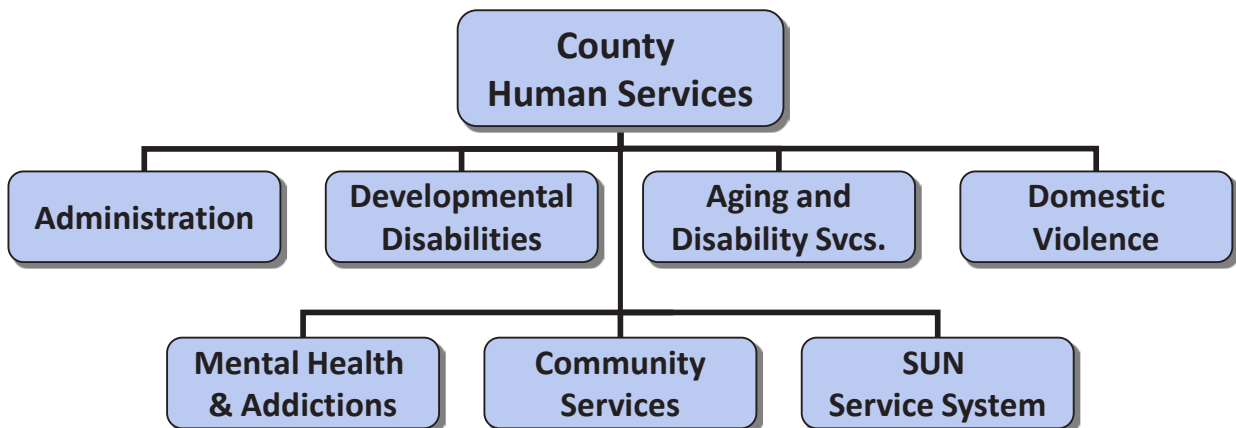
## Department Overview

The Multnomah County Department of County Human Services is driven by its mission to enhance the quality of life for individuals and families; and envisions safe, healthy, caring, and diverse communities where hope, independence, learning and opportunity prevail for all.

DCHS achieves this mission through collaboration with non-governmental organizations, local government agencies and community advocates. The department is the primary funder, convening partner and provider of social services 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.

As the lead provider of social services in the community, the department is responsible for developing systems of care, leading service development, and coordinating and linking services for the county's most vulnerable and at-risk residents. The department leads this work as the Local Mental Health Authority, the Area Agency on Aging, the Community Action Agency for Multnomah County, and as the managing partner for the Schools Uniting Neighborhoods Coordinating Council. This work is funded and accomplished through DCHS' budget of over \$239 million and about 782 FTE.

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



### Budget Overview

DCHS has an FY 2015 budget of \$239.7 million, an increase of \$17.0 million from the FY 2014 adopted budget. General Fund and Video Lottery Fund budgets together total \$62.4 million, an increase of \$2.1 million over the FY 2014 adopted budget. Other Funds increase \$14.9 million over the FY 2014 adopted budget, which includes the following Division increases:

- \$6.1 million across ADS programs, with the largest share of the increase from added State funding to enhance staffing across Medicaid funded programs, which also accounts for most of the Departments’ FTE increase.
- \$6.7 million across MHAS programs, primarily from projected enrollment increase in the Multnomah Mental Health insurance plan.
- \$1.7 million in SUN SS with \$1.0 million from various school districts and the City of Portland to add ten new SUN sites and \$0.6 million of United Way funding for Early Learning HUB Implementation.

General Fund increases for new programs are:

Director’s Office - Grant Writing Capacity (25000C)	\$102,165
Veterans’ Services Expansion (25025B)	\$235,375
Protected Persons Special Advocate Program (25031)	\$50,000
Mental Health Pilot - CATC Triage (25051)	\$658,721
SBMH - Cultural Outreach Scale Up (25075B)	\$64,516
Suicide Prevention Coordinator (25076B)	\$86,107
HFSES - Coordinated Entry Expansion (25111C)	\$25,000
HSVP - Flex Funds for Veterans (25133H)	\$50,000
SUN Community Schools Scale- Maintain & Expand (25145B)	\$943,097
Child and Family Hunger Relief – Expand Services (25147B)	\$200,000
Early Kindergarten Transition (25152)	\$168,476
School Attendance Supports (25159)	\$200,247

One-time-only General or Video Lottery Funds are:

HSVP - Streetroots (25133C)	\$10,000
HYS - MH and Addictions Engagement Services (25136B)	\$471,000
Anti-Poverty Services (25139A)	\$10,000
AP - Computers for Head Start Graduates (25139C)	\$20,000
SUN Service System Administration (25143)	\$40,000

Budget Trends*	FY 2013	FY 2014	FY 2014	FY 2015	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	716.51	750.80	722.44	782.19	59.75
Personnel Services	\$63,368,883	\$70,212,869	\$69,973,588	\$75,131,648	\$5,158,060
Contractual Services	121,262,803	134,723,511	135,763,362	145,430,847	9,667,485
Materials & Supplies	16,478,091	16,958,840	16,965,035	19,167,600	2,202,565
Capital Outlay	<u>11,122</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$201,120,900</b>	<b>\$221,895,219</b>	<b>\$222,701,985</b>	<b>\$239,730,095</b>	<b>\$17,028,110</b>

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

## Successes and Challenges

2014 saw the implementation of the DCHS Visibility Initiative, creating and improving our ability to describe and better serve communities of color. This policy was developed in concert with efforts from the Coalition of Communities of Color, and supports the identification of formerly invisible communities like African immigrants and Slavic people.

The Homeless Family System of Care fully implemented coordinated entry for homeless families on January 1, 2014. The new system includes expanded partnerships with SEI, NAYA, Catholic Charities and JOIN to provide mobile housing services, assertive engagement and culturally specific services.

The Early Kindergarten Transition program expanded to 12 sites. A process evaluation was conducted by Portland State University; this created the opportunity to discuss with key partners the successes and challenges with the program's implementation and fostered continued improvement in the program.

Developmental Disabilities Services Division developed new partnerships with community providers including African Youth and Community Organization (AYCO), which provides outreach to Swahili and Arabic speaking immigrant communities; and Padres En Accion to provide culturally appropriate services to Latino families.

Mental Health and Addiction Services Division implemented Mental Health First Aid for County employees, prioritizing administrative personnel and Library staff. This training included a Sponsored Youth Certification Training resulting in 22 new Youth Mental Health First Aid trainers.

Mental Health and Addiction Services Division increased Community Based Intensive Service capacity for our most vulnerable mentally ill residents by adding 70 Intensive Case Management slots and 25 Assertive Community Treatment slots.

Adult Protective Services program led the resumption of the Multi-system Staffing Team (MSST), a collaboration among divisions within DCHS to serve clients with unmet needs across many programs, and who have had challenges accessing services.

Domestic Violence Enhanced Response Team expanded its services to on-scene crisis response to domestic violence victims identified by Portland Police officers. In the first year, advocates served over 500 individuals and connected 90% of these individuals to ongoing assistance.

The State of Oregon continues to move towards a competitive grant funding model for programs previously funded via population based formulas. This shift requires greater resources through the grant writing and administrative processes along with increasing competition for limited dollars.

### Diversity and Equity

DCHS is continuing our focus and commitment toward diversity and equity in our planning, decision-making, data collection and workforce development. We are making steady progress in efforts to create an equitable workplace by examining our hiring and retention data on an annual basis.

Overall, our department workforce continues to diversify, with an increase in the percentage of employees of color, from 24% to 25% in FY2013. 26% of regular employees hired in the last year were employees of color. Of these 40 employees, 18% were Asian or Pacific Islander, a significant increase from previous years. Nearly half of the new hires were in Aging and Disability Services Division and 21% of these hires were people of color. The percentage of applicants to the department who are people of color has not changed significantly over the last six years.

To increase the retention rate of employees of color we have focused on increasing the percentage of work-out-of-class opportunities and promotions for employees of color. Progress in these areas has occurred as the percentage of employees of color in work-out-of-class (WOC) opportunities increased last year to 33% - a significant increase from the previous three years. Most of the WOC opportunities last year were in ADS (31 opportunities) and 32% of these were employees of color.

### Budget by Division

Division Name	FY 2015 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$5,298,595	\$2,444,066	\$7,742,661	51.00
Developmental Disabilities	2,128,462	16,910,373	19,038,835	128.15
Aging and Disability Services	9,389,645	43,320,490	52,710,135	363.30
Domestic Violence Coordination Office	2,920,971	1,664,523	4,585,493	9.25
Mental Health & Addiction Services	17,369,100	89,907,131	107,276,230	175.89
Community Services	12,136,774	21,122,347	33,259,120	30.00
SUN Service System	<u>12,090,262</u>	<u>3,027,358</u>	<u>15,117,620</u>	<u>24.60</u>
<b>Total County Human Services</b>	<b>\$61,333,808</b>	<b>\$178,396,287</b>	<b>\$239,730,095</b>	<b>782.19</b>

### Department Administration

DCHS Administration provides leadership, vision and policy and strategic 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, and coordinates legislative priorities. The office also provides emergency management coordination, monitors compliance, implements quality improvement, and determines IT priorities.

Human Resources supports about 780 departmental FTE and addresses recruiting, hiring and retention issues, workforce planning, training, performance management, and labor relations.

Business Services provides the financial and business functions including: development, management and oversight of the department's budget, accounts receivable and payables, purchasing, facilities coordination, and grants management.

The Contracts Unit coordinates department procurement and contracting functions and ensures implementation and compliance with all county contracting and procurement policies.

### Significant Changes

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

The Director's office embarked on the implementation of a three year strategic business plan. This plan incorporates the Equity and Empowerment Lens into the work of the department and its community outreach; improves service delivery and administrative processes; and addresses succession planning through a thriving learning environment.

Health System Transformation work continues with a focus on delivery system changes required to support a regional approach to the provision of mental health and addictions care. Multnomah county, as a member of Health Share of Oregon (HSO), is working with Clackamas and Washington counties towards a true global budget for regional providers. Phase one of the alternative payment methodology began January 2014, and is the first step in moving from paying for volume to paying for value.

### 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, in-home 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 4,700 people with intellectual and developmental disabilities diagnosed prior to the age of twenty two. Services may span the entire lifetime. DDSD is also the host for Region One, a five county regional crisis diversion program for DDSD consumers who meet certain criteria. Additionally DDSD in FY 2015 is working on five goals that support DCHS strategic objectives. Goal 1 is to provide high quality services to DDSD clients, families and partners. Goal 2 is to promote greater diversity, equity, inclusion and a person-centered approach to services and our work. DDSD developed new partnerships and contract services this year that include African Youth and Community Organization (AYCO) which provides outreach to non-English speaking immigrant communities such as Swahili and Arabic. Goal 3 is to promote an effective and supported workforce with improved job satisfaction. DDSD is investing in technology and training as a way to offset increased workload. Goal 4 is to enhance training, tools & supports to staff, providers & partners and Goal 5 is to promote a more streamlined & efficient program administration with policies and procedures plus expectations and standards that support this and the other division goals.

### Significant Changes

The Community First Choice Option (K Plan) establishes new Medicaid-funded plan options for clients and their families. It allows states to provide home and community-based attendant services and supports at a 6 percentage point increase in Federal Medicaid match. DDSD is on the forefront of implementing K-plan and determining eligibility. This change will allow Multnomah County residents who are eligible for DD services to receive services without interruption and have a choice of where to get them. While we are very excited for the citizens of Multnomah County, the K plan brings a huge workload to workers and requires a lot of coordination of additional assessment and process steps. We expect to see many bumps on the road as we implement system changes.

While service options are increasing for consumers, the state has been changing the Community Developmental Disabilities Program (CDDP) budget model over the past 6 months which resulted in fluctuating revenue and an anticipated funding shortfall for DDSD. Currently DHS is considering ways to fix the budget model although a definite solution has yet to be developed. In a related development the State of Oregon will be changing budget allocation from case load to a work load model via a CDDP workload study. Multnomah County DD will be participating in the workload study in February 2014. We hope that this model will capture most unfunded mandates.

### Aging and Disability Services

Aging and Disability Services Division (ADS), is the county's Area Agency on Aging (AAA). Designated by the state and federal government, ADS is charged with developing a range of services and opportunities for older adults and people with disabilities through the following: planning, coordinating, interagency agreements, advocating, information sharing, monitoring, and evaluating. These efforts are designed to develop a comprehensive and coordinated community-based service delivery system that ensures consumer access to services.

To punctuate this role the ADS vision states: "All older adults and people with disabilities thrive in diverse and supportive communities." Key ADS goals include promoting independence, dignity, and choice for the people served. ADS staff and partners are trusted and turned to in navigating the array of choices and decisions facing older adults and people with disabilities as well as assist their family members and partners. An important tool in this navigation is the ADRC Helpline (Aging and Disability Resource Connection), which is available 24 hours a day and is supported by trained helpline counselors.

### Significant Changes

ADS received a state level budget change that resulted in improved services for consumers and increased staffing. Based on recognition from the state that AAAs be funded at 95% of the state run offices, the Medicaid program, including Long Term Care, Adult Protective Services, and Adult Care Home, realized an increase of \$13 million for the biennium, with an increase for year one of over \$2 million. These dollars are enabling the recruitment and hiring of 46 more staff for Medicaid funded programs.

The Governor's budget approved an increase in funding for the Oregon Project Independence (OPI) program. This resulted in ADS receiving over \$700 thousand in funds which were used to open the OPI wait list. These costs cover home care worker services; counseling for families with dementia; heavy duty chore services and evidence based chronic disease management. Additionally there was an enhancement in the current ADRC funds with specific dollars going to full implementation of option counseling; expanded Gatekeeper services and the implementation of an evidence based mental health program for older adults and people with disabilities.

ADS is working to expand and further develop the Veterans' Service Office through reorganization and increased outreach and capacity of the program. The plan is to have the Veterans' Service Office increase staff by 2.67 FTE which includes having a full time supervisor oversee the program.

### Domestic Violence Coordination Office

Multnomah County Domestic Violence Coordination Office (DVCO) provides leadership, consultation and technical assistance on domestic violence intervention and prevention. DVCO manages county, state and federal funds for victim services; leads and facilitates multi-disciplinary and collaborative projects; assesses needs and gaps in local interventions; and provides extensive training and capacity-building throughout the County. Collaborative projects led by DVCO include the Domestic Violence Enhanced Response Team (DVERT), the Domestic Violence Fatality Review Team, and the Family Violence Coordinating Council. DVCO also oversees the Defending Childhood Initiative, a federal 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: over 5,000 victims receive community-based, in-person services; 2,000 receive District Attorney-based services; and 30,000 receive assistance by phone. Over 3,000 offenders are jailed, 1,000 are prosecuted and 1,000 are supervised 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 and bullying (National Survey of Children's Exposure to Violence, 2009).

### Significant Changes

Additional grant funding from the US Attorney General's Defending Childhood Initiative is supporting new services, including domestic violence consultation, training and brief intervention for early childhood programs, and a joint effort with the Health Department's STRYVE program to develop outreach and prevention efforts addressing violence as a public health issue.

Last year's program offer 25040A, Domestic Violence Victim Services Continuum, encompassed almost all domestic violence services and programs. This year it has been restructured as three separate program offers in order to provide more detail about the types of services, the number of individuals served, and the impact of these services. This year's program offers include 25041, Domestic Violence Crisis Services; 25042, Domestic Violence Community-Based Services; and 25043, Domestic Violence Housing & Stabilization Services.

DVCO restructured its existing staff to create a new Senior Data Analyst position. This position is leading the division's expanded efforts to assess impact of County-funded services and improve data collection, data quality, and reporting.



## 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.

Emergency services provide 24 hour crisis line, direct call transfer from 911, mobile crisis services, involuntary commitment services and respite services to residents who require immediate assistance to a mental health difficulty.

Multnomah County is the Mental Health Managed Care Organization for Medicaid. We are a subcontractor of the Coordinated Care Organization; HealthShare of Oregon.

Prevention programs provide early intervention for adults and/or youth encountering a drug/alcohol or gambling addiction, and/or mental illness.

Diversion programs partner with the corrections system to link residents to services in the community to avoid incarceration. Child clinical services are located in over 89 schools, including county's school-based health clinics.

## Significant Changes

Medicaid expansion will increase people receiving insurance coverage by 16%. The Division as a member of HealthShare of Oregon is participating in regional payment reform as of Jan. 1, 2014.

Addictions residential services are now managed through the Multnomah-Medicaid Mental Health Benefit as of July 1, 2013. Mental Health Residential will transfer to Medicaid as of July 1, 2014.

Mental Health First Aid is now providing education around mental illness in an effort to raise awareness and reduce stigma for people who have mental illness.

The State of Oregon has reduced funding for uninsured people as Medicaid is available to more uninsured people. The State redistributed these funds through a rapid competitive grant process for community based services. The Division has been awarded a total of \$1.2 million in State grants for Crisis Expansion, Addictions Prevention and School Based Health Clinic-Mental Health Expansion, Wraparound services, and funding to assess the readiness to integrate Electronic Health Records.

The Crisis Call center has experienced a 4.9% increase in call volume, totaling 70,702 calls. The Involuntary Commitment program investigated 4,241 psychiatric emergency holds, 10% were subsequently committed.

### Community Services Division

The Community Services Division's (CSD) mission is to align services in order to create systems of support that impact poverty, create opportunities for economic prosperity, and achieve racial justice. Through contract partnerships with non-profit community based agencies, limited direct service provision, and targeted initiatives we support work in three program areas: Energy; Homelessness and Housing; and, Anti-Poverty/Prosperity.

As the County's Community Action Agency, we believe that the most effective economic development strategy is one that focuses on human capital and our work seeks to:

- Ease the experience of those living poverty;
- End the community conditions that cause poverty; and,
- Promote equity and achieve racial/ethnic justice.

When the economy is unstable, affordable rental housing is scarce, and too many struggle to meet basic needs. The Division provides strategic leadership to create collective impact for the common good through: collaboration, creativity, hope, innovation, partnership, and risk-taking so that all may have the greatest opportunity to succeed and thrive as a prosperous, caring community.

### Significant Changes

In FY 2015, the Division will focus on the following:

- Homeless families' system of care
- Rockwood Speaks, a community based initiative to build the capacity of residents to take action to improve their neighborhood
- Assertive Engagement, the Division's overall service delivery practice
- Anti-Poverty system of care planning process as part of SUNSS procurement
- 10 Year Plan to End Homelessness new governance structure
- Restructure of the Commission on Children, Families, and Community (CCFC) into the Economic Opportunity Commission, starting with a report on the state of poverty in Multnomah County
- Systems alignment with the Department of Human Services related to TANF, SNAP, and Child Welfare

### SUN Service System

The Schools Uniting Neighborhoods (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); service delivery and coordination at 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 70 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, partnering in the Early Learning Multnomah Hub, 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 across both the SUN SS and the Community Services divisions.

### Significant Changes

For FY 2015 the SUN Service System leadership and program staff will engage in review and planning for a competitive request for proposals process in fall 2014 and early winter 2015. This will include many community meetings, stakeholder conversations, research, review with the Board of County Commissioners and with other leaders. This will be a major undertaking for the Division's staff.

As a co-convener of the Early Learning Multnomah Hub, the SUN Service System will work alongside the United Way of the Columbia Willamette to fully operationalize this early learning hub in our community. The FY 2015 proposed budget for the SUNSS division has two full-time-equivalent positions who will be wholly engaged in this work.

The FY 2015 proposed budget also has opportunity for sustaining and deepening our work in the areas of hunger relief (expansion and enhancements), early kindergarten transitions (sustaining and growing the number of sites that run this summer program, from 21 to 32) and SUN Community Schools (sustaining and growing the number of SUN Community School sites, from 70 to a total of 80 SUN Community Schools). Expansion is exciting and creates unique opportunities for the Division and our community partners. All of these efforts rely on leadership and deep partnerships; each of them leverages significant resources through these partnerships.

### 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 2015 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
25000A	Director's Office	\$1,079,792	\$603,305	\$1,683,096	7.00
25000B	Director's Office - Business Systems Analysis	112,030	0	112,030	1.00
25000C	Director's Office - Grant Writing Capacity	102,165	0	102,165	1.00
25001A	Human Resources	394,857	595,563	990,421	7.00
25002	Business Services	2,534,303	1,215,186	3,749,489	25.00
25003	Contracts Unit	1,075,447	30,012	1,105,460	10.00
<b>Developmental Disabilities Services</b>					
25010A	DD Administration & Support	863,968	1,679,681	2,543,649	16.79
25011	DD Systems, Contracts and Budget	582,696	4,511,659	5,094,355	9.00
25012	DD Services for Adults	0	3,866,356	3,866,356	37.01
25013	DD Services for Children	24,140	3,446,877	3,471,017	34.00
25014	DD Abuse Investigations	356,760	723,766	1,080,526	10.00
25015A	DD Monitoring and Crisis Services	0	2,085,259	2,085,259	13.35
25016A	DD Eligibility & Intake Services	300,898	596,775	897,673	8.00
<b>Aging and Disability Services</b>					
25020A	ADS Access & Early Intervention Services	3,540,072	7,629,879	11,169,951	21.10
25020B	ADS Senior Center Prevention Services	565,819	0	565,819	0.00
25021	Multnomah Project Independence	297,850	0	297,850	1.00
25022	ADS Adult Care Home Program	108,019	1,961,509	2,069,527	15.00
25023	ADS Long Term Care Program	1,844,183	27,339,968	29,184,151	258.00
25024A	ADS Adult Protective Services	1,018,530	4,892,444	5,910,974	44.40
25025A	Veterans' Services	114,213	247,247	361,460	3.33
25025B	Veterans' Services Expansion	235,375	0	235,375	2.67
25026A	ADS Public Guardian/Conservator	1,226,586	0	1,226,586	10.00
25027	ADS Administration	220,505	1,249,444	1,469,949	7.80
25030	ADS Elders in Action Commission and Personal Advocacy	168,493	0	168,493	0.00
25031	Protected Persons Special Advocate Program	50,000	0	50,000	0.00

# County Human Services

fy2015 adopted budget

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
<b>Domestic Violence Services</b>					
25041A	Domestic Violence Crisis Services	831,634	170,505	1,002,139	0.00
25042A	Domestic Violence Community Based Services	823,811	699,827	1,523,638	2.00
25043A	Domestic Violence Housing & Stabilization	199,655	514,403	714,058	0.00
25043B	Domestic Violence Housing & Stabilization Back Fill	58,016	0	58,016	0.00
25044A	Domestic Violence Administration & Coordination	707,139	71,142	778,281	6.00
25047A	Domestic Violence Enhanced Response Team	229,716	208,646	438,361	1.25
25047B	Domestic Violence Enhanced Response Team Back Fill	71,000	0	71,000	0.00
<b>Mental Health and Addiction Services</b>					
25050	MHASD Administration	232,230	1,077,985	1,310,216	6.00
25051	Mental Health Pilot-Crisis Assessment & Treatment Center (CATC) Behavioral Health Triage for Adults	658,721	0	658,721	0.00
25052	Medical Records for MHASD	729,447	78,509	807,955	9.00
25053	Mental Health Quality Management & Protective Services	1,036,097	3,274,452	4,310,549	23.10
25055A	Behavioral Health Crisis Services	1,258,760	5,238,133	6,496,893	16.54
25055B	Crisis Backfill	0	960,000	960,000	0.00
25056	Mental Health Crisis Assessment & Treatment Center (CATC)	1,197,500	2,251,550	3,449,050	0.00
25057	Inpatient, Subacute & Residential MH Services for Children	0	4,593,116	4,593,116	0.00
25058	Mental Health Commitment Services	1,179,117	4,090,816	5,269,933	25.50
25059	Peer-run Supported Employment Center	80,000	0	80,000	0.00
25060A	Mental Health Residential Services	1,111,683	7,500,406	8,612,090	8.00
25061	Adult Mental Health Initiative (AMHI)	0	4,601,420	4,601,420	7.25
25062	Mental Health Services for Adults	0	22,937,942	22,937,942	3.45
25063	Mental Health Treatment & Medications for the Uninsured	1,131,254	141,794	1,273,048	0.00
25064A	Early Assessment & Support Alliance	0	1,291,077	1,291,077	7.95
25065	Mental Health Services for Victims and Survivors of Domestic Violence	67,000	0	67,000	0.00

# County Human Services

fy2015 adopted budget

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
<b>Mental Health and Addiction Services (continued)</b>					
25067A	Community Based MH Services for Children & Families	1,652,903	16,303,623	17,956,526	21.40
25068	Multnomah Wraparound	0	1,711,782	1,711,782	12.67
25075A	School Based Mental Health Services	675,874	1,315,199	1,991,073	14.83
25075B	SBMH - Cultural Outreach Scale Up	64,516	0	64,516	1.00
25076A	Mental Health First Aid	103,500	30,000	133,500	0.00
25076B	Suicide Prevention Coordinator	86,107	0	86,107	1.00
25078A	Culturally Specific Mental Health Services	1,354,347	0	1,354,347	0.00
25080A	Adult Addictions Treatment Continuum	2,969,330	6,764,173	9,733,503	8.83
25085	Addiction Services Gambling Treatment & Prevention	0	517,403	517,403	0.17
25086	Addiction Services Alcohol & Drug Prevention	0	475,193	475,193	0.00
25088	Coordinated Diversion for Persons with Mental Illness	236,091	1,075,683	1,311,774	9.20
25090	Addictions Detoxification & Post Detoxification Housing	1,410,343	2,081,207	3,491,550	0.00
25094	Family & Youth Addictions Treatment Continuum	134,279	835,733	970,012	0.00
25098A	Family Involvement Team	0	759,935	759,935	0.00
<b>Community Services</b>					
25111A	Homeless Families Shelter & Emergency Services (HFSES)	1,233,460	1,257,972	2,491,432	0.00
25111C	HFSES - Coordinated Entry Expansion	25,000	0	25,000	0.00
25111E	HFSES - Coordinated Entry for Homeless Families	610,000	0	610,000	0.00
25115A	Homeless Benefit Recovery Project (HBR)	427,074	0	427,074	0.00
25118A	Community Services Administration (CSA)	801,415	0	801,415	6.50
25119	Energy Assistance	0	9,862,890	9,862,890	5.35
25121	Weatherization	0	4,395,605	4,395,605	7.65
25123	Community Healing Initiative	1,319,437	0	1,319,437	1.00
25133A	Housing Stabilization for Vulnerable Populations (HSVP)	2,209,818	1,543,396	3,753,214	3.69
25133B	HSVP - Short-Term Rent Assistance	500,000	0	500,000	0.00
25133C	HSVP - Streetroots	30,000	0	30,000	0.00

# County Human Services

fy2015 adopted budget

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
<b>Community Services -(cont.)</b>					
25133F	HSVP - Facility Based Transitional Housing	238,009	0	238,009	0.00
25133H	HSVP - Flex Funds for Veterans	50,000	0	50,000	0.00
25135A	Commercial Sexual Exploitation of Children (CSEC) - Victims System of Care	467,262	0	467,262	0.00
25136A	Homeless Youth System (HYS)	1,555,963	2,564,410	4,120,373	0.83
25136B	HYS - MH and Addictions Engagement Services	471,000	0	471,000	0.00
25138A	Runaway Youth Services (RYS)	833,446	169,172	1,002,618	0.17
25139A	Anti-Poverty Services (AP)	1,288,852	955,603	2,244,455	3.81
25139C	AP - Computers for Head Start Graduates	0	20,000	20,000	0.00
25140	Community Development	76,038	353,299	429,337	1.00
<b>SUN Service System</b>					
25143	SUN Service System Administration	1,140,391	8,438	1,148,830	8.50
25145A	SUN Community Schools	4,759,891	1,003,833	5,763,724	3.00
25145B	SUN Community Schools Scale- Maintain & Expand	943,097	1,027,000	1,970,097	2.00
25147A	Child & Family Hunger Relief	248,915	0	248,915	1.00
25147B	Child and Family Hunger Relief Scale – Expand Services	200,000	0	200,000	0.00
25149A	Social & Support Services for Educational Success	2,028,582	317,680	2,346,262	1.00
25151	Parent Child Development Services	1,463,212	112,050	1,575,262	1.00
25152	Early Kindergarten Transition – Expand, Sustain & Deepen	168,476	0	168,476	0.50
25154	Alcohol, Tobacco & Other Drug Services	130,192	0	130,192	0.00
25155	Services for Sexual Minority Youth	113,819	0	113,819	0.00
25156A	Bienestar Social Services	693,441	0	693,441	5.60
25158	SUN Early Learning HUB Implementation	0	558,357	558,357	2.00
25159	School Attendance Supports	<u>200,247</u>	<u>0</u>	<u>200,247</u>	<u>0.00</u>
<b>Total County Human Services</b>		<b>\$61,333,808</b>	<b>\$178,396,287</b>	<b>\$239,730,095</b>	<b>782.19</b>

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**Department:** County Human Services

**Program Contact:** Susan Myers

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**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 Summary

The DCHS Director's Office oversees the programmatic and fiscal management of the department and ensures that programs and activities are responsive and accountable to our clients, the community, the Board of County Commissioners, our contractors and our funders. The Director's Office is responsible for the management of about \$240 million budget of contracted and direct services and a workforce of about 782 FTE.

This office is working to increase efficiency in business practices and internal operations through its comprehensive strategic business plan which lays the foundation for: enhanced department-wide data analysis and performance evaluation; setting benchmarks and standards for quality services and conducting department-wide quality assurance and improvement efforts; and engaging in business system analysis to increase the efficient and effective use of technological systems. The Director's Office also oversees policy compliance, including HIPAA rules, coordinates legislative activities for the department and is responsible for emergency preparedness and disaster response planning.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of formal communications to employees <sup>1</sup>	57	50	50	50
Outcome	Advisors agree/strongly agree with the statement: Overall DCHS does its job well. <sup>2</sup>	-	100%	100%	-

### Performance Measures Descriptions

<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 2014 and will be repeated January 2016. Therefore no 'next year offer' is included.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$393,047	\$472,514	\$538,819	\$434,707
Contractual Services	\$151,302	\$86,083	\$417,972	\$121,000
Materials & Supplies	\$8,206	\$38,046	\$59,685	\$589
Internal Services	\$5,019	\$85,076	\$63,316	\$47,009
<b>Total GF/non-GF</b>	<b>\$557,574</b>	<b>\$681,719</b>	<b>\$1,079,792</b>	<b>\$603,305</b>
<b>Program Total:</b>	<b>\$1,239,293</b>		<b>\$1,683,096</b>	
<b>Program FTE</b>	3.84	3.16	3.92	3.08

Program Revenues				
Indirect for Dept. Admin	\$102	\$0	\$0	\$0
Intergovernmental	\$0	\$681,719	\$0	\$603,305
Other / Miscellaneous	\$470,063	\$0	\$826,018	\$0
<b>Total Revenue</b>	<b>\$470,165</b>	<b>\$681,719</b>	<b>\$826,018</b>	<b>\$603,305</b>

Explanation of Revenues

\$427,053 - Title XIX \$176,252 - State Mental Health Grant Local Admin \$829,510 - County General Fund Department Indirect: Based on FY15 Dept Indirect Rates published by Central Finance

Significant Program Changes

Last Year this program was: 25000A Director's Office

**Department:** County Human Services      **Program Contact:** Susan Myers  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 25000A  
**Program Characteristics:**

### Executive Summary

As a key component of the department's quality improvement efforts, the Business Process Coordinator works to streamline and consolidate the more than 80 data systems and databases currently in place; evaluates unmet technology and reporting needs; and directs the strategic effort for integrating data systems across the department. This position collaborates with county IT to provide cost-effective technology solutions to meet the department's business needs.

### Program Summary

The Business Process Coordinator position is a key part of the department's quality improvement efforts, increasing our ability to harness advances in technology to streamline systems and move toward a higher level of data-driven decisions and improved program performance. In the long term, technical oversight provided by this position will enable the department to track and coordinate client services among multiple divisions and to make better programmatic decisions. The ultimate goal is to leverage technology to better serve our clients.

The Business Process Coordinator has a significant impact on ensuring fiscal accountability and data-driven decision making; providing management with more useful and timely information; reducing staff time spent on manual manipulation of data; partnering with IT to efficiently utilize resources; investigating options for the use of mobile technology for workers in the field; improving the ability to share data among different divisions, systems and locations; creating a road map for effective and fiscally responsible progression of data systems; developing a department-wide approach to data collection and analysis and developing, implementing and managing a governance structure for prioritizing IT projects.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Perform an inventory of DCHS data systems <sup>1</sup>	-	1	1	-
Outcome	Develop plan for data consolidation and integration <sup>1</sup>	-	1	1	-
Output	Number of internal business process reviews completed <sup>2</sup>	-	-	-	4
Outcome	Processes reviewed will implement improvement plans to address performance issues <sup>2</sup>	-	-	-	100%

### Performance Measures Descriptions

<sup>1</sup> These measures are being discontinued.

<sup>2</sup> Key business processes will be assessed for their ability to fulfill objectives. Improvement plans will correct deficiencies and restore the process to acceptable performance levels.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$100,000	\$0	\$109,852	\$0
Materials & Supplies	\$0	\$0	\$1,603	\$0
Internal Services	\$0	\$0	\$575	\$0
<b>Total GF/non-GF</b>	<b>\$100,000</b>	<b>\$0</b>	<b>\$112,030</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$100,000</b>		<b>\$112,030</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
<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: 25000E Director's Office - Business Systems Analys

**Department:** County Human Services      **Program Contact:** Susan Myers  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25000A  
**Program Characteristics:**

**Executive Summary**

The purpose of the DCHS Grant writer position is to identify and access grants and coordinate grant- seeking efforts across the department. DCHS is missing potential funding opportunities that could enhance program development and increase service capacity. This position will write grant proposals as well as coordinate DCHS and county efforts.

**Program Summary**

As a key participant in the department's policy and quality improvement efforts, the grant writer will work with department leadership and staff to maximize and coordinate our ability to enhance service delivery across the county as well as to identify resources to support department infrastructure. As the state is increasingly moving toward competitive proposals for funding we previously received through formula allocations, this position is critical in helping to ensure that we continue to maintain funding levels. The grant writer will identify and track public and private funding opportunities, develop grant proposals and budgets, and provide technical assistance to DCHS staff and community partners in program planning, proposal writing and grant management. This position will also enhance our ability to collaborate across the county, aligning our efforts with the county's central grants coordinator and with those of the Health Department and Community Justice.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of grant proposals completed	-	-	-	6
Outcome	Percentage of successful awards	-	-	-	50%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$99,987	\$0
Materials & Supplies	\$0	\$0	\$1,603	\$0
Internal Services	\$0	\$0	\$575	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$102,165</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$102,165</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

Program Revenues				
<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:

**Department:** County Human Services

**Program Contact:** Urmila Jhattu

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

DCHS Human Resources supports nearly 800 regular and 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 Summary**

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of recruitments conducted	240	175	290	265
Outcome	Number of employee grievances that rise to step 2 <sup>1</sup>	-	-	5	4

**Performance Measures Descriptions**

<sup>1</sup> This is a new measure. The reduction of grievances may be an indicator that supervisors and employees are addressing conflicts and disagreements earlier in the process so a grievance is not filed.

## Legal / Contractual Obligation

Federal, state, local laws, rules and regulations covering wage and hour, discrimination, harassment, labor relations, privacy, employment at will, hiring, defamation, uniformed service employment and re-employment rights act and a variety of other employment related issues. Two labor agreements necessitate contract compliance regarding rates of pay, hours of work, fringe benefits, performance and employee development and other matters pertaining to employment and retention.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$288,384	\$585,330	\$299,554	\$564,540
Contractual Services	\$1,500	\$0	\$1,500	\$0
Materials & Supplies	\$18,430	\$2,000	\$17,200	\$4,150
Internal Services	\$87,770	\$12,822	\$76,603	\$26,873
<b>Total GF/non-GF</b>	<b>\$396,084</b>	<b>\$600,152</b>	<b>\$394,857</b>	<b>\$595,563</b>
<b>Program Total:</b>	<b>\$996,236</b>		<b>\$990,421</b>	
<b>Program FTE</b>	2.31	4.69	2.31	4.69

Program Revenues				
Intergovernmental	\$0	\$600,152	\$0	\$595,565
Other / Miscellaneous	\$300,906	\$0	\$393,020	\$0
<b>Total Revenue</b>	<b>\$300,906</b>	<b>\$600,152</b>	<b>\$393,020</b>	<b>\$595,565</b>

## Explanation of Revenues

\$424,480 - Title XIX

\$171,085- State Mental Health Grant Local Admin

\$393,020 - County General Fund Department Indirect: Based on FY15 Dept Indirect Rates published by Central Finance

## Significant Program Changes

Last Year this program was: 25001 Human Resources



**Department:** County Human Services

**Program Contact:** Rob Kodiriy

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**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 Summary**

Business Services supports the work of the department by providing: budget development, management and reporting; accounts payable and receivable; grant accounting and reporting for over 100 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 closely with Contracts Unit; work across the county with other departments and agencies; function as liaison staff serves as liaison between the department and internal service providers such as County Finance, Central Budget, and the Department of County Assets.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Percent of invoices paid in 30 days or less	83%	76%	77%	80%
Outcome	Percent of financial reports submitted to the grantor error free	99%	99%	99%	99%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,495,720	\$879,249	\$1,364,655	\$1,026,703
Contractual Services	\$874,891	\$14,234	\$907,759	\$14,200
Materials & Supplies	\$51,209	\$55,516	\$28,894	\$30,639
Internal Services	\$110,124	\$193,716	\$232,995	\$143,644
<b>Total GF/non-GF</b>	<b>\$2,531,944</b>	<b>\$1,142,715</b>	<b>\$2,534,303</b>	<b>\$1,215,186</b>
<b>Program Total:</b>	<b>\$3,674,659</b>		<b>\$3,749,489</b>	
<b>Program FTE</b>	15.86	9.64	14.26	10.74

Program Revenues				
Indirect for Dept. Admin	\$4,983	\$0	\$3,320	\$0
Intergovernmental	\$0	\$1,142,715	\$0	\$1,215,186
Other / Miscellaneous	\$826,421	\$0	\$871,741	\$0
<b>Total Revenue</b>	<b>\$831,404</b>	<b>\$1,142,715</b>	<b>\$875,061</b>	<b>\$1,215,186</b>

Explanation of Revenues

\$715,387 - Title XIX  
 \$368,251- State Mental Health Grant Local Admin  
 \$131,548 - Oregon Health Plan Premium(OHP)  
 \$871,741 - County General Fund Department Indirect: Based on FY15 Dept Indirect Rates published by Central Finance

Significant Program Changes

Last Year this program was: 25002 Business Services

**Department:** County Human Services

**Program Contact:** Priscilla Salvador

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**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 60% 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 Summary

The DCHS Contracts Procurement Unit (CPU) provides procurement development and contract support for an estimated 450 contracts, amendments, and purchase orders for all divisions in the department.

CPU is guided by Multnomah County PUR Administrative Procedures and Public Contract Review Board's (PCRB) Rules. CPU is involved in all stages of contracting framework: contract planning; contract development; contract administration. CPU serves as a liaison between County Central Purchasing and DCHS, implementing countywide sustainability and other initiatives. CPU also works in close cooperation with Business Services Unit and all divisions to ensure timely payment and monitoring, evaluation, and involvement in purchasing decisions.

In FY 2015, CPU staff will continue to adjust to using the implemented Supplier Relationship Management(SRM) procurement and contract system.

Along with department divisions, the Contracts Unit will continue the implementation of the Contract System Redesign process.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of executed contracts and amendments <sup>1</sup>	400	400	450	400
Outcome	Percent of annual contracts executed prior to start date <sup>2</sup>	100%	50%	84%	75%

### Performance Measures Descriptions

<sup>1</sup>The estimated number of new contracts written for FY15 will decrease to 400 due to the five year contract cycles ending. 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 FY15.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$947,407	\$43,064	\$950,794	\$26,812
Contractual Services	\$5,056	\$0	\$5,056	\$0
Materials & Supplies	\$13,648	\$4,294	\$15,356	\$3,000
Internal Services	\$93,699	\$0	\$104,241	\$200
<b>Total GF/non-GF</b>	<b>\$1,059,810</b>	<b>\$47,358</b>	<b>\$1,075,447</b>	<b>\$30,012</b>
<b>Program Total:</b>	<b>\$1,107,168</b>		<b>\$1,105,460</b>	
<b>Program FTE</b>	9.53	0.47	9.70	0.30

<b>Program Revenues</b>				
Intergovernmental	\$0	\$47,358	\$0	\$30,012
<b>Total Revenue</b>	<b>\$0</b>	<b>\$47,358</b>	<b>\$0</b>	<b>\$30,012</b>

Explanation of Revenues

\$30,012 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: 25003 Contracts Unit

**Department:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**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 4,700 people are provided quality case management, and, where eligible, provides residential, employment and in-home supports and protective services in the community. 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 Summary

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, assures monitoring for health and safety and that 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 stratified sampling method with a more focused review that is statistically valid, and is in compliance with federal and state requirements and the most recent Oregon Administrative Rule changes. Medicaid compliant files are primary as in-home supports are expanded via the new Community First Choice State Plan Option (K Plan). 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. Although the methodology will result in fewer audited records as a program output, the revised audit sampling will have greater validity than in the past.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of client records audited annually for Medicaid compliance <sup>1</sup>	3,900	1,300	1,500	720
Outcome	% of records audited that are Medicaid compliant <sup>2</sup>	75.9%	70.0%	85.7%	-
Outcome	% of federally-funded plans re-authorized annually <sup>3</sup>	-	-	-	100%

### Performance Measures Descriptions

<sup>1</sup> Reduction of this output for FY15 reflects both the reduction due to moving toward a stratified sampling method for auditing as well as a reduction in staff capacity.

<sup>2</sup> Discontinue this measure.

<sup>3</sup> New measure to better reflect CMS requirement and programmatic risk for repayment of funds if outcome is not achieved.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,463,617	\$0	\$1,460,935
Contractual Services	\$843,968	\$135,000	\$863,968	\$11,000
Materials & Supplies	\$0	\$17,975	\$0	\$18,758
Internal Services	\$0	\$226,020	\$0	\$188,988
<b>Total GF/non-GF</b>	<b>\$843,968</b>	<b>\$1,842,612</b>	<b>\$863,968</b>	<b>\$1,679,681</b>
<b>Program Total:</b>	<b>\$2,686,580</b>		<b>\$2,543,649</b>	
<b>Program FTE</b>	0.00	17.00	0.00	16.79

Program Revenues				
Intergovernmental	\$0	\$1,590,971	\$0	\$1,679,681
Beginning Working Capital	\$0	\$251,641	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,842,612</b>	<b>\$0</b>	<b>\$1,679,681</b>

Explanation of Revenues

\$1,483,235 - State Mental Health Grant Local Admin \$196,446 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: 25010 DD Administration & Support

**Department:** County Human Services

**Program Contact:** Dan Haynes

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

The Developmental Disabilities Systems, Contracts and Budget unit provides oversight for the division's budget, systems for enrolling clients into services, and procurements and contracts. The unit manages funding for comprehensive and in-home services to clients, tracks and verifies revenue, ensures funds are applied to appropriate cost centers, and oversees expenses and changes that are incurred. The unit conducts monthly review of each service element to ensure they balance to the state Client Process Monitoring System (CPMS) and to the state's payment system (eXPRS).

### Program Summary

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. As the designated local authority the unit is responsible for management of 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, supported living, foster care, employment, transportation and rent subsidy which are direct pay to providers from the state; county crisis funds, family support funds, children's 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 128 employees and approximately 1,383 clients in comprehensive waived services.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	% of 0337 enrollment forms accurately processed monthly <sup>1</sup>	92.92%	95.0%	99.17%	95.0%
Outcome	% of errors noted in monthly CPMS reconciliation <sup>2</sup>	0.0%	3.5%	0.0%	3.5%

### Performance Measures Descriptions

<sup>1</sup> The 0337 enrollment form is the mechanism by 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$916,851	\$0	\$931,538
Contractual Services	\$582,696	\$3,159,462	\$582,696	\$3,468,652
Materials & Supplies	\$0	\$8,847	\$0	\$10,438
Internal Services	\$0	\$104,975	\$0	\$101,031
<b>Total GF/non-GF</b>	<b>\$582,696</b>	<b>\$4,190,135</b>	<b>\$582,696</b>	<b>\$4,511,659</b>
<b>Program Total:</b>	<b>\$4,772,831</b>		<b>\$5,094,355</b>	
<b>Program FTE</b>	0.00	9.00	0.00	9.00

Program Revenues				
Intergovernmental	\$0	\$4,190,135	\$0	\$4,511,657
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,190,135</b>	<b>\$0</b>	<b>\$4,511,657</b>

Explanation of Revenues

\$103,393 - Housing Authority of Portland \$1,022,485 - State Mental Health Grant Local Admin \$66,000 - Crisis Intervention \$2,267,093 - Self-Directed Individual/Families \$3,000 - Special Projects \$299,310 - Foster Care \$216,894 - Family Support Services \$512,962 - Long Term Support for Children \$20,520 - Regional Crisis Coordination

Significant Program Changes

Last Year this program was: 25011 DD Systems, Contracts and Budget



**Department:** County Human Services      **Program Contact:** Aubrey Davis  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program case manages approximately 1,215 adult Medicaid recipients out of the approximately 4,700 total caseload of developmentally disabled consumers. Of the adult consumers, approximately 1,215 are actively enrolled in a funded residential and/or vocational program under the Home and Community Based Waiver. The primary responsibility is to monitor over 560 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 Summary

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total number of adults served	1,469	2,350	1,758	1,750
Outcome	Total monitoring visits for residential sites <sup>1</sup>	11,750	5,000	10,848	10,000

### Performance Measures Descriptions

<sup>1</sup> The increase from 5,000 to 10,000 visits reflects a change in the program model to emphasize the value and frequency of monitoring visits.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$3,290,597	\$0	\$3,372,331
Contractual Services	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$0	\$35,448	\$0	\$43,687
Internal Services	\$0	\$418,629	\$0	\$440,338
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,754,674</b>	<b>\$0</b>	<b>\$3,866,356</b>
<b>Program Total:</b>	<b>\$3,754,674</b>		<b>\$3,866,356</b>	
<b>Program FTE</b>	0.00	36.00	0.00	37.01

Program Revenues				
Intergovernmental	\$0	\$3,649,504	\$0	\$3,866,355
Beginning Working Capital	\$0	\$105,170	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,754,674</b>	<b>\$0</b>	<b>\$3,866,355</b>

Explanation of Revenues

\$506,550 - State Mental Health Grant Local Admin  
 \$3,328,044 - State Mental Health Grant Case Management  
 \$31,761 - State Mental Health Grant Flex Funding

Significant Program Changes

Last Year this program was: 25012 DD Services for Adults

New language in Oregon Administrative Rules includes stronger requirements for site visits and monitoring of client services than in the past, resulting in a substantially increased number of monitoring visits. Service Coordinators must monitor services in the ISP, the residential facility, financial records, medication management and behavior support services, plus followup monitoring from protective services and incident reporting.

**Department:** County Human Services      **Program Contact:** Sherrelle Owens

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program case manages approximately 1,300 children (birth to 18) who have been determined to have a developmental disability out of the 4,700 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 Summary**

Services for children are child-centered and family focused, providing assistance required to maintain the child in the family home. The Children's and Young Adults Case Management Program (CYAP) provides 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. Funding for In-home support services to help keep children in their family home significantly increased this year with the introduction of the K-Option Waiver (Kplan). This increase has significantly impacted the work load of Service Coordinators. Examples include: increased number of face to face visits per client from annually to quarterly; monthly billable service required for all in waived case management, compared to as needed; now 100% of all clients receiving K Plan services are required to have a needs assessment completed annually; increased requirements for documents and checklists that were not previously required, such as ten additional forms total for the Annual Service Plan, Child's Needs Assessment and Level of Care required assessments, eight additional forms if OSIP-M presumptive Medicaid eligibility application is required, one additional K Plan funded services form, and twenty-three to twenty-five additional forms for payroll enrollment with the fiscal intermediary if a funded plan is approved via the K Plan.

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. CYAP has also partnered with MHASD Children's System of Care Wraparound Program by funding a CM2 position that works half time in MHASD Wraparound and half time in DDS. The goal of this position is to address systems barriers faced by dually served clients and provide education to providers/system about each others programs to enhance service delivery, accessibility of services, and cross training.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of children served	1,285	1,300	1,351	1,300
Outcome	% of children retained in the family home <sup>1</sup>	-	85.0%	87.83%	88.0%

**Performance Measures Descriptions**

<sup>1</sup> This is a new measure in FY14, so there is no data for FY13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$3,154,202	\$0	\$3,000,058
Contractual Services	\$24,140	\$0	\$24,140	\$0
Materials & Supplies	\$0	\$32,241	\$0	\$39,428
Internal Services	\$0	\$382,988	\$0	\$407,391
<b>Total GF/non-GF</b>	<b>\$24,140</b>	<b>\$3,569,431</b>	<b>\$24,140</b>	<b>\$3,446,877</b>
<b>Program Total:</b>	<b>\$3,593,571</b>		<b>\$3,471,017</b>	
<b>Program FTE</b>	0.00	33.80	0.00	34.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$3,385,823	\$0	\$3,446,878
Beginning Working Capital	\$0	\$183,608	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,569,431</b>	<b>\$0</b>	<b>\$3,446,878</b>

Explanation of Revenues

\$320,913 - State Mental Health Grant Local Admin  
 \$3,057,558 - State Mental Health Grant Case Management  
 \$68,407 - State Mental Health Grant Regional Crisis Coordination

Significant Program Changes

Last Year this program was: 25013 DD Services for Children

The introduction of the K-Option Waiver (Kplan) has significantly impacted the work load of Service Coordinators. Examples include: increased number of face to face visits per client from annually to quarterly; monthly billable service required for all in waived case management, compared to as needed; now 100% of all clients receiving K Plan services are required to have a needs assessment completed annually; increased requirements for documents and checklists that were not previously required, such as ten additional forms total for the Annual Service Plan, Child's Needs Assessment and Level of Care required assessments, eight additional forms if OSIP-M presumptive Medicaid eligibility application is required, one additional K Plan funded services form, and twenty-three to twenty-five additional forms for payroll enrollment with the fiscal intermediary if a funded plan is approved via the K Plan.

**Department:** County Human Services      **Program Contact:** Dan Haynes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Abuse Investigation Team reviews all serious event reports submitted to the division. The team determines which events meet Oregon's definitions of abuse and neglect and conducts investigations of those incidents. Abuse investigators screen approximately 1,300 serious event reports per year and open an average of 260 investigations annually. They answer requests and telephone inquiries from a wide range of parties including division staff, staff and management of provider agencies, law enforcement, other DCHS programs and the general public.

**Program Summary**

The primary responsibility of the investigation unit is to ensure timely and appropriate safety plans are in place for clients when necessary, as well as to conduct thorough and unbiased investigations of alleged abuse and neglect. Investigators perform these duties as the designee of the State of Oregon and under the oversight of the Office of Adult Abuse Prevention and Investigations (OAAPI).

The team investigates allegations of abuse, neglect or exploitation of adults now or previously enrolled in the Developmental Disabilities system. This includes clients served by brokerages, who do not receive county case management services. Brokerages are a secondary case management system to which clients may be referred. However, the County Developmental Disabilities Program retains Medicaid responsibilities for these clients, including abuse investigations. 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 OAR 407-045-0260.

The team maintains ongoing relationships with local, state and federal law enforcement agencies and participates in the District Attorney's Multi-Disciplinary Team as legislated in Oregon Revised Statute 430.735 to 430.765.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of investigations closed	200	240	224	240
Outcome	% of abuse referrals screened within 5 working days	96.42%	90.0%	94.3%	90.0%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$212,278	\$780,893	\$300,747	\$607,199
Contractual Services	\$0	\$24,060	\$0	\$1,000
Materials & Supplies	\$2,459	\$5,405	\$3,830	\$7,542
Internal Services	\$29,041	\$63,889	\$52,183	\$108,025
<b>Total GF/non-GF</b>	<b>\$243,778</b>	<b>\$874,247</b>	<b>\$356,760</b>	<b>\$723,766</b>
<b>Program Total:</b>	<b>\$1,118,025</b>		<b>\$1,080,526</b>	
<b>Program FTE</b>	2.50	7.50	3.50	6.50

<b>Program Revenues</b>				
Intergovernmental	\$0	\$787,182	\$0	\$723,766
Beginning Working Capital	\$0	\$87,065	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$874,247</b>	<b>\$0</b>	<b>\$723,766</b>

Explanation of Revenues

\$204,302 - State Mental Health Grant Local Admin \$519,464 - State Mental Health Grant Abuse Investigation Services

Significant Program Changes

Last Year this program was: 25014 DD Abuse Investigations

**Department:** County Human Services      **Program Contact:** Dan Haynes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 3,000 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.

**Program Summary**

To access comprehensive and support services the individual must be Medicaid eligible and have a functional assessment completed. 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 is responsible for arranging crisis placements and quick response and technical assistance, as well as monitoring services provided by contracted agencies and/or families. These supports are accessed through a functional assessment when support needs change. Clients accessing crisis services tend to be at high risk due to vulnerability resulting from their disabilities or find themselves in volatile living situations.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of programmatic monitoring visits performed by the unit	461	400	462	400
Outcome	% of clients receiving crisis services, who are stable at 6 months post crisis <sup>1</sup>	82.2%	80.0%	86.6%	-
Outcome	% of adults requesting a crisis placement who are placed safely within 2 business days <sup>2</sup>	-	-	-	90.0%

**Performance Measures Descriptions**

<sup>1</sup>Discontinue this measure.

<sup>2</sup>New outcome measure to better reflect Region I's changing responsibilities resulting from Community First Choice Option (K Plan) implementation.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,434,962	\$0	\$1,316,382
Contractual Services	\$0	\$652,965	\$0	\$570,300
Materials & Supplies	\$0	\$13,999	\$0	\$17,102
Internal Services	\$0	\$189,200	\$0	\$181,475
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,291,126</b>	<b>\$0</b>	<b>\$2,085,259</b>
<b>Program Total:</b>	<b>\$2,291,126</b>		<b>\$2,085,259</b>	
<b>Program FTE</b>	0.00	14.35	0.00	13.35

Program Revenues				
Fees, Permits & Charges	\$0	\$15,000	\$0	\$13,000
Intergovernmental	\$0	\$2,165,953	\$0	\$2,072,259
Beginning Working Capital	\$0	\$110,173	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,291,126</b>	<b>\$0</b>	<b>\$2,085,259</b>

**Explanation of Revenues**

- \$440,811 - State Mental Health Grant Local Admin
- \$116,274 - State Mental Health Grant Case Management
- \$500,000 - State Mental Health Grant Crisis Intervention Services
- \$1,015,174 - State Mental Health Grant Regional Crisis Coordination
- \$13,000 - Miscellaneous Fees (based on historical averages)

**Significant Program Changes**

Last Year this program was: 25015 DD Monitoring and Crisis Services



**Department:** County Human Services      **Program Contact:** Dan Haynes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Eligibility is the entryway to developmental disabilities services and introduces potential clients to all county services. Intakes average 68 people per month with an approximate total of 815 per year. Per Oregon Administrative Rules, eligibility must be re-determined for children at age 7, at age 18 for individuals with intellectual disabilities and at age 22 for individuals with developmental disabilities. Roughly 280 clients per year are re-evaluated to determine continuing eligibility for developmental disabilities services.

**Program Summary**

The Intake and Eligibility Program is the single point of access to services for people with intellectual and developmental disabilities. The program strives to provide excellent customer services to all applicants. Regular community outreach is conducted to increase awareness of Multnomah County Developmental Disabilities services and application process. Intake appointments are provided in the office or in the community including the applicant's home. Intakes are conducted in the applicant's primary language through the use of bilingual staff or an interpreter services. Individuals moving from out of state are offered a preliminary eligibility review to reduce relocation challenges. The division has the capability of providing bilingual intakes in Spanish, Vietnamese, Russian, Mandarin, Cantonese and Farsi. Applicants found not eligible are provided referrals to community resources. Eligible clients are paired with a Multnomah County Developmental Disabilities case manager who will assist with accessing a menu of services based on the client's level of care. Additionally the Housing Specialist provides backup clinical support and emergency housing and rent assistance to vulnerable clients.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of intake eligibility referrals	784	775	650	815
Outcome	% of referrals made eligible for DD services	74.69%	75.0%	76.8%	75.0%

**Performance Measures Descriptions**

As these continuing performance measures apply only to eligibility and intake, they do not reflect the loss of services resulting from elimination of the Housing Specialist. The Scaled Offer adds performance measures for housing.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$333,752	\$519,150	\$237,735	\$527,184
Contractual Services	\$30,000	\$0	\$25,398	\$0
Materials & Supplies	\$3,290	\$4,571	\$2,728	\$6,558
Internal Services	\$38,914	\$54,014	\$35,037	\$63,033
<b>Total GF/non-GF</b>	<b>\$405,956</b>	<b>\$577,735</b>	<b>\$300,898</b>	<b>\$596,775</b>
<b>Program Total:</b>	<b>\$983,691</b>		<b>\$897,673</b>	
<b>Program FTE</b>	3.35	4.65	2.35	5.65

Program Revenues				
Intergovernmental	\$0	\$483,902	\$0	\$596,775
Beginning Working Capital	\$0	\$93,833	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$577,735</b>	<b>\$0</b>	<b>\$596,775</b>

Explanation of Revenues

\$596,775 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: 25016 DD Eligibility & Intake Services

**Department:** County Human Services      **Program Contact:** Lee Girard  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25020B  
**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 220,000 older adults and people with disabilities. Over 64,000 callers receive information and assistance and 12,657 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 Aging and Disability Resource Connection (ADRC) Helpline, five District Senior Centers and nine Culturally-specific Contractors.

**Program Summary**

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. ADS employs evidence-based culturally competent practices to ensure effective outcomes.

Aging and Disability Resource Connection (ADRC) Helpline and District Senior Center employees and volunteers counsel and connect older adults, people with disabilities, and their families to county and community resources, public benefits, long term care services and emergency services. Last fiscal year, ADS, together with contracted partners, provided options counseling, case management and in-home services, including home-delivered meals, to more than 7,800 older adults and people with disabilities and their families. These services are funded through Oregon Project Independence, the Older Americans Act and County General Fund.

Transportation was provided to 1,442 individuals so they could access medical, nutrition and social supports. District Senior Centers provided over 86,000 health, wellness and recreation activities to older adults in the county. The ADS network provided 616,556 congregate and home-delivered meals in the last fiscal year. Culturally-specific community organizations provided targeted outreach and nutrition services to 894 ethnic and racial minority elders.

Emergency Services help vulnerable older adults and people with disabilities avoid homelessness and acute health emergencies by providing emergency housing assistance to over 540 individuals, and emergency prescription and special medical assistance to 187 individuals. Over 84% of people receiving bed bug mitigation assistance were able to retain their housing after six months.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Individuals receiving in-home, community and emergency services	12,657	13,000	12,080	12,000
Outcome	Clients served who are ethnic/racial minorities (% of total elders served)	25%	23%	25%	25%
Outcome	ADRC Helpline and District Senior Center Calls	64,462	56,000	73,292	72,000

**Performance Measures Descriptions**

## 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 Section 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	2014	2014	2015	2015
Personnel	\$894,917	\$1,362,700	\$777,385	\$1,606,793
Contractual Services	\$2,340,649	\$4,102,139	\$2,207,205	\$5,251,010
Materials & Supplies	\$29,580	\$61,890	\$23,060	\$127,707
Internal Services	\$467,681	\$527,561	\$532,422	\$644,369
<b>Total GF/non-GF</b>	<b>\$3,732,827</b>	<b>\$6,054,290</b>	<b>\$3,540,072</b>	<b>\$7,629,879</b>
<b>Program Total:</b>	<b>\$9,787,117</b>		<b>\$11,169,951</b>	
<b>Program FTE</b>	9.36	13.04	8.22	12.88

Program Revenues				
Indirect for Dept. Admin	\$17,237	\$0	\$42,577	\$0
Fees, Permits & Charges	\$0	\$40,470	\$0	\$0
Intergovernmental	\$0	\$5,604,909	\$0	\$7,267,213
Other / Miscellaneous	\$0	\$0	\$0	\$16,975
Beginning Working Capital	\$0	\$254,717	\$0	\$147,000
Service Charges	\$0	\$154,194	\$0	\$198,690
<b>Total Revenue</b>	<b>\$17,237</b>	<b>\$6,054,290</b>	<b>\$42,577</b>	<b>\$7,629,878</b>

## Explanation of Revenues

\$2,221,330 - Older Americans Act federal funds; \$1,177,097 - Oregon Project Independence; \$501,257 - Veteran's Medical Center; \$885,728- Title XIX; \$435,945 - Aging Disability Resource Connections; \$1,850 - City of Fairview; \$3,000 - City of Troutdale; \$40,470 - Fees & Donations; \$ 158,220 - Contractor Rentals; \$242,875 - Corporation of National & Community Foster Grandparent Program; \$147,000 - Beginning Working Capital; \$391,802 - US Department of Agriculture; \$455,140 - Community Care Transition; \$51,666 MIPPA; \$823,342 – Gatekeeper Training; \$93,156 – various smaller Federal/State grants

## Significant Program Changes

**Last Year this program was:** 25020A ADS Access & Early Intervention Services

This offer incorporates FY14 PO #25028 "Bed Bug Eviction Mitigation" and partial funds from PO #25037 "ADS Restore County General Fund Match to Maintain Staffing". Veteran's Services has been moved to new PO #25025A. ADS faces the loss of \$565,819 in one-time funding from the County and City of PDX for District Senior Center health, wellness and prevention services - see PO #25020B-ADS Senior Center Prevention Services. Prior to FY14 these were ongoing funds from the City of Portland. A total of net 3.30 FTE was reduced as follows: reduced .50 FTE Office Assistant 2 (transferred to PO#25025A-Veterans Services); added 1.00 FTE Comm. Info Spec.; reduced 1.00 FTE Case Manager Sr. and reduced 2.80 FTE Veterans' Service Officer (transferred to PO#25025A-Veterans Services and increased by .03 FTE). A FY14 1.00 FTE Comm Info Spec. and a 1.00 FTE Case Manager Sr. were included in the history for "ADS LTC Program" PO #25023.

**Department:** County Human Services      **Program Contact:** Lee Girard  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25020A  
**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 220,000 older adults and people with disabilities. Through five District Senior Centers and nine Culturally-specific Contractors people receive a variety of community services that support independence, promote health and prevent institutionalization. This offer requests ongoing funds of \$565,819 to backfill FY14 one-time funding from the City of Portland and County General Fund for District Senior Center services.

### Program Summary

Aging and Disability Services Division (ADS) Access and Early Intervention Services is the first point of contact for the county's 220,000 older adults and people with disabilities. Through five District Senior Centers and nine Culturally-specific Contractors people receive a variety of community services that support independence, promote health and prevent institutionalization.

Five district senior service centers and their consortiums serve as neighborhood focal points, as required by the Older Americans Act, to help older adults and people with disabilities, and family caregivers gain access to services, authorize service through other providers, and also provide some services directly. ADS contracts with District Senior Centers to provide the services listed below. In the current FY14 budget, City of Portland/County General Fund one-time funding of \$565,816 supports the following prevention and early intervention services addressing health, wellness and socialization:

- Support groups: grief, depression, Alzheimer's and related dementias, caregivers, etc.
- Recreation and education activities: cultural events, genealogy, history and public affairs, games, craft classes, community excursions, etc.
- Health, wellness, exercise and prevention activities: includes evidence-based health promotion/chronic disease management; preventive screening, counseling and referral; physical activity and falls prevention; nutrition education; and depression/mental health supports.
- District Senior Center management: this includes overseeing volunteers who manage the above activities, staffing the center, scheduling and publicizing activities, setting up activities, etc.
- Transportation to participate in the activities listed above.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of participants attending health, wellness and recreation activities <sup>1</sup>	-	-	-	86,000
Outcome	Participants are satisfied or very satisfied with activities	-	-	-	85%

### Performance Measures Descriptions

<sup>1</sup>Regularly scheduled classes that people may attend multiple times.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$565,819	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$565,819</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$565,819</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25020A ADS Access & Early Intervention Services

District Senior Center funding was included in PO #25020A ADS Access & Early Intervention Services in FY14.

**Department:** County Human Services

**Program Contact:** Lee Girard

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**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 139 people in FY13. Case management services are focused on short-term intensive supports and consumer-centered services with the goal of supporting clients' self-direction and self-management.

**Program Summary**

Through the Multnomah Project Independence (MPI) 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, home-delivered meals and transportation. The program closely integrates MPI case management with ADS Adult Protective Services, Emergency Services, Long Term Care Service Intake and Oregon Project Independence. 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Clients receiving MPI case management and in-home services	139	130	131	130
Outcome	Individuals retain housing after receiving MPI assistance <sup>1</sup>	90%	90%	90%	90%

**Performance Measures Descriptions**

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$85,141	\$0	\$87,690	\$0
Contractual Services	\$208,849	\$0	\$208,849	\$0
Materials & Supplies	\$1,311	\$0	\$1,311	\$0
<b>Total GF/non-GF</b>	<b>\$295,301</b>	<b>\$0</b>	<b>\$297,850</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$295,301</b>		<b>\$297,850</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
<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: 25021 Multnomah Project Independence



**Department:** County Human Services      **Program Contact:** Felicia Akubuiro  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Adult Care Home Program (ACHP) licenses and monitors 631 adult care homes and 11 room and board facilities in Multnomah County. Homes offer affordable 24-hour care in safe and culturally appropriate settings. Adult care homes are licensed under Multnomah County Administrative Rules. ACHP licenses 2,779 adult care home beds and 58 room and board beds annually. These beds are available to older adults and adults with disabilities, and offer a less expensive homelike alternative to an institutional nursing home setting.

### Program Summary

The Adult Care Home Program (ACHP) is responsible for ensuring 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 (MCAR's). ACHP's guiding principles are that every individual living in an adult care home is to be treated respectfully and receive quality care.

Adult care homes provide a quality long term care option for older adults and adults with disabilities desiring to live in the community. ACHP serves 1,226 Medicaid clients while saving taxpayers thousands of dollars a year. The average monthly Medicaid cost of services provided to older adults and adults with disabilities in an adult care home is \$1,879. This is less than one-third of the \$6,821 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.

All homes are inspected and licensed annually. 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. Semi-annual unannounced monitoring reduces the risk of abuse and neglect of residents in adult care homes and ensures adherence to MCAR's and quality care. ACHP takes corrective action when it identifies issues of noncompliance in the home. Program staff provide technical assistance to adult care home operators and issue and enforce written warnings, sanctions or fines when there are serious deficits. Last fiscal year 100% of adult care homes had their individualized emergency preparation plans reviewed by program monitors.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total number of adult care homes licensed and inspected yearly	631	630	631	645
Outcome	Adult care homes with two or more monitoring visits in a year	100%	100%	100%	100%
Outcome	Adult care home/nursing home cost efficiency ratio <sup>1</sup>	27.5%	32%	27.5%	28%

### Performance Measures Descriptions

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

## Legal / Contractual Obligation

Multnomah County has a contract with the State of Oregon to administer the licencing, 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
Program Expenses	2014	2014	2015	2015
Personnel	\$23,613	\$1,157,033	\$26,784	\$1,304,859
Contractual Services	\$50,979	\$325,900	\$76,360	\$379,900
Materials & Supplies	\$1,061	\$52,305	\$1,129	\$55,313
Internal Services	\$3,743	\$213,909	\$3,746	\$221,437
<b>Total GF/non-GF</b>	<b>\$79,396</b>	<b>\$1,749,147</b>	<b>\$108,019</b>	<b>\$1,961,509</b>
<b>Program Total:</b>	<b>\$1,828,543</b>		<b>\$2,069,527</b>	
<b>Program FTE</b>	0.26	12.74	0.30	14.70

Program Revenues				
Fees, Permits & Charges	\$0	\$304,900	\$0	\$304,900
Intergovernmental	\$0	\$1,444,247	\$0	\$1,656,606
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,749,147</b>	<b>\$0</b>	<b>\$1,961,506</b>

## Explanation of Revenues

\$1,656,606 - Title XIX \$304,900 - Fees & Fines (based on historical averages)

## Significant Program Changes

**Last Year this program was:** 25022 ADS Adult Care Home Program

Increase by 2.0 FTE: 1.0 FTE Program Coordinator and 1.0 FTE Program Supervisor as result of increased Medicaid allocation from the state.

**Department:** County Human Services      **Program Contact:** Cathy Clay-Eckton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Long Term Care (LTC) program determines eligibility for financial, nutritional, medical and case management services for 45,180 low-income older adults and persons with disabilities. Intensive case management is provided to 7,133 clients each month who meet state criteria for nursing home care because they need help with daily self-care tasks. LTC served 5,811 clients in community-based settings and 1,322 clients in nursing facilities. LTC brings over \$33.5 million into the local economy through Supplemental Nutrition Assistance, medical, dental and LTC benefits received monthly by clients.

### Program Summary

Under contract with the state, the Long Term Care (LTC) 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 Supplemental Nutrition Assistance Program (SNAP). 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 includes 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 7,133 nursing home-eligible clients; 5,811 clients (81%) receive in-home or community-based services that promote or support their independence outside of a nursing home, while an additional 1,322 (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 long term care system continues to focus on opportunities to innovate around services for clients with difficulty accessing care as well as those with greater challenges to reach our shared goal of greater independence living in the community.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg monthly number of nursing home-eligible clients receiving long term care assistance	7,133	7,332	7,190	7,190
Outcome	Ratio of nursing home-eligible clients served in the community vs. nursing home <sup>1</sup>	81.5%	81.0%	81.7%	82.0%

### Performance Measures Descriptions

<sup>1</sup>A higher ratio indicates a better outcome.

## Legal / Contractual Obligation

§1903(a) of the Social Security Act, 42 CFR-Medicaid Administration; 7 CFR-SNAP; §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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$108,282	\$18,947,797	\$0	\$21,707,136
Contractual Services	\$2,151,498	\$120,912	\$1,844,183	\$164,632
Materials & Supplies	\$3,091	\$351,777	\$0	\$495,593
Internal Services	\$0	\$4,571,465	\$0	\$4,972,607
<b>Total GF/non-GF</b>	<b>\$2,262,871</b>	<b>\$23,991,951</b>	<b>\$1,844,183</b>	<b>\$27,339,968</b>
<b>Program Total:</b>	<b>\$26,254,822</b>		<b>\$29,184,151</b>	
<b>Program FTE</b>	1.12	221.88	0.00	258.00

Program Revenues				
Indirect for Dept. Admin	\$5,703	\$0	\$6,368	\$0
Intergovernmental	\$0	\$23,740,450	\$0	\$27,087,665
Other / Miscellaneous	\$0	\$251,501	\$0	\$252,306
<b>Total Revenue</b>	<b>\$5,703</b>	<b>\$23,991,951</b>	<b>\$6,368</b>	<b>\$27,339,971</b>

## Explanation of Revenues

\$26,988,278 - Title XIX \$133,685 - Providence Medical Center \$118,621 - Oregon Health Sciences University Case Manager (FTE) grant \$99,387 – LTSS Innovator Agent Funding

## Significant Program Changes

**Last Year this program was:** 25023A ADS Long Term Care Program

This program offer incorporates PO #25023B ADS Long Term Care - Continuing Service Level and partial funds from PO #25037 ADS Restore County General Fund Match to Maintain Staffing. Increased Medicaid funding, as result of 95% equity, caseload growth and workload staffing model, resulted in an increase of 37 FTE: 3 FTE Office Assistant 2's, 1 FTE Office Assistant Senior, 1 FTE Case Management Assistant, 1 FTE Program Tech, 11 FTE Case Manager 1's, 7 FTE Case Manager 2's, 8 FTE Case Manager Seniors, 1 FTE Program Specialist, 1 FTE Program Specialist Senior, 3 FTE Program Supervisors. Transition & Diversion (T&D) resources have nearly doubled to address increased state focus on T&D and reducing nursing facility census. Other changes include implementation of the K-plan Option, Medicaid expansion, and MOU's with Coordinated Care Organizations (CCO) regarding interaction between CCO partners and LTC program.

**Department:** County Human Services      **Program Contact:** Wendy Hillman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25024B  
**Program Characteristics:**

### Executive Summary

Adult Protective Services (APS) is responsible for improving the quality of life of 220,000 older adults, people with disabilities and veterans by protecting them from abuse, financial exploitation, neglect and self-neglect. This program conducts abuse investigations, provides risk management and Multi-Disciplinary Team (MDT) services and educates the community about abuse. APS workers prevent further harm by linking victims of abuse to critical health, legal and human services.

### Program Summary

The primary goal of the Adult Protective Services (APS) program is to protect vulnerable older adults and persons with disabilities from abuse, neglect, self-neglect and financial exploitation. APS workers link vulnerable adults to needed health care, housing, social services, legal and client advocacy agencies. Workers investigate abuse and rule violations in 96 care facilities and 631 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 FY13. Last fiscal year, the APS Financial Abuse Support Team (FAST) and others recovered or preserved \$896,079 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 consultation, in-home assessments and interventions to stabilize clients who have complex medical, mental health and psycho-social needs. The core team membership consists of an APS clinical services specialist, an APS community health nurse, a contracted mental health specialist and an investigator or case manager; others join the team as needed. The District Attorney's office, law enforcement officers, the public guardian and County Counsel of Multnomah County participate each month on a larger law enforcement staffing to discuss criminal cases.

MDT provided 1,628 client contacts and 4,639 hours of nursing clinical supports to 1,338 older adults and people with disabilities. This service is designed for clients who have barriers to obtaining medical, mental health or legal types of intervention. Ninety-six percent of MDT participants showed improvement after MDT intervention. MDT interventions reduce the risk of unnecessary hospitalizations or homelessness for these clients. APS provides risk management services to stabilize clients, providing some clients with 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Protective services investigations completed	2,542	2,750	2,750	2,893
Outcome	Reabuse rate for older adults and people with disabilities <sup>1</sup>	2%	2%	2%	2%
Outcome	Clients with stable or improved overall living situation after 90 days of MDT intervention <sup>2</sup>	96%	90%	96%	96%

### Performance Measures Descriptions

<sup>1</sup>Current reabuse rate estimate is based on State of Oregon figures. Data is from January-December 2013. Reabuse is defined as more than one investigation resulting in a substantiated abuse allegation during calendar year 2013 for all victims in Multnomah County.

<sup>2</sup>Changes in living situation are measured by team ratings of safety, financial situation, health, living situation and knowledge of options.

## 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 Oregon Department of Human Services (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	2014	2014	2015	2015
Personnel	\$259,388	\$3,635,391	\$390,899	\$3,998,802
Contractual Services	\$567,297	\$133,566	\$564,787	\$138,067
Materials & Supplies	\$5,163	\$71,699	\$9,730	\$100,115
Internal Services	\$36,358	\$567,440	\$53,114	\$655,460
<b>Total GF/non-GF</b>	<b>\$868,206</b>	<b>\$4,408,096</b>	<b>\$1,018,530</b>	<b>\$4,892,444</b>
<b>Program Total:</b>	<b>\$5,276,302</b>		<b>\$5,910,974</b>	
<b>Program FTE</b>	2.18	35.42	3.39	41.01

Program Revenues				
Intergovernmental	\$0	\$4,408,096	\$0	\$4,892,444
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,408,096</b>	<b>\$0</b>	<b>\$4,892,444</b>

## Explanation of Revenues

\$4,761,667 - Title XIX

\$130,776 - State Mental Health Grant Older/Disabled Mental Health Services

## Significant Program Changes

**Last Year this program was:** 25024A ADS Adult Protective Services

This program offer also incorporates PO #25024B ADS Adult Protective Services - Continuing Service Level and partial funds from PO #25037 ADS Restore County General Fund Match to Maintain Staffing. Increased Medicaid funding resulting in increase of 6.8 FTE: 1.0 FTE Case Management Assistant, 1.0 FTE Case Manager Senior, 3.0 FTE Human Service Investigators, .8 FTE Community Health Nurse, 1.0 FTE Administrative Analyst Senior.

PO #25037 performance measures: Number of clients engaged by high utilization worker FY13 Actual=42; FY14 Purchased=20, FY14 Estimate=54; Percent of clients with improved living situation after completion of service FY13 Actual=74%, FY14 Purchased=80%, FY14 Estimate=89%.

**Department:** County Human Services      **Program Contact:** Lee Girard  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25020A, 25025B  
**Program Characteristics:**

**Executive Summary**

Veterans' Service Officers provide effective representation to veterans and their families to ensure that they receive all state and federal benefits available to them. Veterans' Service Officers are trained and accredited by the Oregon Department of Veterans' Affairs to represent veterans in their claims for benefits. They are versed in applicable state and federal laws to provide the best representation possible. Last year the Veterans' Service Office served 424 veterans and their families. Last year the Veterans' Service Office was part of PO #25020A ADS Access & Early Intervention Services.

**Program Summary**

Veterans' Service Officers provide effective representation to veterans and their families to ensure that they receive all state and federal benefits available to them. Veterans' Service Officers are trained and accredited by the Oregon Department of Veterans' Affairs to represent veterans in their claims for benefits. They are versed in applicable state and federal laws to provide the best representation possible, free of charge. The mission of the Veterans' Service Officers of Multnomah County is to provide resources and guidance for all who served in the military.

ADS has committed to veterans in our communities by signing a historic "Community Covenant with Veterans and Military Families". The Community Covenant is Multnomah County's pledge to develop local partnerships that will improve the quality of life for service members, veterans, and their families. Part of this commitment is helping to increase awareness of Veterans' Service Officers and the services that they provide assisting veterans to navigate the claims process as quickly and smoothly as possible. Multnomah County Aging and Disability Services Veterans' Service Office is committed to this covenant and has a goal to expand our outreach to serve additional veterans and military families (See program offer #25025B Veterans' Services Expansion).

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of veterans receiving assistance to obtain benefits <sup>1</sup>	-	-	425	425
Outcome	Benefit dollar amount awarded to veterans working with the Veterans' Service Office	-	-	\$3,600,000	\$3,000,000

**Performance Measures Descriptions**

<sup>1</sup>Requires power of attorney and legal representation by Veterans' Service Officer

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$0	\$113,162	\$182,599
Contractual Services	\$0	\$0	\$0	\$64,180
Materials & Supplies	\$0	\$0	\$1,051	\$468
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$114,213</b>	<b>\$247,247</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$361,460</b>	
<b>Program FTE</b>	0.00	0.00	1.23	2.10

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$229,796
Beginning Working Capital	\$0	\$0	\$0	\$17,450
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$247,246</b>

**Explanation of Revenues**

\$229,796 – Oregon Department of Veteran Affairs  
 \$17,450 – Federal/State Beginning Working Capital

**Significant Program Changes**

**Last Year this program was:**

Last year the Veterans' Service Office was part of PO #25020A ADS Access & Early Intervention Services.



**Department:** County Human Services

**Program Contact:** Lee Girard

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

**Program Offer Stage:** As Adopted

**Related Programs:** 25025A

**Program Characteristics:**
**Executive Summary**

Veterans' Service Officers (VSO's) provide effective representation to veterans and their families ensuring they receive all state and federal benefits available to them. VSO's are trained and accredited by the Oregon Department of Veterans' Affairs to represent veterans in their claims for benefits. This program offer proposes to increase program outreach and capacity to significantly expand the number of veterans receiving assistance to access benefits. Adding 2.67 FTE will expand number of veterans served by 200/year and increase amount of benefit dollars awarded to veterans by \$1.7M/year.

**Program Summary**

Veterans' Service Officers (VSO's) provide effective representation to veterans and their families to ensure that they receive all state and federal benefits available to them. VSO's are trained and accredited by the Oregon Department of Veterans' Affairs to represent veterans in their claims for benefits. They are versed in applicable state and federal laws to provide the best representation possible, free of charge. The mission of the VSO's of Multnomah County is to provide resources and guidance for all who served in the military.

Over the coming year, the Veterans' Service Office will increase community education programs from one event a year to four. The Veterans' Service Office will increase its presence in the community by adding two locations to the present five offices for a total of seven locations. By leveraging funding support from the Oregon Department of Veterans' Affairs with County General Funds, the Veterans' Service Office will conduct a marketing and outreach campaign, and increase advertising for its services in community newspapers, direct mail campaign, and advertising on TriMet. This program offer responds to expected increases in call volume, screening and paperwork processing. Additionally, this new initiative increases geographic reach by adding new field sites and hiring new personnel. ADS is proposing to hire the following additional positions: 1.0 FTE Program Supervisor; 1.17 FTE Veterans' Service Officers; and 0.5 FTE Office Assistant 2. These additions will increase the program's ability to serve 200 additional veterans in Multnomah County and increase the amount of benefit dollars awarded by \$1,725,000 for the coming year.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of veterans receiving assistance to obtain benefits <sup>1</sup>	-	-	-	200
Outcome	Benefit dollar amount awarded to veterans working with the Veterans' Service Office	-	-	-	\$1,725,000

**Performance Measures Descriptions**
<sup>1</sup>Requires power of attorney and legal representation by Veterans Services Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$220,375	\$0
Materials & Supplies	\$0	\$0	\$15,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$235,375</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$235,375</b>	
<b>Program FTE</b>	0.00	0.00	2.67	0.00

Program Revenues				
<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:

**Department:** County Human Services      **Program Contact:** Mark Sanford  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25026B  
**Program Characteristics:**

### Executive Summary

The Public Guardian/Conservator (PGC) program, under court authority, makes vital decisions for 169 mentally incapacitated, dependent and impoverished adults who are current or recent victims of physical abuse, neglect and financial exploitation. Legal authority enables intervention when no other approach resolves abuse and neglect. PGC consults with county programs, families and community partners on strategies and resources to support vulnerable adults with diminished abilities and diverts additional at-risk clients to less restrictive, less costly alternatives to publicly funded guardianship.

### Program Summary

The Public Guardian/Conservator (PGC) 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 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: IQ below 70, treatment-resistant mental illness, Alzheimer's or other dementia, brain injury, complex medical and behavioral issues, no access to medical care, inadequate care and housing, high utilization of social/medical services, 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 169 county residents (based on current 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 civil commitments, and increased risk of premature death. Because of funding constraints, if PGC is unable to serve directly, the program provides consultative services to divert additional at-risk clients into less restrictive, less costly alternatives, or family and private guardianships/conservatorships.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of intakes per year <sup>1</sup>	-	-	20	20
Outcome	Urgent client safety needs addressed within five days after court appointment <sup>2</sup>	100%	100%	100%	100%
Output	Referrals appropriately diverted to less costly resources <sup>3</sup>	136	165	150	155

### Performance Measures Descriptions

<sup>1</sup>This is a new measure.

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

<sup>3</sup>Successful diversions reduce costs across county services, e.g. jails, emergency services, 911, case management, etc.

## 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	2014	2014	2015	2015
Personnel	\$1,018,713	\$0	\$1,023,506	\$0
Contractual Services	\$16,222	\$0	\$16,222	\$0
Materials & Supplies	\$30,261	\$0	\$31,565	\$0
Internal Services	\$147,212	\$0	\$155,293	\$0
<b>Total GF/non-GF</b>	<b>\$1,212,408</b>	<b>\$0</b>	<b>\$1,226,586</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,212,408</b>		<b>\$1,226,586</b>	
<b>Program FTE</b>	10.00	0.00	10.00	0.00

Program Revenues				
Fees, Permits & Charges	\$40,000	\$0	\$40,000	\$0
<b>Total Revenue</b>	<b>\$40,000</b>	<b>\$0</b>	<b>\$40,000</b>	<b>\$0</b>

## Explanation of Revenues

\$40,000 - Public Guardian Fees

## Significant Program Changes

**Last Year this program was:** 25026A ADS Public Guardian/Conservator

FTE changes include reduction in 1.0 FTE Case Manager 1 and increase in 1.0 FTE Case Manager 2 as a result of a position reclassification.

**Department:** County Human Services

**Program Contact:** Peggy Brey

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**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 220,000 older adults, people with disabilities and veterans have access to a comprehensive, coordinated service delivery system so they remain independent and out of institutions. ADS Administration provides leadership, assures results are achieved, ensures regulatory compliance, supports collaborative service delivery and use of best practices, engages in work to achieve equity, and promotes the efficient and effective use of resources.

### Program Summary

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, people with disabilities and veterans. Administration is responsible for policy, planning, evaluation, compliance, advocacy and staff development for the division, which serves more than 60,000 people and employs over 360 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, conducts data analysis, employs 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 federally matching local funds and leveraging additional resources from the community through its partnerships. ADS Administration coordinates efforts within the county and with other government agencies to remove barriers and assure easy access to a seamless service system.

Satisfaction surveys, customer and staff 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, people 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	ADS-sponsored opportunities for consumer education and/or input <sup>1</sup>	87	70	57	60
Outcome	Advisors agree/strongly agree w/the statement: "Overall, ADS does its job well"	84%	90%	88%	90%

### Performance Measures Descriptions

<sup>1</sup>Number includes 47 advisory committee meetings over 12 months: Elders in Action = 23, Disability Services Advisory Committee = 12 (reduced from 24 meetings per year in FY13), Multi-ethnic Action Committee = 12. Higher numbers of organized opportunities occur during general legislative session years.

## 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 411-0320-000 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	2014	2014	2015	2015
Personnel	\$66,212	\$669,493	\$82,460	\$828,778
Contractual Services	\$78,840	\$136,284	\$114,724	\$132,256
Materials & Supplies	\$10,860	\$118,011	\$12,500	\$152,162
Internal Services	\$7,798	\$99,221	\$10,821	\$136,248
<b>Total GF/non-GF</b>	<b>\$163,710</b>	<b>\$1,023,009</b>	<b>\$220,505</b>	<b>\$1,249,444</b>
<b>Program Total:</b>	<b>\$1,186,719</b>		<b>\$1,469,949</b>	
<b>Program FTE</b>	0.52	5.28	0.70	7.10

Program Revenues				
Intergovernmental	\$0	\$1,016,009	\$0	\$1,242,445
Other / Miscellaneous	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$4,000	\$0	\$4,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,023,009</b>	<b>\$0</b>	<b>\$1,249,445</b>

## Explanation of Revenues

\$68,157 - Older Americans Act \$1,174,288 - Title XIX \$3,000 - Special Risk Fund \$4,000 - Beginning Working Capital Special Risk Fund

## Significant Program Changes

**Last Year this program was:** 25027 ADS Administration

This program offer increases staffing by 2.0 FTE due to increased State Medicaid allocation and workload requirements: 1.0 Office Assistant Senior and 1.0 Data Analyst. Due to a reclassification this program offer also reduces 1.0 FTE Administrative Assistant and increases 1.0 FTE Administrative Analyst.

**Department:** County Human Services

**Program Contact:** Dana Lloyd

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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. 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 80 personal advocate volunteers who last year served 2,251 older adults through its personal advocate program.

### Program Summary

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, 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.

Using EIA's Age Friendly certification program, trained older adult volunteers evaluate county-operated facilities to ensure they are accessible for older adults and people with disabilities, as well as evaluate customer service provided by county staff. EIA volunteers lend technical assistance to county managers on how to make their programs and services more elder friendly. Last year, EIA evaluated 180 businesses in Multnomah County for quality and accessibility to services to improve the experience of older adults in the community.

Through a peer support program, EIA volunteers work with individuals by listening, providing emotional support and assisting them to access needed resources. Services last year included: 1) assistance with enrollment in the DCHS Energy Assistance Program, 2) partnering with Adult Protective Services (APS) and the Portland Police Bureau Elder Crimes Unit to provide assistance to APS workers and police staff to follow up with elderly crime victims, helping to connect them to resources, 3) providing support to clients in the county's Public Guardian/Conservator program, and 4) contacting people using the Public Alerts System to update participant contact information.

Members of the EIA speaker's bureau work to educate and inform the community about resources, aging well and how to stay actively engaged and how to reduce vulnerability to fraud and abuse. Last year, approximately 173 agency-wide volunteers provided 11,042 service hours working as advisors to local government, as personal advocates and as community educators.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Hours of service provided by volunteers	11,042	10,500	11,092	10,800
Outcome	Value of volunteer hours <sup>1</sup>	\$213,441	\$202,965	\$214,408	\$208,764

### Performance Measures Descriptions

<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 2011 rate of \$19.33/hour was used (2011 is the most recent year).

## Legal / Contractual Obligation

Multnomah County/City of Portland Inter-Governmental Agreement and Multnomah County Ordinance 171424 designates 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	2014	2014	2015	2015
Contractual Services	\$165,189	\$0	\$168,493	\$0
<b>Total GF/non-GF</b>	<b>\$165,189</b>	<b>\$0</b>	<b>\$168,493</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$165,189</b>		<b>\$168,493</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: 25030 ADS Elders in Action Commission and Personal



**Department:** County Human Services      **Program Contact:** Mark Sanford  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25026A  
**Program Characteristics:**

**Executive Summary**

Multnomah County Public Guardian and Conservator program (PGC) proposes to provide funding to support a protected persons special advocate program in Multnomah County. This program will reduce the potential for abuse, neglect, and exploitation of protected, legally incapacitated adults.

**Program Summary**

There is a movement in Oregon to institute a statewide protected persons special advocate program. The mission of this type of program is to assist county Circuit Courts in protecting vulnerable citizens by using trained and supervised volunteers to monitor guardianship proceedings. There are currently 1,500 adults under court-appointed guardianships in Multnomah County, with approximately 150 new guardianships filed each year. Legal guardians are appointed by the Circuit Court and responsible for making decisions on behalf of an incapacitated person about personal and medical care, and even where the person lives. The Circuit Court does not have adequate resources to provide the level of detailed review each individual under guardianship deserves.

Experience and a series of stakeholder interviews reveal that most legal guardians are caring and responsible individuals. Unfortunately, that is not always the case as some guardians (estimated to be 5-10% in Multnomah County) neglect, abuse and exploit the very people they promise to protect. The Circuit Court reports dozens of calls each year from family members and protection agencies with complaints of guardian mistreatment of a protected person. Also, 90% of guardians require a reminder to file timely annual reports and 10% of guardianship cases do not have updated information as to the guardian or protected person's whereabouts.

PGC recognizes a need for enhanced monitoring of guardianships and support of guardians. PGC consults with professional fiduciaries and family members to identify individuals who are willing and able to serve as guardians, diverting dozens of individuals with diminished capacity each year who might otherwise require publicly funded services. In addition to maintaining the rights and protection of our most vulnerable citizens, the PGC and other DCHS programs have a vested interest in supporting family/lay guardians and intervening early to avoid expensive and unnecessary case management and protective service interventions. The PGC is willing to invest in further development of a protected persons special advocate program to improve the quality of guardianship practice throughout the county. The PGC will ensure the development of an accountability performance management plan.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of interventions and monitoring visits	-	-	-	100
Outcome	Guardian satisfaction with program interventions <sup>1</sup>	-	-	-	85%

**Performance Measures Descriptions**

<sup>1</sup>Percent of guardians who agree or strongly agree with quality of intervention services, and report improved skills and knowledge of community resources.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Annie Neal  
**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Domestic Violence Crisis Services assist victims and children who are currently fleeing or attempting to flee domestic violence. Services include domestic violence emergency shelters, shelter diversion, rapid rehousing assistance, and mobile advocates who provide crisis services and emergency motel stays for victims who cannot access shelter or other crisis services. These services reach more than 900 individuals annually.

### Program Summary

This program offer supports four types of crisis services to assist victims and children who are currently fleeing or attempting to flee domestic violence. Funds support three domestic violence emergency shelters, a shelter diversion program, rapid rehousing assistance, as well as mobile advocates who provide crisis services and emergency motel stays for victims who cannot access shelter or other crisis services.

-- Domestic violence emergency shelters are secure, confidential residential facilities that provide immediate safety and 24-hour specialized support for victims and their children who are fleeing domestic violence. Shelter services include basic needs such as food and clothing, ongoing safety planning, intensive domestic violence support, specialized children's programming, and advocacy and assistance accessing other services. This program offer supports basic operation costs, staffing and limited client assistance (\$25 per household) at three domestic emergency shelters. These three emergency domestic violence shelters offer up to 60-day stays and serve 33 households per night.

-- Mobile advocacy services provide community-based comprehensive crisis supports for victims who are fleeing or attempting to flee domestic violence for whom shelter or diversion services are not adequate, such as large families. Services include basic needs such as food and clothing, ongoing safety planning, intensive domestic violence support, emergency short-term motel stays, advocacy and assistance accessing other services. The mobile advocacy program leverages the Short-Term Rent Assistance program administered by Home Forward, as well as other non-County funds, to provide emergency motel stays for victims.

-- Shelter diversion services provide domestic violence-specific crisis support to help victims prevent homelessness by addressing their immediate safety and housing needs. These services are provided in two settings: at the Gateway Center for Domestic Violence Services, and through a partnership with Home Forward which focuses on helping domestic violence victims in subsidized housing secure their safety while also maintaining their subsidized housing.

-- Rapid rehousing assistance provides financial assistance to help victims quickly establish safe permanent housing after fleeing domestic violence. Five domestic violence agencies help victims with low barriers to self-sufficiency identify housing options quickly and use funding to provide short-term financial assistance as victims establish safe and stable housing.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims and children receiving emergency housing and support services <sup>1</sup>	998	-	900	800
Outcome	Percentage of adult victims who exit services with a lower perception of risk <sup>2</sup>	86%	70%	85%	80%

### Performance Measures Descriptions

<sup>1</sup> Current year purchased services have changed in this program reconstruction. FY14 program offer 25040A, Victim Services Continuum, purchased residential (shelter/housing) services for 1000 victims and children. Current year estimate and next year offer reflects only crisis services including emergency shelter, shelter diversion and support services.

<sup>2</sup> Reworded for clarity

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$639,568	\$155,244	\$831,634	\$170,505
<b>Total GF/non-GF</b>	<b>\$639,568</b>	<b>\$155,244</b>	<b>\$831,634</b>	<b>\$170,505</b>
<b>Program Total:</b>	<b>\$794,812</b>		<b>\$1,002,139</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$155,244	\$0	\$170,505
<b>Total Revenue</b>	<b>\$0</b>	<b>\$155,244</b>	<b>\$0</b>	<b>\$170,505</b>

Explanation of Revenues

\$170,505 - State Homeless Assistance Program (SHAP): Based on Current year estimate

Significant Program Changes

**Last Year this program was:** 25040A Domestic Violence Victims Services Continuu

In late March 2013, YWCA closed its emergency domestic violence shelter due to ongoing revenue shortfalls and restructured its crisis services to create a domestic violence-specific shelter diversion program. Diversion is a national best practice model to help individuals and families avoid homelessness. The YWCA's program focuses on helping domestic violence victims avoid homelessness with a special focus on addressing immediate safety needs and accessing domestic violence specific interventions. In the first 6 months of FY14, YWCA's new program diverted more domestic violence victims from emergency shelter to safe housing than they had previously served in shelter in an entire year.

**Department:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Domestic Violence Community-Based Services provide an array of non-residential domestic violence victim support and services throughout Multnomah County. Services include culturally specific services designed to meet the unique needs of victims from underserved and racial/ethnic minority communities; child and youth focused services; and legal advocacy and representation for domestic violence-related court hearings.

### Program Summary

Domestic Violence Community-Based Services provide an array of non-residential domestic violence victim support and services throughout Multnomah County. Services include culturally specific services, child and youth focused services, legal advocacy and legal representation.

Culturally specific services are designed to meet the unique and varied needs of domestic violence victims/survivors from underserved and racial/ethnic minority communities. Programs serve Latino and Spanish-speaking individuals; Russian-speaking individuals; Native Americans; African Americans; immigrants and refugees; and lesbian/gay/bisexual/transgender individuals. Culturally specific programs served 754 individuals in FY2013.

Child and youth focused services provide domestic violence support, advocacy and counseling for children and parents. Programs include Safe Start, a multi-agency collaboration providing domestic violence services to families involved with Child Welfare in Gresham/East Multnomah County, funded with County General Funds. Other services funded by US Department of Justice's Defending Childhood Initiative grants include a domestic violence consultant to support early childhood programs and the families they serve, and a mental health-domestic violence collaboration providing technical assistance as well as direct services to families.

Legal advocacy and representation provides support, consultation and representation for victims with domestic violence related legal matters. Legal advocacy includes court accompaniment, safety planning, and in-person assistance for domestic violence victims/survivors seeking restraining orders. Legal services include consultation and legal representation for low-income victims in contested restraining order hearings, custody and parenting time hearings and other legal matters related to domestic violence victimization.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims and children receiving nonresidential services <sup>1</sup>	3,442	3,000	3,000	3,000
Outcome	Percentage of adult victims who exit services with a lower perception of risk <sup>2</sup>	90%	70%	85%	80%

### Performance Measures Descriptions

<sup>1</sup> This output was included in FY14 Program Offer 25040A.

<sup>2</sup> Reworded for clarity.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$233,624	\$0	\$311,583
Contractual Services	\$857,928	\$788,499	\$821,028	\$299,332
Materials & Supplies	\$0	\$0	\$2,783	\$11,969
Internal Services	\$0	\$22,352	\$0	\$76,943
<b>Total GF/non-GF</b>	<b>\$857,928</b>	<b>\$1,044,475</b>	<b>\$823,811</b>	<b>\$699,827</b>
<b>Program Total:</b>	<b>\$1,902,403</b>		<b>\$1,523,638</b>	
<b>Program FTE</b>	0.00	1.15	0.00	2.00

Program Revenues				
Indirect for Dept. Admin	\$11,694	\$0	\$20,090	\$0
Intergovernmental	\$0	\$1,044,475	\$0	\$699,828
<b>Total Revenue</b>	<b>\$11,694</b>	<b>\$1,044,475</b>	<b>\$20,090</b>	<b>\$699,828</b>

Explanation of Revenues

\$699,828 - US Department of Justice, Office of Juvenile Justice & Delinquency Prevention: Based on grant award

Significant Program Changes

Last Year this program was: 25040A Domestic Violence Victims Services Continuu

This restructured program offer includes nonresidential community-based domestic violence services that were part of FY14's program offer 25040A, Domestic Violence Victim Services Continuum, and legal advocacy and representation that were part of FY14's program offer 25047, Domestic Violence Enhanced Response Team. While legal advocacy and representation are frequently used by DVERT program participants, these services are not limited to DVERT participants.

**Department:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Domestic Violence Housing and Stabilization services provide long-term (6-24 months) housing assistance and supportive services for domestic violence victims who need additional support to achieve ongoing safety, stability and self sufficiency. Services include rent assistance, case management/advocacy, economic life skills, employment and education-focused supportive services, and direct client assistance for expenses related to education and work opportunities. Six Multnomah County domestic violence agencies collaborate through these programs and serve over 300 individuals annually.

### Program Summary

Domestic Violence Housing and Stabilization programs provide long-term (6-24 month) housing assistance and supportive services for domestic violence victims who need additional support to achieve ongoing safety, stability and self sufficiency. Services in this program offer include the HUD Horizons Domestic Violence Supportive Housing Program, the Family Strengths program, and a Domestic Violence Employment Specialist. Six domestic violence agencies collaborate through these programs, including shelters, community-based services and culturally specific programs.

The HUD Horizons Domestic Violence Supportive Housing program provides 6 to 24 months of rent assistance and supportive services for domestic violence victims/survivor households who have additional barriers to establishing safe, stable housing. These barriers include language/cultural needs, poor rental or credit histories, mental health and/or addiction needs, and large families or families with children who have special needs. The program uses a "rapid rehousing" approach to help victims/survivors quickly access permanent housing and serves up to 35 households at a single point in time. The Family Strengths program provides families in the HUD program with additional support to increase participants' ability to gain and maintain living wage employment. Services include financial education and economic life skills classes, education and employment-focused supportive services, and direct client assistance such as tuition, childcare and transportation related to education and work opportunities.

Housing and economic self-sufficiency are critical needs for domestic violence victims/survivors. Research demonstrates that domestic violence has a direct impact on victims' economic well-being and on housing stability. Thirty-eight percent of domestic violence victims become homeless due to the violence, and a similar percentage face housing problems such as paying rent late or eviction threats (Baker, Cook, Norris 2003). Nearly half of all victims report staying in or returning to an abusive situation because they lacked adequate resources to maintain independent housing (Wilder Research Center, 2004). While individuals of all income levels may experience domestic violence, poor women experience higher rates of violence but have fewer resources with which to seek and maintain safety (Rennison & Welchans, 2000).

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims and children receiving stabilizing housing assistance and/or support services <sup>1</sup>	371	-	350	325
Outcome	Percentage of adult victims who exit services with a lower perception of risk <sup>2</sup>	93%	70%	85%	80%
Outcome	Percentage of victims and children who exit services to permanent housing	93%	-	85%	80%

### Performance Measures Descriptions

<sup>1</sup> Current year purchased services have changed in this program reconstruction. FY14 program offer 25040A, Victim Services Continuum, purchased 1000 victims and children receiving residential (shelter/housing services). Current year estimate and next year offer reflects only stabilizing services including rent assistance and supportive services.

<sup>2</sup> Reworded for clarity.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$5,159	\$0	\$0
Contractual Services	\$196,792	\$69,675	\$199,655	\$496,537
Materials & Supplies	\$0	\$0	\$0	\$2,759
Internal Services	\$0	\$0	\$0	\$15,107
<b>Total GF/non-GF</b>	<b>\$196,792</b>	<b>\$74,834</b>	<b>\$199,655</b>	<b>\$514,403</b>
<b>Program Total:</b>	<b>\$271,626</b>		<b>\$714,058</b>	
<b>Program FTE</b>	0.00	0.05	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$7,963	\$0
Intergovernmental	\$0	\$74,834	\$0	\$514,403
<b>Total Revenue</b>	<b>\$0</b>	<b>\$74,834</b>	<b>\$7,963</b>	<b>\$514,403</b>

Explanation of Revenues

\$27,120 - Office on Violence Against Women Transitional Housing Program: Based on grant award \$487,283 - HUD  
 Horizons Domestic Violence Supportive Housing: Based on grant award

Significant Program Changes

Last Year this program was: 25040A Domestic Violence Victims Services Continuu



**Department:** County Human Services      **Program Contact:** Annie Neal  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25043A  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

This program offer requests \$58,016 in ongoing county general funds to backfill a reduction in HUD leasing assistance. This backfill will preserve the current capacity to provide 35 domestic violence victims and their families with longer-term (6-24 months) rent assistance and domestic violence specific supportive services.

**Program Summary**

This program offer requests \$58,016 in ongoing county general funds to preserve the current service level funded by the Domestic Violence HUD Horizons Supportive Housing grant. This grant provides domestic violence victim/survivors and their children with longer-term (6-24 months) rent assistance and domestic violence supportive services for victims served by 5 domestic violence agencies, including shelters, community-based services and culturally specific agencies. In FY14, this program had the capacity to provide rent assistance to 35 households at a time, and typically serves 75 to 85 households per year. In FY15, rent assistance funds will be reduced by 11%, and other changes resulting from the HUD Health Act have increased the matching fund requirements from \$75,000 to \$121,821.

This backfill request will preserve the current service level and fulfill the full match requirement. Without this additional funding, other domestic violence services will be reduced in order to keep this HUD grant.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims and children receiving stabilizing housing assistance and/or supportive services.	-	-	-	25
Outcome	Percentage of adult victims who exit services with a lower perception of risk.	-	-	-	80%
Outcome	Percentage of victims and children who exit services to permanent housing.	-	-	-	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$58,016	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$58,016</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$58,016</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Annie Neal

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Domestic Violence Administration & Coordination supports administration, planning, coordination and policy for domestic violence intervention in Multnomah County and City of Portland.

**Program Summary**

This program offer provides professional staffing for the Domestic Violence Coordination Office's (DVCO) administration and coordination efforts. DVCO is responsible for administering county, state, and federal funds; coordinating collaborative responses to domestic violence; developing and coordinating effective intervention and prevention strategies; evaluating and assessing system responses; and providing technical assistance and policy advice to Multnomah County and City of Portland. DVCO initiatives and projects include the Family Violence Coordinating Council, a multi-agency council providing training, information-sharing, coordination and problem-solving to improve domestic violence intervention; the Domestic Violence Fatality Review Team, which reviews domestic violence related deaths to identify risks and develop recommendations to prevent future deaths; and a specialist providing training, consultation and capacity-building within Department of County Human Services to identify and respond to the unique needs of vulnerable adults who are experiencing domestic violence. Staff also oversee victim services contracts including technical assistance, monitoring, and performance measurement to assess the impact and quality of contract services.

Domestic violence is a complex problem associated with a wide range of negative impacts, including short- and long-term physical and mental health problems; homelessness and housing instability; employment and education disruptions; criminal justice and court involvement; and higher health care costs. Childhood exposure to domestic violence is associated with adverse outcomes for children including academic, cognitive and behavioral problems as well as increased risks for other forms of 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 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.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of public employees and other community members trained on domestic violence topics <sup>1</sup>	2,143	1,600	2,200	2,000
Outcome	Grant funding leveraged	\$1,300,000	\$1,300,000	\$1,300,000	\$1,300,000
Output	Number of training events	75	40	65	50

**Performance Measures Descriptions**
<sup>1</sup> Reworded for clarity

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$518,871	\$67,253	\$536,428	\$60,320
Contractual Services	\$67,950	\$1,300	\$63,031	\$0
Materials & Supplies	\$48,721	\$0	\$59,823	\$2,317
Internal Services	\$80,465	\$0	\$47,857	\$8,505
<b>Total GF/non-GF</b>	<b>\$716,007</b>	<b>\$68,553</b>	<b>\$707,139</b>	<b>\$71,142</b>
<b>Program Total:</b>	<b>\$784,560</b>		<b>\$778,281</b>	
<b>Program FTE</b>	5.26	1.54	5.51	0.49

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$4,516	\$0
Fees, Permits & Charges	\$0	\$100	\$0	\$1,200
Intergovernmental	\$0	\$67,253	\$0	\$68,942
Other / Miscellaneous	\$0	\$1,200	\$0	\$1,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$68,553</b>	<b>\$4,516</b>	<b>\$71,142</b>

Explanation of Revenues

\$18,942 - OHCS State Homeless Assistance Program: Based on grant award \$50,000 - City of Portland General Fund: Based on current agreement \$1,200 - Domestic Partnership Fees: Based on current year estimate \$1,000 - Misc. charges: Based on current year estimate

Significant Program Changes

Last Year this program was: 25044 Domestic Violence Administration & Coordinat

Two positions, a new data analyst senior and an existing program specialist, have been moved to this offer as part of a restructure/reorganization of last year's program offer 25041, Domestic Violence Victim Services Continuum. FY14 program offer 25041 was restructured as three separate offers to provide greater detail about the services provided and the impact of these services.

The Defending Childhood Initiative program activities have expanded with additional grant funds and now include both staff and contracted services. Staff positions that were part of this offer in FY14 have been moved to the program offer that also includes the grant-funded services, Program Offer 25042A, Domestic Violence Community Based Services.

**Department:** County Human Services      **Program Contact:** Annie Neal  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 60076A  
**Program Characteristics:**

### Executive Summary

Multnomah County's Domestic Violence Enhanced Response Team (DVERT) provides intervention for domestic violence cases that have a high risk of ongoing, severe violence or lethality. The DVERT program provides afterhours victim services and crisis intervention to more than 400 cases annually, and provides ongoing coordinated, multidisciplinary followup intervention and support to more than 100 cases per year.

### Program Summary

The Domestic Violence Enhanced Response Team (DVERT) provides a Countywide multidisciplinary, intensive, collaborative response to complex domestic violence cases with a high risk of ongoing severe abuse or potentially lethal outcomes. DVERT intervention includes immediate crisis response, ongoing victim support services, criminal justice intervention, and coordination across multiple agencies. DVERT partners funded at least in part with grant funding include Multnomah County Domestic Violence Coordination Office, Multnomah County Sheriff's Office, Portland Police Bureau, and two domestic violence victim service agencies. In addition, DHS Child Welfare and Self-Sufficiency, the District Attorney's Office, and Department of Community Justice (parole/probation) and other community partners participate in DVERT.

In FY14 Multnomah County added \$136,000 for two contracted, after-hours victim advocates to provide immediate on-scene crisis response, safety planning and victim support following police response to domestic violence crimes. Also in FY14, in recognition of the value of these services, Portland Police Bureau redirected its funds to increase the after-hours response from 4 nights to 7 nights per week and to expand to all Portland Police Bureau precincts. These advocates are based at Portland Police precincts and respond nights and weekends, when most other services are unavailable.

In addition to crisis response, followup support and criminal intervention in individual cases, DVERT works to improve overall system responses through specialized trainings, analysis of system responses, and ongoing reviews of how high-risk domestic violence intersects with other interventions. DVERT participates in a five-county, multi-jurisdictional effort to improve responses to high-risk domestic violence cases across the region and provides training and technical assistance to other community agencies to help them increase identification and effective response to high-risk offenders and victims.

Domestic violence accounts for a significant portion of serious violent crime in Multnomah County, including more than one-third of aggravated assaults and 1 in 4 homicides. DVERT is recognized both locally and nationally for implementing best practices in domestic violence intervention, and an evaluation of the program has shown that it reduces repeat violence.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention <sup>1</sup>	115	100	100	75
Outcome	Cases with criminal justice sanctions related to DVERT intervention <sup>2</sup>	50%	50%	-	-
Outcome	% of officers who agree that victims of domestic violence benefit from having advocates respond on scene.	96%	-	90%	90%
Output	Number of victims referred by police to afterhours victim advocates	525	-	500	500

### Performance Measures Descriptions

<sup>1</sup> Reworded for clarity

<sup>2</sup> This measure is poorly defined and unable to be accurately reported for FY14, so the measure is being discontinued.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$46,259	\$67,677	\$71,483	\$41,554
Contractual Services	\$256,894	\$212,479	\$138,720	\$126,304
Materials & Supplies	\$8,884	\$17,685	\$8,047	\$30,872
Internal Services	\$12,572	\$13,492	\$11,466	\$9,916
<b>Total GF/non-GF</b>	<b>\$324,609</b>	<b>\$311,333</b>	<b>\$229,716</b>	<b>\$208,646</b>
<b>Program Total:</b>	<b>\$635,942</b>		<b>\$438,361</b>	
<b>Program FTE</b>	0.50	0.75	0.75	0.50

Program Revenues				
Indirect for Dept. Admin	\$7,059	\$0	\$5,266	\$0
Intergovernmental	\$0	\$311,333	\$0	\$208,645
<b>Total Revenue</b>	<b>\$7,059</b>	<b>\$311,333</b>	<b>\$5,266</b>	<b>\$208,645</b>

Explanation of Revenues

\$208,645 - US Department of Justice, Office on Violence Against Women, Grants To Encourage Arrest Policies and Enforcement of Protection Orders Program: Based on grant award

Significant Program Changes

Last Year this program was: 25047 Domestic Violence Enhanced Response Team

Multnomah County is applying to US Department of Justice for a continuation grant to fund the DVERT program from October 1, 2014 to September 2017. However, US Department of Justice has reduced the maximum award amount by \$108,000 per year.

In Fiscal Year 2014, Program Offer 25047 included County General Funds for restraining order assistance and legal representation for domestic violence victims. In FY15, these are moved to Program Offer 25042A-15, Domestic Violence Community Based Services, because these services are not limited to DVERT program participants. In addition, if the DVERT grant funding ends, these County General Fund-supported services would continue to exist.

**Department:** County Human Services      **Program Contact:** Annie Neal  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25047A, 60076A  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

This program offer requests \$71,000 in backfill to preserve current service levels for the Multnomah County Domestic Violence Enhanced Response Team (DVERT). DVERT was established with grant funding in 2004 and has continued to apply for and receive a significant portion of its funding through federal grants. However, the maximum award available for FY15 grants is significantly less than previous years.

**Program Summary**

The Domestic Violence Enhanced Response Team (DVERT) provides immediate crisis response and multidisciplinary, intensive, collaborative response to complex domestic violence cases with a high risk of on-going, severe abuse or potentially lethal outcomes. This backfill request preserves DVERT's current service level by backfilling funding for a temp position, and one contracted advocate. The Multnomah County Domestic Violence Coordination Office is responsible for supporting DVERT activities reaching over 400 victims annually, including intensive multidisciplinary intervention for 100 high-risk domestic violence cases per year. The contracted victim services provide ongoing victim support and advocacy for 25 victims receiving intensive multidisciplinary DVERT intervention, and short-term advocacy for 20 victims who have had contact with the criminal justice system due to domestic violence.

DVERT was established with grant funding in 2004. Since 2005, DVERT has received a significant portion of its funding through competitive discretionary grants from the US Department of Justice Office on Violence Against Women. The current grant award ends September 30, 2014. Multnomah County is applying for and anticipates receiving a continuation grant to fund the program from October 1, 2014 to September 2017. However, due to federal funding cuts, the maximum grant award will be \$108,000 less per year than current awards.

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 two domestic violence victim services agencies. In addition to these grant funded partners, other community partners participating in DVERT include Child Welfare, Self-Sufficiency (public assistance), District Attorney, and Community Justice (probation/parole).

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention	-	-	-	25
Outcome	% of officers who agree that victims of domestic violence benefit from having advocates respond on scene.	-	-	-	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$25,000	\$0
Contractual Services	\$0	\$0	\$46,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$71,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$71,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<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:

Since 2005, the DVERT program has received a significant portion of its funding from a US Department of Justice competitive grant. The current grant award ends September 30, 2014. Multnomah County is applying to US Department of Justice for a continuation grant to fund the program through September 2017. Award notices are expected in September 2014. However, US Department of Justice reduced the maximum award amount for this grant by \$108,000 per year.



**Department:** County Human Services      **Program Contact:** David Hidalgo  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**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 individuals who are homeless, 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 Summary

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. The Division monitors our contracts with providers for 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. MHASD values 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total Adult/Child MHASD Advisory Meetings <sup>1</sup>	37	34	34	34
Outcome	Advisors agree with the statement: Overall, MHASD does its job well <sup>2</sup>	-	80%	80%	-

### Performance Measures Descriptions

<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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$171,455	\$815,681	\$173,859	\$811,796
Contractual Services	\$26,992	\$103,000	\$25,000	\$103,000
Materials & Supplies	\$21,977	\$73,016	\$18,471	\$73,230
Internal Services	\$14,698	\$87,873	\$14,900	\$89,959
<b>Total GF/non-GF</b>	<b>\$235,122</b>	<b>\$1,079,570</b>	<b>\$232,230</b>	<b>\$1,077,985</b>
<b>Program Total:</b>	<b>\$1,314,692</b>		<b>\$1,310,216</b>	
<b>Program FTE</b>	0.67	5.33	0.67	5.33

Program Revenues				
Indirect for Dept. Admin	\$15,381	\$0	\$17,132	\$0
Intergovernmental	\$0	\$954,647	\$0	\$951,018
Other / Miscellaneous	\$0	\$124,923	\$0	\$126,967
<b>Total Revenue</b>	<b>\$15,381</b>	<b>\$1,079,570</b>	<b>\$17,132</b>	<b>\$1,077,985</b>

Explanation of Revenues

\$272,285 - State Mental Health Grant Flex Funding: Based on FY14 grant award  
 \$678,733 - Oregon Health Plan Premium: Based on FY14 Rate per client times number of clients as of 12/31/13  
 \$126,967 - Care Oregon Incentive via the Health Department: Based on FY14 Estimated cost

Significant Program Changes

Last Year this program was: 25050A MHASD Administration

**Department:** County Human Services      **Program Contact:** David Hidalgo  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25056-15  
**Program Characteristics:**

**Executive Summary**

This offer is a pilot service enhancement to the Program Offer 25056 Crisis Assessment and Treatment Center (CATC). The CATC, is an alternative to hospitalization and incarceration that offers 16 beds of short-term mental health treatment in a secure locked environment. A Behavioral Health Triage service in the same facility would allow for direct admit to an available bed from Multnomah County Sheriff's Office, Multnomah County Probation and Parole, Corrections Health and Portland Police. This service enhancement would increase the value, efficiency and use of the CATC program.

**Program Summary**

CATC Sub-acute is a short-term stabilization program for those individuals who require a secure alternative to hospitalization or incarceration. In order to stabilize or protect an individual, first responders and County Corrections currently use emergency departments and jails as a triage point for CATC. While CATC is less expensive than hospitalization and jail, the program lacks a dedicated Behavioral Health Triage service. This service does not increase the 16 bed capacity in CATC but adds a program enhancement to accommodate direct admits to an available bed for Multnomah County Sheriff's Office, Multnomah County Probation and Parole, Corrections Health and Portland Police. The Behavioral Health Triage service would provide rapid medical screening and psychiatric assessment to facilitate admission to an available CATC bed. Dedicated staff would include a nurse, counselor, and peer, plus access to a MD when needed. The service would operate during peak hours of need for CATC triage but less than 24 hours a day. Consumers assessed to need a lower level of care than CATC, could remain at the triage site while appropriate arrangements are made for transfer and placement. Adding CATC Behavioral Health Triage will reduce overall cost to the system, divert from inappropriate admits to emergency departments, inpatient and booking into jail.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Percent of triage requests accepted	-	-	-	TBD
Outcome		-	-	-	-
Output	Total number of Triage requests	-	-	-	TBD
Output	Total number of individuals discharged from CATC Triage to lower level of care or community	-	-	-	TBD

**Performance Measures Descriptions**

At this time there is no baseline data available from police or other sources so there is no benchmark yet to determine performance estimates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$658,721	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$658,721</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$658,721</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**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 Summary**

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 scans collateral documents, including historical and current documents, and attaches 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 FY15, 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 1,350 individuals, each requiring a medical record.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Count of record items processed annually plus scanned page count. <sup>1</sup>	224,284	178,521	280,236	250,340
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules. <sup>2</sup>	100%	100%	100%	100%

**Performance Measures Descriptions**

<sup>1</sup> Electronic Health Record (EHR) was implemented 2nd Quarter 2013. Some processing tasks have been eliminated while new ones have been created such as scanning which was underestimated for FY13 due to new state requirements. The first Output in FY13 has been absorbed into the first Output for FY14.

<sup>2</sup> Records Program auditing function changed to an audit sample in FY13 rather than 100% because the EHR has enhanced the auditing process via reports. These are then analyzed by 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 and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM IV "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 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, Multnomah Mental Health HSO Policies & Procedures, Practice Guidelines of 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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$634,680	\$57,754	\$646,633	\$69,552
Materials & Supplies	\$3,533	\$0	\$3,214	\$357
Internal Services	\$88,551	\$7,778	\$79,600	\$8,600
<b>Total GF/non-GF</b>	<b>\$726,764</b>	<b>\$65,532</b>	<b>\$729,447</b>	<b>\$78,509</b>
<b>Program Total:</b>	<b>\$792,296</b>		<b>\$807,955</b>	
<b>Program FTE</b>	8.00	1.00	8.00	1.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$65,532	\$0	\$78,509
<b>Total Revenue</b>	<b>\$0</b>	<b>\$65,532</b>	<b>\$0</b>	<b>\$78,509</b>

## Explanation of Revenues

\$78,509 - State Mental Health Grant Flex Funds: Based on FY14 grant award

## Significant Program Changes

Last Year this program was: 25052 Medical Records for MHASD

**Department:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**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.

### Program Summary

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; measuring client outcomes; conducting certification audits for community mental health agencies; assuring compliance with 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 the State with licensing visits and Oregon Administrative Rules (OARs) compliance for 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 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of clinical reviews/protective service investigations/incident reports reviewed <sup>1</sup>	11,482	11,007	12,091	12,091
Outcome	Percent of certification reviews conducted within 3 year maximum OAR mandate <sup>2</sup>	100.0%	100.0%	100.0%	100.0%

### Performance Measures Descriptions

<sup>1</sup> 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 il

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$804,655	\$1,596,530	\$934,780	\$1,640,738
Contractual Services	\$10,000	\$1,235,902	\$6,000	\$1,295,800
Materials & Supplies	\$14,112	\$52,955	\$15,841	\$70,283
Internal Services	\$83,826	\$246,988	\$79,476	\$267,631
<b>Total GF/non-GF</b>	<b>\$912,593</b>	<b>\$3,132,375</b>	<b>\$1,036,097</b>	<b>\$3,274,452</b>
<b>Program Total:</b>	<b>\$4,044,968</b>		<b>\$4,310,549</b>	
<b>Program FTE</b>	8.53	12.57	9.53	13.57

Program Revenues				
Indirect for Dept. Admin	\$49,711	\$0	\$63,094	\$0
Intergovernmental	\$0	\$3,132,375	\$0	\$3,274,452
<b>Total Revenue</b>	<b>\$49,711</b>	<b>\$3,132,375</b>	<b>\$63,094</b>	<b>\$3,274,452</b>

## Explanation of Revenues

\$774,726 - State Mental Health Grant Flex Funds: Based on FY14 grant award \$2,499,726 - Oregon Health Plan Premium: Based on FY14 Rate per client times number of clients as of 12/31/13

## Significant Program Changes

Last Year this program was: 25053 Mental Health Quality Management & Protectiv



**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY14 services included 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 FY13 was 82,847. Due to State of Oregon budget reductions in FY12 of \$1,584,090, the FY15 offer will be reduced to include: 24/7 Call Center mental health crisis hot line, 24/7 mobile crisis outreach, and the Urgent Walk -In Clinic reduced from 15.5 hours 365 days a year to 9 hours Monday-Friday.

**Program Summary**

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 FY13 was 70,702.

Utilization Review - This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis. The total number of after hours contacts was 6,187.

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 FY13, total number of clients served was 2,355. Hospital Outreach Liaisons- in the Project Respond program assist in diverting individuals in Emergency Departments from Acute care services to appropriate treatment services in the community. Outreach liaisons had 368 face to face contacts in FY13.

Urgent Walk-In Clinic (UWIC) – Clinic based service contracted with a community-based organization, available from 9 a.m. to 6 p.m., Monday - Friday, 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 FY13 was 3,603 when the UWIC operated 15.5-hours per day seven days a week. The FY15 reduction to 9 hours-per-day Monday - Friday could reduce contacts by 1,800 and increase the use of Emergency departments for crisis evaluation and stabilization.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total Crisis System Contacts <sup>1</sup>	82,847	62,000	84,000	60,200
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED <sup>2</sup>	96.6%	97.0%	96.0%	96.0%

**Performance Measures Descriptions**

<sup>1</sup> Total crisis system contacts actual for FY13 = Call center contacts (70,702), Project Respond contacts(2,355), urgent walk in clinic contacts (3,603), Utilization Review after hours (6,187).

<sup>2</sup> Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

## 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
Program Expenses	2014	2014	2015	2015
Personnel	\$24,094	\$1,831,981	\$24,227	\$1,791,184
Contractual Services	\$933,836	\$3,271,365	\$1,234,533	\$2,990,507
Materials & Supplies	\$0	\$15,598	\$0	\$25,617
Internal Services	\$0	\$371,896	\$0	\$430,825
<b>Total GF/non-GF</b>	<b>\$957,930</b>	<b>\$5,490,840</b>	<b>\$1,258,760</b>	<b>\$5,238,133</b>
<b>Program Total:</b>	<b>\$6,448,770</b>		<b>\$6,496,893</b>	
<b>Program FTE</b>	0.20	16.36	0.20	16.34

Program Revenues				
Indirect for Dept. Admin	\$35,218	\$0	\$71,351	\$0
Intergovernmental	\$0	\$4,765,840	\$0	\$4,293,636
Beginning Working Capital	\$0	\$720,000	\$0	\$944,500
Service Charges	\$0	\$5,000	\$0	\$0
<b>Total Revenue</b>	<b>\$35,218</b>	<b>\$5,490,840</b>	<b>\$71,351</b>	<b>\$5,238,136</b>

## Explanation of Revenues

\$1,366,750- State Mental Health Grant Flex funds: All based on FY14 grant award \$2,926,886 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13 \$944,500 - State Mental Health Grant Flex funds BWC

## Significant Program Changes

Last Year this program was: 25055A Behavioral Health Crisis Services

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25055A  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

This scaled offer represents the \$960,000 deficit in crisis services funding due to the FY12 state general fund reduction of \$1,584,090 in crisis services. This offer would allow the Mental Health Urgent Walk-In Clinic (UWIC) to maintain operating 15.5 hours per day seven days a week. Without this funding the program will be reduced to 9 hours per day Monday-Friday. A decrease of services that will lead to the increase in the use of Emergency departments for crisis evaluation and stabilization.

**Program Summary**

The Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community based organization, currently available from 7 am to 10:30 pm, 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 mental health crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. In addition, the UWIC links clients to the appropriate level of services and/or coordinates with current mental health or physical health services to address treatment and care needs identified during the crisis evaluation.

The total number of clients served in FY13 was 3,603. Of this number of clients seen, 96.6% did not need to be referred to an Emergency department for acute services following their visit. The majority of clients (65.6%) were discharged to outpatient mental health services (30.4%) or to their PCP (35.2%) for follow up services. Only 14% of those receiving crisis services from the UWIC returned for follow up services within the year.

Without the \$960,000 in funding the program will need to be reduced to 9-hours per day Monday-Friday. This reduction of 63.5 hours a week could reduce contacts by up to 1,800 per year and will increase the use of Emergency departments for crisis evaluation and stabilization.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of Urgent Walk-in Clinic Clients seen within the 63.5 hour operating period <sup>1</sup>	-	-	-	1,800
Outcome	% of UWIC clients seen by the UWIC not referred to an Emergency Department <sup>2</sup>	96.6%	97.0%	96%	97%

**Performance Measures Descriptions**

<sup>1</sup> Urgent Walk-in Clinic contacts during the purchased 63.5 hours.

<sup>2</sup> Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$0	\$914,373
Internal Services	\$0	\$0	\$0	\$45,627
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$960,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$960,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$24,231	\$0
Beginning Working Capital	\$0	\$0	\$0	\$960,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,231</b>	<b>\$960,000</b>

Explanation of Revenues

\$960,000 - Behavioral Health Fund Reserves

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 Summary

Crisis Assessment Treatment Center 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of admissions that are Multnomah Mental Health members <sup>1</sup>	351	463	325	325
Outcome	Number of Multnomah Mental Health inpatient(hospital) bed	12.3	7	12.8	12.8
Output	Number of admissions that are indigent Multnomah Residents <sup>1</sup>	301	266	309	309
Output	Number of inpatient days for uninsured/indigent adults <sup>2</sup>	3,747	3,672	3,627	3,627

### Performance Measures Descriptions

<sup>1</sup> Number of Multnomah Mental Health 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

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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Contractual Services	\$597,500	\$2,546,295	\$1,197,500	\$1,948,795
Internal Services	\$0	\$293,854	\$0	\$302,755
<b>Total GF/non-GF</b>	<b>\$597,500</b>	<b>\$2,840,149</b>	<b>\$1,197,500</b>	<b>\$2,251,550</b>
<b>Program Total:</b>	<b>\$3,437,649</b>		<b>\$3,449,050</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$41,661	\$0	\$46,603	\$0
Intergovernmental	\$0	\$2,840,149	\$0	\$2,251,550
<b>Total Revenue</b>	<b>\$41,661</b>	<b>\$2,840,149</b>	<b>\$46,603</b>	<b>\$2,251,550</b>

## Explanation of Revenues

\$405,173 - State Mental Health Grant Flex Funds: Based on FY14 grant award \$1,846,377 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

## Significant Program Changes

Last Year this program was: 25056A Mental Health Crisis Assessment & Treatment

**Department:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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 150 children each year who need secure placement outside the home for mental health care.

### Program Summary

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 5.7 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. The Utilization Management Team manages the authorization of these services and works with providers to discharge children into the community when appropriate.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total unduplicated children receiving inpatient, subacute & residential care <sup>1</sup>	157	188	153	153
Outcome	Average length of stay in psychiatric residential treatment <sup>2</sup>	105	105	89	90

### Performance Measures Descriptions

<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>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Contractual Services	\$0	\$4,789,440	\$0	\$4,318,440
Internal Services	\$0	\$302,851	\$0	\$274,676
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$5,092,291</b>	<b>\$0</b>	<b>\$4,593,116</b>
<b>Program Total:</b>	<b>\$5,092,291</b>		<b>\$4,593,116</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$158,445	\$0	\$115,933	\$0
Intergovernmental	\$0	\$5,092,291	\$0	\$4,593,116
<b>Total Revenue</b>	<b>\$158,445</b>	<b>\$5,092,291</b>	<b>\$115,933</b>	<b>\$4,593,116</b>

## Explanation of Revenues

\$4,593,116 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

## Significant Program Changes

Last Year this program was: 25057 Inpatient, Subacute & Residential MH Service



**Department:** County Human Services      **Program Contact:** Jean Dentinger  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, & the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds & ICP staff are required to investigate & determine whether individuals on an E-Hold present a risk of harm to themselves or others & if a court hearing should be recommended. This is a requirement of the county as the Local Mental Health Authority. In FY13 ICP investigated 4,397 total holds; commitment staff monitored 546 patients & 147 trial visits.

### Program Summary

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of E-Holds investigated for County residents <sup>1</sup>	4,241	3,500	4,300	3,500
Outcome	% of total E-Holds that did not go to Court hearing <sup>2</sup>	94%	90.0%	92%	90%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment <sup>2</sup>	92%	80.0%	85%	85%
Output	# of commitments monitored annually <sup>3</sup>	546	560	600	560

### Performance Measures Descriptions

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

<sup>2</sup> 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.

<sup>3</sup> # monitored reflects both new and existing commitments of Multnomah County residents in acute care settings and secure 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	2014	2014	2015	2015
Personnel	\$966,256	\$1,995,060	\$972,617	\$1,850,648
Contractual Services	\$205,000	\$3,467,451	\$205,000	\$1,835,128
Materials & Supplies	\$1,500	\$57,075	\$1,500	\$62,181
Internal Services	\$0	\$350,083	\$0	\$342,859
<b>Total GF/non-GF</b>	<b>\$1,172,756</b>	<b>\$5,869,669</b>	<b>\$1,179,117</b>	<b>\$4,090,816</b>
<b>Program Total:</b>	<b>\$7,042,425</b>		<b>\$5,269,933</b>	
<b>Program FTE</b>	9.00	17.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$5,869,669	\$0	\$3,183,639
Beginning Working Capital	\$0	\$0	\$0	\$907,179
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,869,669</b>	<b>\$0</b>	<b>\$4,090,818</b>

## Explanation of Revenues

\$3,183,639 - State Mental Health Grant Flex Funds: Based on FY14 grant award. \$907,179 - Beginning Working Capital State Mental Health Grant Flex Funds

## Significant Program Changes

Last Year this program was: 25058 Mental Health Commitment Services

**Department:** County Human Services      **Program Contact:** David Hidalgo  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 Summary**

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of active members	75	120	108	120
Outcome	Percent of members in paid employment positions	0	15%	13%	14%
Output	Average daily attendance (ADA)	10	18	14	15

**Performance Measures Descriptions**

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$80,000	\$0	\$80,000	\$0
<b>Total GF/non-GF</b>	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$80,000</b>		<b>\$80,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25059A Peer-run Supported Employment Center

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program includes Mental Health Residential Services and Transitional Housing. 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.

**Program Summary**

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 65 separate facilities/homes with a total bed count of 396. The program received 369 referrals in FY13, with a 40% 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 112 clients in FY13. 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of New Residential Services Referrals <sup>1</sup>	369	350	350	350
Outcome	% of Residential Services referrals placed	40.0%	45.0%	45.0%	45.0%

**Performance Measures Descriptions**

<sup>1</sup> This measure indicates the gap between the number of existing residential treatment beds and the number of referrals for placement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$454,935	\$419,194	\$470,392	\$333,662
Contractual Services	\$587,614	\$8,578,766	\$609,635	\$6,976,695
Materials & Supplies	\$9,440	\$7,320	\$9,440	\$7,290
Internal Services	\$58,260	\$61,451	\$22,216	\$182,759
<b>Total GF/non-GF</b>	<b>\$1,110,249</b>	<b>\$9,066,731</b>	<b>\$1,111,683</b>	<b>\$7,500,406</b>
<b>Program Total:</b>	<b>\$10,176,980</b>		<b>\$8,612,090</b>	
<b>Program FTE</b>	4.30	4.30	4.50	3.50

Program Revenues				
Indirect for Dept. Admin	\$4,014	\$0	\$62,121	\$0
Intergovernmental	\$0	\$9,066,731	\$0	\$7,100,405
Beginning Working Capital	\$0	\$0	\$0	\$400,000
<b>Total Revenue</b>	<b>\$4,014</b>	<b>\$9,066,731</b>	<b>\$62,121</b>	<b>\$7,500,405</b>

Explanation of Revenues

\$629,900- State Mental Health Grant Non-Residential Adult Mental Health; \$2,996,853 - State Mental Health Grant Flex Funds; \$219,712 - State Mental Health Grant Community Support Services Homeless; \$476,164- State Mental Health Grant Community MH Block Grant; \$44.418 - State Mental Health Grant Older/Disabled Mental Health Services: All Based on FY14 grant award \$2,461,168 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13 \$273,000 - City of Portland: Based on grant agreement; \$400,000 - State Mental Health Grant Flex Funds BWC

Significant Program Changes

Last Year this program was: 25060A Mental Health Residential Services

**Department:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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 Summary

Mental Health and Addiction Services (MHASD) AMHI staff work with other MHASD units, OSH, Addictions and Mental Health (AMH), 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 independent living 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of Clients Served in AMHI	836	700	877	877
Outcome	Number of Qualifying Events <sup>1</sup>	208	110	233	233

### Performance Measures Descriptions

<sup>1</sup> The contractual measure of performance includes 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).

**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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$567,944	\$0	\$705,365
Contractual Services	\$0	\$2,295,379	\$0	\$3,710,461
Materials & Supplies	\$0	\$9,329	\$0	\$9,848
Internal Services	\$0	\$151,062	\$0	\$175,746
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,023,714</b>	<b>\$0</b>	<b>\$4,601,420</b>
<b>Program Total:</b>	<b>\$3,023,714</b>		<b>\$4,601,420</b>	
<b>Program FTE</b>	0.00	6.25	0.00	7.25

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$25,707	\$0	\$37,836	\$0
Intergovernmental	\$0	\$3,023,714	\$0	\$3,705,951
Beginning Working Capital	\$0	\$0	\$0	\$895,469
<b>Total Revenue</b>	<b>\$25,707</b>	<b>\$3,023,714</b>	<b>\$37,836</b>	<b>\$4,601,420</b>

**Explanation of Revenues**

\$2,176,929 - State Mental Health Grant Flex Funds: Based on FY14 grant award

\$30,000 - State Mental Health Grant Special Projects

\$1,499,022 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

\$895,469 - State Mental Health Grant AMHI funds BWC

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



**Department:** County Human Services

**Program Contact:** Joan Rice

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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 Health Share Multnomah Mental Health. The continuum addresses the needs of adults at emergent, urgent & routine 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 approximately 9,000 adults annually.

### Program Summary

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 1,213 inpatient discharges in FY13.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total adults receiving outpatient mental health services <sup>1</sup>	9,049	9,300	8,787	8,787
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge <sup>2</sup>	21.1%	17.3%	20.2%	20.2%

### Performance Measures Descriptions

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

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

**Legal / Contractual Obligation**

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>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$345,851	\$0	\$347,928
Contractual Services	\$0	\$19,079,852	\$0	\$21,454,946
Materials & Supplies	\$0	\$18,703	\$0	\$3,049
Internal Services	\$0	\$907,052	\$0	\$1,132,019
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$20,351,458</b>	<b>\$0</b>	<b>\$22,937,942</b>
<b>Program Total:</b>	<b>\$20,351,458</b>		<b>\$22,937,942</b>	
<b>Program FTE</b>	0.00	4.45	0.00	3.45

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$460,906	\$0	\$588,162	\$0
Intergovernmental	\$0	\$20,351,458	\$0	\$22,937,941
<b>Total Revenue</b>	<b>\$460,906</b>	<b>\$20,351,458</b>	<b>\$588,162</b>	<b>\$22,937,941</b>

**Explanation of Revenues**

\$128,147 - State Mental Health Grant Flex Funds;

\$22,809,794 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

**Significant Program Changes**Last Year this program was: 25062A Mental Health Services for Adults

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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. Despite a state funding reduction of \$260,000 in FY12, MTF was able to provide services to 1,080 individuals utilizing increased oversight and coordination by the MHASD.

**Program Summary**

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. In FY13 and FY14 the demand on this program has continued to increase to meet the mental health treatment needs of the community; the Multnomah County Department of Community Justice and the Health Department clinics requests' for access to mental health treatment services; and medication when other resources are not available. Data is being collected on the ability of the roll out of Medicaid Expansion (OHP), January 1, 2014, to provide additional resources for those previously unable to receive that benefit.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total # of adults who received county-funded outpatient services or medication <sup>1</sup>	1,080	617	988	700
Outcome	Average emergency hold hospitalizations per uninsured adult served <sup>2</sup>	1	2	1	1

**Performance Measures Descriptions**

<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).

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$1,373,812	\$0	\$1,131,254	\$141,794
<b>Total GF/non-GF</b>	<b>\$1,373,812</b>	<b>\$0</b>	<b>\$1,131,254</b>	<b>\$141,794</b>
<b>Program Total:</b>	<b>\$1,373,812</b>		<b>\$1,273,048</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$91,794
Beginning Working Capital	\$0	\$0	\$0	\$50,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$141,794</b>

**Explanation of Revenues**

\$91,794 - State Mental Health Grant Flex Funding; Based on FY14 award  
 \$50,000 - State Mental Health Grant Flex Funding BWC

**Significant Program Changes**

Last Year this program was: 25063A Mental Health Treatment & Medications for t

**Department:** County Human Services      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 82 clients.

### Program Summary

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, evidence based supported employment services and educational supports. 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total individuals enrolled in program receiving ongoing services	79	88	82	82
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment <sup>1</sup>	68%	60%	68%	68%
Output	Number of unduplicated individuals receiving EASA services <sup>2</sup>	-	-	125	138

### Performance Measures Descriptions

<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.

<sup>2</sup> New measure.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$775,378	\$0	\$783,051
Contractual Services	\$0	\$342,391	\$0	\$342,391
Materials & Supplies	\$0	\$12,319	\$0	\$12,275
Internal Services	\$0	\$128,187	\$0	\$153,360
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,258,275</b>	<b>\$0</b>	<b>\$1,291,077</b>
<b>Program Total:</b>	<b>\$1,258,275</b>		<b>\$1,291,077</b>	
<b>Program FTE</b>	0.00	7.95	0.00	7.95

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$831	\$0	\$1,117	\$0
Intergovernmental	\$0	\$1,258,275	\$0	\$1,291,079
<b>Total Revenue</b>	<b>\$831</b>	<b>\$1,258,275</b>	<b>\$1,117</b>	<b>\$1,291,079</b>

**Explanation of Revenues**

\$1,147,933 - State Mental Health Grant Flex Funds: Based on FY14 grant award  
 \$14,131 - State Mental Health Grant Non-Res Youth & Young Adult: Based on FY14 grant award  
 \$129,015- Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

**Significant Program Changes**

Last Year this program was: 25064A Early Assessment & Support Alliance

**Department:** County Human Services      **Program Contact:** David Hidalgo  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer funds 1 FTE 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 Summary**

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, mental health, and additional 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 among 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 settings.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of unique clients served annually	194	250	250	250
Outcome	Percentage of clients reporting they are better able to make informed decisions.	91.0%	95.0%	90.0%	90.0%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$36,850	\$30,150	\$67,000	\$0
<b>Total GF/non-GF</b>	<b>\$36,850</b>	<b>\$30,150</b>	<b>\$67,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$67,000</b>		<b>\$67,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$30,150	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$30,150</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25065 Mental Health Services for Victims and Survi



**Department:** County Human Services      **Program Contact:** Ebony Clarke

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This mental health service array serves over 11,000 at risk children and youth up to age 21. Services range from prevention/early intervention in the Early Childhood and Head Start programs to a comprehensive outpatient service system that successfully maintains children in their homes, schools, and community.

**Program Summary**

This array provides a continuum of services for at risk 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. The prevention and early intervention services for 5,410 children provided by the Early Childhood and Head Start Programs address child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces trauma of 945 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 4,621 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 and the Early Learning Multnomah school readiness goals starting February 1, 2014 as they relate to integration, strengthening families and promoting educational success for children at risk for or with mental illness.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total children receiving outpatient services <sup>1</sup>	4,535	4,621	4,352	4,352
Outcome	% of children demonstrating improvement in their global distress score <sup>2</sup>	72%	75%	71%	71%

**Performance Measures Descriptions**

<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> The ACORN is a short and frequent survey where clients rate their symptoms. The global distress score is the average score of all items on the survey, and with repeat measurement provides an accurate measure of change over time.

**Legal / Contractual Obligation**

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

**Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$1,302,751	\$1,071,998	\$1,339,535	\$1,076,660
Contractual Services	\$138,543	\$9,167,358	\$138,543	\$14,362,524
Materials & Supplies	\$17,168	\$14,017	\$15,825	\$16,974
Internal Services	\$154,207	\$544,202	\$159,000	\$847,465
<b>Total GF/non-GF</b>	<b>\$1,612,669</b>	<b>\$10,797,575</b>	<b>\$1,652,903</b>	<b>\$16,303,623</b>
<b>Program Total:</b>	<b>\$12,410,244</b>		<b>\$17,956,526</b>	
<b>Program FTE</b>	11.84	9.61	11.84	9.56

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$228,092	\$0	\$393,233	\$0
Intergovernmental	\$0	\$10,797,575	\$0	\$16,303,622
Service Charges	\$111,432	\$0	\$111,432	\$0
<b>Total Revenue</b>	<b>\$339,524</b>	<b>\$10,797,575</b>	<b>\$504,665</b>	<b>\$16,303,622</b>

**Explanation of Revenues**

\$366,067- State Mental Health Grant Flex Funds: Based on FY14 grant award \$152,280 - Title XIX-OMAP payments: Based on FY14 revised budget \$56,902 - Fee for Service Insurance Receipts: Based on current year projections \$148,936 - Head Start Contracts: Based on FY14 grant awards \$15,579,437 - Oregon Health Plan Premium: Based on FY14 Rate per Client times number of clients as of 12/31/13

**Significant Program Changes**

Last Year this program was: 25067A Community Based MH Services for Children &

**Department:** County Human Services      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Multnomah Wraparound is comprised of a Care Management Organization (CMO) and an Administrative Service Organization (ASO). The CMO has oversight of the screening and eligibility determination for children 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 140 children, youth, and families served by multiple systems.

**Program Summary**

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, utilization management, and 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 309 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of unique children served through Wraparound	137	165	141	140
Outcome	% of children who are meeting their goals on Wraparound service plan <sup>1</sup>	87%	80%	90%	85%
Outcome	% of children completing the ISA Progress review each quarter	84%	90%	92%	90%
Output	Number of unique children screened for Integrated Service Array eligibility	294	309	240	267

**Performance Measures Descriptions**

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,347,577	\$0	\$1,220,913
Contractual Services	\$0	\$282,207	\$0	\$220,347
Materials & Supplies	\$0	\$26,785	\$0	\$17,200
Internal Services	\$0	\$252,782	\$0	\$253,322
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,909,351</b>	<b>\$0</b>	<b>\$1,711,782</b>
<b>Program Total:</b>	<b>\$1,909,351</b>		<b>\$1,711,782</b>	
<b>Program FTE</b>	0.00	13.70	0.00	12.67

Program Revenues				
Indirect for Dept. Admin	\$38,895	\$0	\$40,000	\$0
Intergovernmental	\$0	\$1,909,351	\$0	\$1,711,781
<b>Total Revenue</b>	<b>\$38,895</b>	<b>\$1,909,351</b>	<b>\$40,000</b>	<b>\$1,711,781</b>

Explanation of Revenues

\$1,584,772 - OHP Premium: Based on FY14 Rate per client times number of clients as of 12/31/13 \$127,009 - State Mental Health Grant Flex Funds: Based on FY14 grant award

Significant Program Changes

Last Year this program was: 25068 Multnomah Wraparound

**Department:** County Human Services      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** Measure 5 Education

**Executive Summary**

School Based Mental Health is a vital component of the system of care for children and families, serving over a thousand children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

**Program Summary**

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 over 50% of those served were children of color. Approximately 80% of the children served were uninsured or insured by the Oregon Health Plan.

School based mental health consultants provide screening; crisis intervention; mental health assessment; individual, group and family treatment; and clinical case management. School based mental health consultants provide consultation to education staff to optimize educational planning for children with mental health challenges. Mental health consultants are co-located in School-based Health Clinics when possible to provide integrated physical and mental health services.

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 with mental health disorders or at risk of harming themselves or others are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services and improve lifelong socio-economic and wellness outcomes. This program meets a child's basic need for mental health and is congruent with the goals of Cradle to Career Framework.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total unduplicated children receiving mental health services	1,160	1,152	1,112	1,112
Outcome	% of children receiving services showing improved school behavior & attendance <sup>1</sup>	82.0%	92.4%	81.5%	81.5%

**Performance Measures Descriptions**

<sup>1</sup> 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>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$586,759	\$1,007,810	\$668,738	\$1,140,161
Materials & Supplies	\$7,960	\$22,945	\$4,085	\$23,963
Internal Services	\$58,489	\$83,235	\$3,051	\$151,075
<b>Total GF/non-GF</b>	<b>\$653,208</b>	<b>\$1,113,990</b>	<b>\$675,874</b>	<b>\$1,315,199</b>
<b>Program Total:</b>	<b>\$1,767,198</b>		<b>\$1,991,073</b>	
<b>Program FTE</b>	5.12	9.56	6.00	8.83

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$6,440	\$0
Intergovernmental	\$0	\$1,113,990	\$0	\$1,315,199
Other / Miscellaneous	\$0	\$0	\$0	\$0
Service Charges	\$152,213	\$0	\$92,731	\$0
<b>Total Revenue</b>	<b>\$152,213</b>	<b>\$1,113,990</b>	<b>\$99,171</b>	<b>\$1,315,199</b>

## Explanation of Revenues

\$740,687 - State Mental Health Grant Flex Funds: Based on FY14 grant award \$10,000 - Parkrose School District; \$75,000 - Centennial School District; \$234,376 - Fee for Service Insurance Receipts: Based on current year projections \$255,136 - Interdepartmental Revenue Agreement with Health Department \$92,731 - County General Fund FQHC: Based on FY14 receipts \$579,758

## Significant Program Changes

Last Year this program was: 25075A School Based Mental Health Services

**Department:** County Human Services      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25075A  
**Program Characteristics:** Measure 5 Education

**Executive Summary**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. Targeted outreach and care coordination to youth of color is imperative to ensure that all members of our community have effective treatment options. Outreach and engagement services are critical elements of treatment for youth and families who may be experiencing challenges utilizing treatment services.

**Program Summary**

This program offer implements Board Budget Amendment #6. This program offer requests ongoing County General Fund dollars to add culturally responsive capacity. The goal is to increase mental health services to culturally specific groups who experience barriers to access including African American children and youth as well as other people of color. If funded program offer would assist youth by increasing the utilization of services and their ability to understand treatment needs through mastering coping skills, strategies and techniques to better manage mental health symptoms.

The program offer would provide Multnomah County School Based Mental Health services the ability to provide culturally responsive outreach dedicated to African American/Black children and youth as well as other children of color to coordinate services and supports to dissolve barriers that inhibit engagement and retention in mental health services. The demographics of Multnomah County are following national trends of an increasing proportion of the population are people of color. Our current staff by an overwhelming percentage, continue to represent the historic Caucasian dominant culture. The demographics of current student referrals show 47% report race or ethnicity other than White or Caucasian, of which 15% are African American/Black and 23.8% are Latino.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of additional referrals for school based mental health services for African American children	-	-	-	100
Outcome	Increase in enrollment and retention of African American children, youth and families of color in services	-	-	-	50%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$64,516	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,516</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$64,516</b>	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$64,172 - County General Fund

Significant Program Changes

Last Year this program was:



**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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, providing a preventive and empowering tool to the community. It provides the public with the education necessary to intervene before an individual potentially reaches mental health crisis. The program offer funds two Mental Health First Aid training's per month with up to 30 participants per training.

**Program Summary**

Mental Health First Aid is a national program managed, operated and disseminated by the National Council for Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. The national program trains and certifies instructors to deliver the 8-hour Mental Health First Aid course. There are also Youth Mental Health First Aid and Law Enforcement Mental Health First Aid certifications. The interactive 8-hour course presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, it builds understanding of their impact, and overviews common treatments. Participants of the 8-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 Mental Health First Aid 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.

In FY14 we estimate that 550 Multnomah County employees will have been trained in Mental health First Aid and Youth Mental Health First Aid. In FY15 Mental health First Aid will continue to be offered to all county employees; and identified community groups and members who express a need for increased awareness and training in preventing mental health crisis in the community.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of individuals trained in Mental Health First Aid <sup>1</sup>	-	720	550	720
Outcome	% of individuals who report greater understanding of mental illness.	-	90%	90%	90%

**Performance Measures Descriptions**

<sup>1</sup> Despite two trainings offered per month starting in October, attendance by county employees has been lagging. The Division is pursuing assistance from Talent Development to address increased attendance and marketing.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Contractual Services	\$207,000	\$0	\$103,500	\$10,000
Materials & Supplies	\$0	\$0	\$0	\$20,000
<b>Total GF/non-GF</b>	<b>\$207,000</b>	<b>\$0</b>	<b>\$103,500</b>	<b>\$30,000</b>
<b>Program Total:</b>	<b>\$207,000</b>		<b>\$133,500</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$30,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>

Explanation of Revenues

\$30,000 - State Mental Health Grant Flex Funding - BWC

Significant Program Changes

Last Year this program was: 25076 Mental Health First Aid

In FY14 the program offer over estimated the ability to coordinate and provide the amount of trainings to meet the former chair's expectations for training county staff. Due to the workload issue of properly coordinating the program, we will not utilize 50-60% of this fiscal year's budget. We are estimating that we will be able to provide the identified number of trainings with the reduced budget. We have allocated the excess funds to program offer 25076B for a suicide prevention coordinator, who can coordinate MHFA and suicide prevention training both for county employees and the community.

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25076A  
**Program Characteristics:**

**Executive Summary**

Mental health promotion and suicide prevention are vital components of public education to decrease the stigma of mental illness and increase the awareness of mental health issues and services that can prevent mental health crisis. This program offer will fund a full time Suicide Prevention Coordinator position that will engage and educate community members to increase awareness of mental health issues and provide prevention steps to address suicide and other potential mental health crisis.

**Program Summary**

This program offer is for a full time Suicide Prevention Coordinator who will engage in outreach activities that identify various community members and coalitions that may have direct contact with individuals experiencing mental health issues. By hosting community forums to identify immediate community concerns, the Suicide Prevention Coordinator will partner with community members to develop a community needs assessment that targets high risk areas for short and long term strategies to address suicide prevention in the community. In addition the Suicide Prevention Coordinator will address mental health stigmatization issues, risk factors and warning signs of mental health crisis.

The re-allocation of 50% of the FY14 Mental Health First Aid program offer will allow the hiring of a suicide prevention coordinator to be trained in Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid. These trainings will enable the Suicide Prevention Coordinator the ability to engage community members in both formal certified trainings as well as less formal mental health promotion and prevention presentations that increase knowledge of mental health and substance abuse disorders, risk factors and resources to help an individual connect with appropriate treatment services.

Mental Health First Aid is a national program managed, operated and disseminated by the National Council for Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. The national program trains and certifies instructors to deliver the 8-hour Mental Health First Aid course. ASIST (Applied Suicide Intervention skills Training) provides practical training to prevent the immediate risk of suicide. The emphasis of the ASIST program is on suicide first aid, helping a person at risk to stay safe and seek further help.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of community members engaged in mental health and suicide prevention education	-	-	-	600
Outcome	% of participants acknowledging increased awareness and understanding of suicide prevention strategies	-	-	-	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$86,107	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,107</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$86,107</b>	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Culturally-specific outpatient mental health services provide treatment for five underserved communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 604 indigent individuals received services in FY13.

**Program Summary**

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, Pacific Islander, 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 correctional facilities and the criminal justice system. Culturall- 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.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total culturally diverse individuals receiving services <sup>1</sup>	604	712	598	598
Outcome	Culturally specific persons served per 1,000 culturally diverse in population <sup>2</sup>	2.8	3.0	2.8	2.8

**Performance Measures Descriptions**

<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 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2012.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$1,354,347	\$0	\$1,354,347	\$0
<b>Total GF/non-GF</b>	<b>\$1,354,347</b>	<b>\$0</b>	<b>\$1,354,347</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,354,347</b>		<b>\$1,354,347</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25078 Culturally Specific Mental Health Services

**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The adult treatment continuum consists of outpatient addictions and residential treatment for uninsured residents; medication management; community recovery services (including peer mentors, wraparound support, and skills training during and after treatment); 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 Summary

The Oregon Health Authority estimates 300,000 Oregonians have a 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. Addiction is recognized as a chronic disease requiring lifelong attention in many cases, with similar compliance and relapse rates as other chronic diseases including diabetes and hypertension. While the overall goal of addiction treatment is to have clients maintain sobriety, addiction treatment reduces criminal activity, infectious disease transmission, and child abuse and neglect even when people continue to struggle with their disease.

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 ongoing clean and sober social support activities for clients and their families. They also provide an avenue for recovering people to give back to the community.

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

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number served in treatment (all levels)	3,452	3,500	3,582	3,500
Outcome	Percentage of clients who successfully complete outpatient treatment <sup>1</sup>	42	50.0%	48%	50%

### Performance Measures Descriptions

<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	2014	2014	2015	2015
Personnel	\$187,838	\$621,162	\$193,751	\$700,228
Contractual Services	\$2,789,558	\$5,513,210	\$2,750,954	\$5,861,358
Materials & Supplies	\$3,513	\$7,155	\$3,575	\$7,025
Internal Services	\$19,922	\$66,407	\$21,050	\$195,562
<b>Total GF/non-GF</b>	<b>\$3,000,831</b>	<b>\$6,207,934</b>	<b>\$2,969,330</b>	<b>\$6,764,173</b>
<b>Program Total:</b>	<b>\$9,208,765</b>		<b>\$9,733,503</b>	
<b>Program FTE</b>	1.50	6.33	1.50	7.33

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$68,694	\$0
Intergovernmental	\$0	\$6,207,934	\$0	\$6,694,301
Beginning Working Capital	\$0	\$0	\$0	\$69,868
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,207,934</b>	<b>\$68,694</b>	<b>\$6,764,169</b>

## Explanation of Revenues

\$2,721,573 - OHP Premium: Based on FY14 Rate per client times number of clients as of 12/31/13 \$95,151 - State Mental Health Grant Special Projects: Based on FY14 award \$1,054,500 State Mental Health Grant A&D Adult Residential Capacity: Based on FY14 award. \$967,203 - State Mental Health Grant Flex Funds: Based on FY14 award \$1,679,623 - State Mental Health Grant SAPT Block Grant: Based on FY14 award \$176,251 - Local 2145 Beer and Wine Tax Revenues: Based on FY14 revenue projections \$19,868 - Local 2145 Beer and Wine Tax Beginning Working Capital; \$50,000 State Mental Health Grant Flex Funding BWC

## Significant Program Changes

**Last Year this program was:** 25080A Adult Addictions Treatment Continuum

Mental health and addiction treatment services are essential benefits under the Affordable Care Act. With Medicaid expansion, funding previously used for treatment can shift more towards funding community recovery services that aren't funded by Medicaid and will enhance and improve treatment outcomes.



**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on 2012-2013 data the county's community-based providers treated approximately 327 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact 99% of the time.

### Program Summary

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 2012-2013, 271 gamblers enrolled in treatment. As noted, family participation is important and 56 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 focused 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of gamblers and family members accessing treatment annually <sup>1</sup>	327	339	319	343
Outcome	Gambler successful treatment completion rate <sup>2</sup>	45%	41%	40%	40%

### Performance Measures Descriptions

<sup>1</sup> Output - The number of persons completing the enrollment process and entering treatment.

<sup>2</sup> Outcome - The number of gamblers completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and not engaging in problem gambling behaviors for a least 30 days prior to discharge. The rate is the number of successful gamblers divided by the number of unsuccessful gamblers and the "neutral" drops.

## Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$0	\$21,000	\$0	\$16,898
Contractual Services	\$0	\$760,000	\$0	\$500,505
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$781,000</b>	<b>\$0</b>	<b>\$517,403</b>
<b>Program Total:</b>	<b>\$781,000</b>		<b>\$517,403</b>	
<b>Program FTE</b>	0.00	0.17	0.00	0.17

Program Revenues				
Intergovernmental	\$0	\$781,000	\$0	\$517,402
<b>Total Revenue</b>	<b>\$0</b>	<b>\$781,000</b>	<b>\$0</b>	<b>\$517,402</b>

## Explanation of Revenues

\$517,402 - State Mental Health Grant Flex Funds: Based on FY14 award

## Significant Program Changes

Last Year this program was: 25085 Addiction Services Gambling Treatment & Prev

**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 for residents of public housing sites include structured after-school activities (homework assistance, tutoring and home visits), individualized support for youth, and a family engagement program. In addition, a continuing state grant-funded initiative is addressing alcohol abuse and dependence among young adults through environmental strategies, e.g., changes in community policies, laws, and norms.

### Program Summary

The structured after-school program for public housing residents is a long-standing collaboration with Home Forward, providing afternoon and evening services offering on-site homework help, socializing and skill-building activities to a minimum of 250 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 - 14 years old. These activities promote school success, family bonding, improved parenting skills and youth life skills.

By directly addressing community risk and protective factors, prevention reduces multiple problem behaviors and improves outcomes for children and families. The goal is to reduce youth substance abuse, school failure and juvenile crime. The Multnomah County prevention program builds partnerships with collaborative community partners and local prevention coalitions, and works with families, volunteers, and professionals 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 is implementing a community-based process to reduce high risk drinking among young adults ages 18-25. High risk drinking is defined as binge drinking, heavy drinking and underage drinking (for those 18-20 for whom drinking is illegal). After conducting a needs assessment and developing an action plan, two coalitions formed to carry out the plan: one coalition works with colleges and universities to adopt best practice policies and programs and foster positive campus norms; the other, the Safe Nightlife Advocacy Partnership (SNAP), engages stakeholders in Portland's "nightlife and entertainment district" to reduce over-service and advocate for policies that promote prevention.

In 2014, SNAP will adopt strategies to reduce underage drinking and youth substance abuse, forge new partnerships with schools and broaden their reach to all of Central Portland (as defined by the Portland Police Bureau's Central Precinct boundaries).

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Youth served at public housing sites <sup>1</sup>	418	200	250	250
Outcome	Core group youth w/ improved behavior <sup>2</sup>	84%	75%	75%	75%
Outcome	Core group youth w/ improved academic achievement	80%	75%	75%	75%

### Performance Measures Descriptions

- <sup>1</sup> This measure includes all participants in the entire collaborative after-school program serving youth in public housing.  
<sup>2</sup> Intensive core group services will be provided to 30 families with youth exhibiting behavioral and academic risk factors. 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 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
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$319,452	\$0	\$465,193
Materials & Supplies	\$0	\$0	\$0	\$7,623
Internal Services	\$0	\$0	\$0	\$2,377
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$319,452</b>	<b>\$0</b>	<b>\$475,193</b>
<b>Program Total:</b>	<b>\$319,452</b>		<b>\$475,193</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$1,263	\$0
Intergovernmental	\$0	\$319,452	\$0	\$475,193
<b>Total Revenue</b>	<b>\$0</b>	<b>\$319,452</b>	<b>\$1,263</b>	<b>\$475,193</b>

## Explanation of Revenues

\$332,500- State Mental Health Grant Flex Funds: Based on FY14 award  
 \$92,693 - State Mental Health Grant A&D Special Projects: Based on FY14 award  
 \$50,000 - State of Oregon SNAP ( Safe Nightlife Advocacy Partnership)

## Significant Program Changes

Last Year this program was: 25086 Addiction Services Alcohol & Drug Prevention

**Department:** County Human Services      **Program Contact:** Jean Dentinger  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for consumers with a serious mental illness. Qualified mental health professionals staff the Community Court, Mental Health Court and Forensic Diversion Program. All three programs provide assertive, short term support, with the goal of connecting to appropriate 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. Clients served in FY13 Community Court: 925, Forensic Diversion: 361, Mental Health Court: 66.

### Program Summary

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 FY13.

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 (OSH). 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 OSH. 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of participants in Community Court	925	750	1031	1105
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	361	325	341	397
Outcome	% of participants successfully engaged with Forensic Diversion	68.0%	65.0%	66.0%	68.0%

### Performance Measures Descriptions

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>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$222,865	\$676,093	\$224,045	\$789,465
Contractual Services	\$0	\$80,000	\$0	\$182,589
Materials & Supplies	\$1,723	\$6,900	\$2,925	\$5,650
Internal Services	\$26,606	\$79,820	\$9,121	\$97,979
<b>Total GF/non-GF</b>	<b>\$251,194</b>	<b>\$842,813</b>	<b>\$236,091</b>	<b>\$1,075,683</b>
<b>Program Total:</b>	<b>\$1,094,007</b>		<b>\$1,311,774</b>	
<b>Program FTE</b>	2.00	6.30	2.00	7.20

<b>Program Revenues</b>				
Intergovernmental	\$0	\$842,813	\$0	\$1,040,683
Beginning Working Capital	\$0	\$0	\$0	\$35,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$842,813</b>	<b>\$0</b>	<b>\$1,075,683</b>

**Explanation of Revenues**

\$1,040,683 - State Mental Health Grant Flex Funds: Based on FY14 award, \$35,000 - State Mental Health Grant Flex Funding BWC

**Significant Program Changes**

Last Year this program was: 25088 Coordinated Diversion for Persons with Menta

**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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. 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, with supportive housing assistance.

### Program Summary

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. There are approximately 2,400 admissions to detoxification annually.

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/day, 7 days/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 may be referred to supportive housing services. Supportive Housing (\$29 per unit per day) is an evidence-based, lower-cost resource when compared to either inpatient hospitalization (over \$2,348 per day) or residential treatment (\$120 per day), and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. Findings from a 2006 study of homeless adults in Portland showed a 36% reduction in community cost when supportive housing is provided. The 58 supportive housing units can each 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,413	2,400	2,370	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	94%	90%	94%	90%
Output	Number served in supportive housing units <sup>3</sup>	24	133	133	133

### Performance Measures Descriptions

<sup>1</sup> An admission is a person completing the admission process. There can be multiple admissions.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate.

<sup>3</sup> While the Current Year Estimate and Next Year Offer both indicate the number served in all 58 housing units, the FY13 number of 24 was for 8 beds in the FY13 Scale up Program Offer 25090B.

## 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 & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$1,410,343	\$2,081,207	\$1,410,343	\$2,081,207
<b>Total GF/non-GF</b>	<b>\$1,410,343</b>	<b>\$2,081,207</b>	<b>\$1,410,343</b>	<b>\$2,081,207</b>
<b>Program Total:</b>	<b>\$3,491,550</b>		<b>\$3,491,550</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,081,207	\$0	\$2,081,207
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,081,207</b>	<b>\$0</b>	<b>\$2,081,207</b>

## Explanation of Revenues

\$1540,762- State Mental Health Grant SAPT Block Grant: Based on FY14 grant award \$418,917 - Local 2145 Beer & Wine Tax Revenues: Based on FY14 grant award \$121,528 - State Mental Health Grant Flex Funds: Based on FY13 grant award

## Significant Program Changes

Last Year this program was: 25090 Addictions Detoxification & Post Detoxificat



**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program provides a continuum of services for youth in outpatient and residential addictions treatment and in early recovery, with culturally-specific outpatient services for high-risk minority youth. It also provides alcohol/drug-free supportive housing resources for families headed by adult parent(s) who are in early addiction recovery. In FY14, a minimum of 62 families will receive housing supports in recovery-focused housing communities.

### Program Summary

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 reflects collaboration with schools and juvenile justice, providing engagement services, outpatient and residential treatment services for uninsured, and recovery supports.

Because most youth are now insured, with most core treatment services paid by public (Medicaid) or private insurance, our offer focuses on engagement and recovery wraparound supports which Medicaid does not cover, and should result in increased treatment access and strengthened recovery outcomes. We retain the ability to fund treatment for those uninsured youth through age 18 whose families' income is less than 200% of Federal Poverty Level. While outpatient services are most common, 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of households that received rent assistance	62	62	62	62
Outcome	Exiting families that move into long-term permanent housing	85%	52%	52%	52%
Output	Number of families that received housing coordination services	-	105	105	105

### Performance Measures Descriptions

The performance measures shown above are consistent with measures attached to these funds by the State, and based on provider quarterly reports submitted to the State via the County. The 85% in the 2nd measure for FY13 is an error, and is not supported by the annual provider reports. The 3rd measure was not reported until FY14. State funds to staff housing coordination have been significantly reduced in the current biennium, impacting support to families seeking employment and affordable permanent 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. 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 & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Contractual Services	\$134,279	\$878,279	\$134,279	\$835,733
<b>Total GF/non-GF</b>	<b>\$134,279</b>	<b>\$878,279</b>	<b>\$134,279</b>	<b>\$835,733</b>
<b>Program Total:</b>	<b>\$1,012,558</b>		<b>\$970,012</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$878,279	\$0	\$835,733
<b>Total Revenue</b>	<b>\$0</b>	<b>\$878,279</b>	<b>\$0</b>	<b>\$835,733</b>

## Explanation of Revenues

\$87,256 - State Mental Health Grant A&D Special Projects: Based on FY14 grant award. \$24,700 - Local 2145 Beer & Wine Tax Revenues: Based on FY14 revenue projections. \$723,777 - State Mental Health Grant Flex Funds: Based on FY14 grant award.

## Significant Program Changes

**Last Year this program was:** 25094 Family & Youth Addictions Treatment Continuu

Changes in this offer are related to the youth addictions treatment continuum, and reflect ongoing healthcare transformation policies and Medicaid/OHP expansion; and youth healthcare coverage -- with benefits including addictions treatment -- is now at a very high rate. Contracting with providers for services funded through a global/flexible budget should allow the County to continue to provide core treatment for those few uninsured youth, as well as enrich an expanded continuum of services supporting treatment enrollment and completion.

**Department:** County Human Services      **Program Contact:** Devarshi Bajpai  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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 704 clients with addictions treatment as expeditiously as possible and provided enhanced services to assist clients to successfully complete treatment and maintain recovery.

**Program Summary**

The FIT for Recovery Core Team, housed at the Family Dependency Court, along with Volunteers of America outreach and clinical staff works 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 Family Recovery 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.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Average number of FIT Triage starts per month <sup>1</sup>	104	79	98	102
Outcome	Average monthly number of clients in treatment	229	187	206	210

**Performance Measures Descriptions**

<sup>1</sup>Triage starts are the number of initial assessments annually.

## 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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Contractual Services	\$0	\$995,995	\$0	\$759,935
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$995,995</b>	<b>\$0</b>	<b>\$759,935</b>
<b>Program Total:</b>	<b>\$995,995</b>		<b>\$759,935</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$995,995	\$0	\$272,435
Beginning Working Capital	\$0	\$0	\$0	\$487,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$995,995</b>	<b>\$0</b>	<b>\$759,935</b>

## Explanation of Revenues

\$272,435 - State Mental Health Grant Flex Funds: Based on FY14 grant award

\$487,500 - State Mental Health Grant Flex Funds BWC

## Significant Program Changes

Last Year this program was: 25098A Family Involvement Team

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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 400 homeless households with children and 50,000 callers to 211info annually.

### Program Summary

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.

Approximately 200 households annually are placed into housing and provided with rent assistance, as well as placement retention support resulting in 96% remaining in permanent housing six months after exit from service.

The most recent data available from 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of households served	729	410	410	400
Outcome	Percentage of households served that remain in permanent housing six months after exit <sup>1</sup>	96%	80%	80%	80%

### Performance Measures Descriptions

<sup>1</sup> 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>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$43,860	\$0	\$0	\$0
Contractual Services	\$1,212,847	\$475,258	\$1,233,460	\$1,237,634
Materials & Supplies	\$4,408	\$0	\$0	\$0
Internal Services	\$0	\$14,853	\$0	\$20,338
<b>Total GF/non-GF</b>	<b>\$1,261,115</b>	<b>\$490,111</b>	<b>\$1,233,460</b>	<b>\$1,257,972</b>
<b>Program Total:</b>	<b>\$1,751,226</b>		<b>\$2,491,432</b>	
<b>Program FTE</b>	0.50	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$7,723	\$0	\$10,801	\$0
Intergovernmental	\$0	\$490,111	\$0	\$1,257,972
<b>Total Revenue</b>	<b>\$7,723</b>	<b>\$490,111</b>	<b>\$10,801</b>	<b>\$1,257,972</b>

**Explanation of Revenues**

\$557,972 - OHCSO SHAP,EHA,ESG: Based on current grant award \$700,000 - City of Portland General Fund: Based on current year award

**Significant Program Changes**

**Last Year this program was:** 25111A Homeless Families Shelter & Emergency Servi

25111B HFSES - Expanded East County Outreach and 25111E - Coordinated Entry for Homeless Families were funded in FY14 and are included

**Department:** County Human Services

**Program Contact:** Mary Li

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

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program offer requests \$25,000 of pass-through to initiate efforts to integrate current Domestic Violence (DV) crisis line services into the homeless families' system of care coordinated entry practice.

**Program Summary**

DV is a significant contributing factor in family homelessness. Local research has shown that as many as 60% of the families currently accessing services in the County's homeless family system of care are either currently fleeing DV or have experienced DV in the past - and that those experiences led to or caused the family's homelessness. These families many times do not disclose their DV experience to housing placement providers while being served and are served within the homeless families' system of care.

The DV crisis line is under-resourced to serve families seeking housing. In addition, many families fleeing domestic violence do not need confidential services. Some families fleeing DV need to have access to housing that is de-coupled from DV shelter in order to create and maintain safety from their abuser.

For families who do not require confidential services, additional capacity to create direct connections with the DV crisis line and the homeless families' system of care coordinated entry practice will support increased number of families avoiding descent into homelessness as a result of their DV experience.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of collaborative discussions held with DV system of care	-	-	-	12
Outcome		0	0	0	0

**Performance Measures Descriptions**

Funds purchase system integration capacity. Direct services are not provided.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$25,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$25,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was:



**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

This program offer requests \$610,000 of pass-through to continue coordinated entry and mobile housing placement for homeless families. Funding provides flex funds and rent assistance for an estimated 400 families in FY2014.

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 Summary

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households served	-	355	400	400
Outcome	% of households served that remain in permanent housing six months after exit <sup>1</sup>	-	80%	80%	80%

### Performance Measures Descriptions

<sup>1</sup> Permanent housing is long-term community-based housing with attached appropriate support services, where a household can stay without time limit.

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	2014	2014	2015	2015
Contractual Services	\$610,000	\$0	\$610,000	\$0
<b>Total GF/non-GF</b>	<b>\$610,000</b>	<b>\$0</b>	<b>\$610,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$610,000</b>		<b>\$610,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was: 25111E HFSES - Coordinated Entry for Homeless Fami

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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.

**Program Summary**

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. 75% of those served are expected to receive 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, including jail or hospital/medical care - 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.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of individuals served	189	120	120	120
Outcome	Percentage of individuals served who receive benefits	89%	75%	75%	75%

**Performance Measures Descriptions**

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$420,551	\$0	\$427,074	\$0
<b>Total GF/non-GF</b>	<b>\$420,551</b>	<b>\$0</b>	<b>\$427,074</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$420,551</b>		<b>\$427,074</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was: 25115A Homeless Benefit Recovery Project (HBR)

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Community Services Division Administration (CSA) 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.

### Program Summary

Forty-five percent 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 FTE, CSD effectively administers a package of direct services, contract services, and community initiatives representing approximately \$34 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	% of staff attending at least 10 hours of skill building/professional development	100%	85%	85%	90%
Outcome	% of stakeholders expressing satisfaction with services received <sup>1</sup>	89%	85%	85%	85%

### Performance Measures Descriptions

<sup>1</sup> Stakeholder satisfaction is measured through an anonymous survey administered to contract agencies annually.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$613,354	\$0	\$727,894	\$0
Contractual Services	\$17,963	\$0	\$3,000	\$0
Materials & Supplies	\$22,706	\$0	\$20,303	\$0
Internal Services	\$67,414	\$0	\$50,218	\$0
<b>Total GF/non-GF</b>	<b>\$721,437</b>	<b>\$0</b>	<b>\$801,415</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$721,437</b>		<b>\$801,415</b>	
<b>Program FTE</b>	5.50	0.00	6.50	0.00

Program Revenues				
<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:** 25118A Community Services Division Administration

In FY15 Community Services Administration increased by 1.00 FTE Research Analyst Sr. bringing the total FTE to 6.50.

**Department:** County Human Services  
**Program Offer Type:** Existing Operating Program

**Program Contact:** Mary Li  
**Program Offer Stage:** As Adopted

**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Energy Services (ES) ensured that over 17,000 fixed and low-income households had financial assistance to help meet their energy costs, avoiding shutoff and potential loss of housing in FY13.

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.

### Program Summary

Services are primarily tax and rate payer funded by the state and federal government. Energy bill payment assistance works through nine community agencies to make utility payments for fixed and low-income households. In FY13 more than 70,000 households were income eligible for service; of those, 17,249 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of households served <sup>1</sup>	17,249	10,000	10,000	10,000
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	100%	100%	100%

### Performance Measures Descriptions

<sup>1</sup> Decrease in numbers served reflects an anticipated decrease in federal funding.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$438,006	\$0	\$445,965
Contractual Services	\$6,200	\$9,115,273	\$0	\$8,876,673
Materials & Supplies	\$6,972	\$21,282	\$0	\$33,602
Internal Services	\$38,799	\$529,268	\$0	\$506,650
<b>Total GF/non-GF</b>	<b>\$51,971</b>	<b>\$10,103,829</b>	<b>\$0</b>	<b>\$9,862,890</b>
<b>Program Total:</b>	<b>\$10,155,800</b>		<b>\$9,862,890</b>	
<b>Program FTE</b>	0.00	5.20	0.00	5.35

Program Revenues				
Indirect for Dept. Admin	\$275,222	\$0	\$248,652	\$0
Intergovernmental	\$0	\$10,103,829	\$0	\$9,862,889
<b>Total Revenue</b>	<b>\$275,222</b>	<b>\$10,103,829</b>	<b>\$248,652</b>	<b>\$9,862,889</b>

**Explanation of Revenues**

\$5,390,334 - LIEAP Leverage Energy Grant: Based on current grant award  
 \$4,382,555 - OEAP-Energy Grant: Based on current grant award  
 \$90,000 - PDX Water/Sewer: Based on FY14 budget

**Significant Program Changes**

Last Year this program was: 25119 Energy Assistance



**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Weatherization (WX) provided repair and appliance replacement to approximately 317 households in FY13. Services are primarily tax and rate payer funded by the state and federal government.

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

### Program Summary

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 FY13, more than 70,000 households were income eligible for service; of those, 317 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of households served	317	750	750	750
Outcome	Number of affordable housing units maintained for 10 years	123	500	570	570

### Performance Measures Descriptions

Weatherization of multi-family buildings requires 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	2014	2014	2015	2015
Personnel	\$0	\$582,653	\$0	\$642,956
Contractual Services	\$0	\$2,850,164	\$0	\$2,896,349
Materials & Supplies	\$0	\$272,522	\$0	\$391,332
Internal Services	\$0	\$447,607	\$0	\$464,968
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,152,946</b>	<b>\$0</b>	<b>\$4,395,605</b>
<b>Program Total:</b>	<b>\$4,152,946</b>		<b>\$4,395,605</b>	
<b>Program FTE</b>	0.00	6.80	0.00	7.65

Program Revenues				
Indirect for Dept. Admin	\$94,236	\$0	\$102,820	\$0
Intergovernmental	\$0	\$3,399,729	\$0	\$3,979,724
Other / Miscellaneous	\$0	\$438,500	\$0	\$200,000
Beginning Working Capital	\$0	\$314,717	\$0	\$215,882
<b>Total Revenue</b>	<b>\$94,236</b>	<b>\$4,152,946</b>	<b>\$102,820</b>	<b>\$4,395,606</b>

**Explanation of Revenues**

\$849,686 - LIEAP Weatherization: Based on current grant award  
 \$286,193 - DOE Weatherization: Based on current grant award  
 \$2,763,654 - ECHO Grant: Based on current grant award  
 \$17,691 - Energy Show Rebates: Based on current year income projections  
 \$200,000 - County Weatherization Rebates: Based on current year estimates  
 \$215,882 - County Weatherization Rebates Beginning Working Capital  
 \$62,500 - PDX Water/Sewer: Based on FY14 revised budget

**Significant Program Changes**

Last Year this program was: 25121 Weatherization

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:** 50028

**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.

**Program Summary**

Approximately 193 young people and their families will be served. It is expected that 50% of youth served increase their academic achievement, and avoid or reduce subsequent juvenile justice system involvement.

In FY13 approximately 112 Asian and Native American families received prevention services and 66 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of Asian and Native American families served	112	140	120	120
Outcome	Percentage of Asian and Native American families served who avoid or reduce juvenile justice involvement <sup>1</sup>	-	75%	75%	75%
Output	Number of African American and Latino families served <sup>2</sup>	66	73	73	73
Outcome	Percentage of African American and Latino families served who avoid subsequent felony or arrest <sup>1</sup>	-	50%	50%	50%

**Performance Measures Descriptions**

<sup>1</sup> Previous year actual outcome measures are unavailable from the Department of Community Justice at this time.

<sup>2</sup> Reduction in number of African American and Latino families served reflects proportion of DCHS funding in total funding. Balance is reflected in PO #50028.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$103,197	\$0	\$95,110	\$0
Contractual Services	\$1,226,928	\$0	\$1,215,359	\$0
Materials & Supplies	\$1,693	\$0	\$1,578	\$0
Internal Services	\$8,987	\$0	\$7,390	\$0
<b>Total GF/non-GF</b>	<b>\$1,340,805</b>	<b>\$0</b>	<b>\$1,319,437</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,340,805</b>		<b>\$1,319,437</b>	
<b>Program FTE</b>	1.00	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: 25123 Community Healing Initiative

System training and technical assistance funds were reduced by 50%.

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Housing Stabilization for Vulnerable Populations provides rent assistance and housing placement to more than 1,953 homeless households with children annually. Of those placed in housing, 91% will remain in permanent housing six months after exit from service.

### Program Summary

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.

The Short-Term Rent Assistance (STRA) System, Bridges to Housing (B2H), HUD Families' Futures, Flex Funds for Veterans, and the County's Housing Team are included in this program offer.

STRA serves 1,539 households with rent assistance, mortgage payment, and emergency shelter vouchers annually. Approximately 92% of those placed in permanent housing remain housed six months after exit from services.

Bridges to Housing (B2H) serves approximately 139 of the highest resource-using households annually with housing and long-term support services.

Families' Futures served 198 households in FY13.

77 veterans were served with flexible funding in FY13.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households served	1,953	935	1,145	1,214
Outcome	% of households served who remain in permanent housing six months after exit <sup>1</sup>	91%	80%	80%	80%

### Performance Measures Descriptions

<sup>1</sup> 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	2014	2014	2015	2015
Personnel	\$305,362	\$38,769	\$344,535	\$69,919
Contractual Services	\$1,801,351	\$1,363,435	\$1,824,544	\$1,395,326
Materials & Supplies	\$51,482	\$0	\$13,468	\$446
Internal Services	\$15,147	\$101,348	\$27,271	\$77,705
<b>Total GF/non-GF</b>	<b>\$2,173,342</b>	<b>\$1,503,552</b>	<b>\$2,209,818</b>	<b>\$1,543,396</b>
<b>Program Total:</b>	<b>\$3,676,894</b>		<b>\$3,753,214</b>	
<b>Program FTE</b>	2.62	0.38	3.01	0.68

Program Revenues				
Indirect for Dept. Admin	\$39,764	\$0	\$41,265	\$0
Intergovernmental	\$0	\$1,503,552	\$0	\$1,543,393
<b>Total Revenue</b>	<b>\$39,764</b>	<b>\$1,503,552</b>	<b>\$41,265</b>	<b>\$1,543,393</b>

**Explanation of Revenues**

\$1,172,940 - HUD Family Futures: Based on current grant award \$370,453 - OHCSH HSP,LIRHF,SHAP,EHA: current grant award

**Significant Program Changes**

**Last Year this program was:** 25133A Housing Stabilization for Vulnerable Popula

25133E HSVP - Flex Funds for Veterans was funded in FY14 and is included

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program offer requests \$500,000 of pass-through to continue the current County investment in the Short-Term Rent Assistance System (STRA) which provides rent assistance, limited mortgage assistance, and emergency motel vouchers to individual and family households at risk of or experiencing homelessness.

**Program Summary**

Approximately 1,000 additional households will be served and are expected to maintain a 80% rate of permanent housing six months after exit from service.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households served	-	500	1,000	1,000
Outcome	% of households served who remain in permanent housing six months after exit	-	80%	80%	80%

**Performance Measures Descriptions**

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	2014	2014	2015	2015
Contractual Services	\$1,500,000	\$0	\$500,000	\$0
<b>Total GF/non-GF</b>	<b>\$1,500,000</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,500,000</b>		<b>\$500,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was: 25133B HSVP - Short-Term Rent Assistance

The system investment for FY15 for STRA remains at \$1,500,000 with City of Portland and Home Forward each contributing \$500,000 to match the County's \$500,000.



**Department:** County Human Services  
**Program Offer Type:** Existing Operating Program

**Program Contact:** Mary Li  
**Program Offer Stage:** As Adopted

**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer requests \$30,000 (\$10,000 of which is One time Only funding via Board Amendment #8) 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.

### Program Summary

Funds will leverage City of Portland funding to ensure availability of guides for use by County staff and programs.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of guides produced	40,000	85,000	85,000	100,000
Outcome	# of guides distributed	100%	100%	100%	100%

### Performance Measures Descriptions

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$30,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$30,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues**

\$20,000 County General Fund  
 \$10,000 County General Fund - One Time Only

**Significant Program Changes**

Last Year this program was: 25133C HSVP - Streetroots

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program offer request \$238,009 in pass-through to support three facilities-based transition-in-place/permanent supportive housing programs. 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 83 households are served annually, 96% of whom remain in permanent housing six months after exit.

**Program Summary**

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.

As a result, these three housing sites, developed and operated collaboratively with our jurisdictional partners - Home Forward and Portland Housing Bureau - are refocusing their service delivery model to transition-in-place (placement where the initial intent is time-limited, but transitions into permanency) and permanent supportive housing.

Future services are expected to reflect research and best practice while preserving these important housing resources in the community.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households served	83	60	60	60
Outcome	% of households served who remain in permanent housing six months after exit <sup>1</sup>	96%	70%	70%	80%

**Performance Measures Descriptions**

<sup>1</sup> 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	2014	2014	2015	2015
Contractual Services	\$238,009	\$0	\$238,009	\$0
<b>Total GF/non-GF</b>	<b>\$238,009</b>	<b>\$0</b>	<b>\$238,009</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$238,009</b>		<b>\$238,009</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**Last Year this program was: 25133F Facility Based Transitional Housing

**Department:** County Human Services

**Program Contact:** Mary Li

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

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program offer requests \$50,000 of pass-through to increase current funding for flexible funds used to assist the Veterans' Administration (VA) and other providers in fully utilizing all available Section 8 vouchers for homeless veterans.

**Program Summary**

The local VA and community providers have successfully worked to fully utilize Section 8 vouchers specifically prioritized for homeless veterans. The County, the City of Portland, Home Forward, and the United Way all contribute to a flexible funding pool to support security deposits, cleaning deposits, move-in costs, and first and last month rent expenses that were barriers to placing veterans in housing.

The federal government recently announced the availability of additional vouchers for veterans, some number of which our community expects to receive.

In order to continue to fully utilize these vouchers additional funds are needed. Access to funds is managed through Home Forward and the Short-Term Rent Assistance (STRA) program.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of veterans served	-	-	-	75
Outcome	% of veterans served who successfully use their housing voucher	-	-	-	100

**Performance Measures Descriptions**

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:**

### Executive Summary

The system of care for child victims of commercial sexual exploitation, under the oversight of the Victims' Services Implementation Team (VSIT) working to provide accountability and leverage significant community and other jurisdictional support, serves approximately 127 girls under 18 years of age annually with highly intensive and population-specific shelter and assertive engagement services in order to intervene with this significantly traumatized group of children.

### Program 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 result, Multnomah County is now also seen as a place of promising practice in the field.

As a part of these efforts, a system of care for victims' services has been developed and implemented. Funds support crisis and short-term shelter; assertive engagement services; and system support, coordination; and on-going development through VSIT.

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 FY13 127 child victims were served, 73% of whom were served for six months or longer. 36 of these children received shelter services.

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.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of youth served	127	55	140	140
Outcome	% of youth who remained enrolled in services for at least six months	73%	50%	50%	50%

### Performance Measures Descriptions

Due to trauma of the population, and based in a recovery-oriented model of healing, success is defined as keeping youth participating in services over time.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$460,125	\$46,278	\$467,262	\$0
<b>Total GF/non-GF</b>	<b>\$460,125</b>	<b>\$46,278</b>	<b>\$467,262</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$506,403</b>		<b>\$467,262</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$0	\$46,278	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$46,278</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues****Significant Program Changes**

Last Year this program was: 25135A Commercial Sexual Exploitation of Children

25135B CSEC - Shelter, Housing, and Assertive Engagement was funded in FY14 and is included



**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**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.

### Program Summary

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 80% of those remain in safe, stable housing for at least six months after exit from service.

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; mental health and addictions treatment engagement support; 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, Portland Police Bureau, 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 integrated with public safety and other service systems, with significant community oversight.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of youth served	1,626	1,000	1,361	1000
Outcome	% of youth served who remain in permanent housing six months after exit	84%	80%	80%	80%

### Performance Measures Descriptions

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	2014	2014	2015	2015
Personnel	\$85,654	\$0	\$86,097	\$6,515
Contractual Services	\$1,043,945	\$3,410,081	\$1,463,474	\$2,523,914
Materials & Supplies	\$1,405	\$0	\$465	\$1,026
Internal Services	\$4,190	\$98,325	\$5,927	\$32,955
<b>Total GF/non-GF</b>	<b>\$1,135,194</b>	<b>\$3,508,406</b>	<b>\$1,555,963</b>	<b>\$2,564,410</b>
<b>Program Total:</b>	<b>\$4,643,600</b>		<b>\$4,120,373</b>	
<b>Program FTE</b>	0.83	0.00	0.83	0.00

Program Revenues				
Indirect for Dept. Admin	\$49,196	\$0	\$17,501	\$0
Intergovernmental	\$0	\$1,659,145	\$0	\$1,560,387
<b>Total Revenue</b>	<b>\$49,196</b>	<b>\$1,659,145</b>	<b>\$17,501</b>	<b>\$1,560,387</b>

**Explanation of Revenues**

\$293,936 - HUD Home Safe: Based on current grant award \$45,531 - OCCF- Youth Investment \$210,681 - HUD Horizons/Pathways: Based on current grant award \$143,239 - OHCS D EHA: Based on current grant award \$867,000 - PDX General Fund: Based on current grant award

**Significant Program Changes**

**Last Year this program was:** 25136A Homeless Youth System (HYS)

The FY14 history for this Program Offer includes funding for Mental Health & Addictions Engagement Services. In FY15, those services are budgeted in PO 25136B in the amount of \$471,000.

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

**Executive Summary**

This program offer requests \$471,000 of pass-through to continue funding for mental health and addictions treatment engagement and support services for approximately 600 youth accessing services within the Homeless Youth Continuum. Treatment engagement, support, and recovery services also include peer mentorship, pro-social activities, and flex funds.

**Program Summary**

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.

In FY13, approximately 448 homeless youth participated in services.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of youth served	448	300	600	600
Outcome	% of youth served who successfully complete their treatment program <sup>1</sup>	-	50%	50%	50%

**Performance Measures Descriptions**

<sup>1</sup> Previous year actual outcome measures are unavailable.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$471,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$471,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$471,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**

Last Year this program was: 25136B HYS - MH and Addictions Engagement Services

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:**
**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 2,108 youth ages 12-17 who have run away, or who are at risk of running away, as well as their families.

### Program Summary

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.

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 and face-to-face, drop-in intervention is 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.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of youth and families served	2,108	2,002	2,002	2,000
Outcome	% of youth served who return home or exit to other stable housing <sup>1</sup>	85%	85%	85%	85%

### Performance Measures Descriptions

<sup>1</sup> 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
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$17,544	\$0	\$17,634	\$0
Contractual Services	\$802,034	\$161,132	\$814,474	\$161,132
Materials & Supplies	\$285	\$0	\$218	\$0
Internal Services	\$1,528	\$0	\$1,120	\$8,040
<b>Total GF/non-GF</b>	<b>\$821,391</b>	<b>\$161,132</b>	<b>\$833,446</b>	<b>\$169,172</b>
<b>Program Total:</b>	<b>\$982,523</b>		<b>\$1,002,618</b>	
<b>Program FTE</b>	0.17	0.00	0.17	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$4,270	\$0
Intergovernmental	\$0	\$161,132	\$0	\$169,172
<b>Total Revenue</b>	<b>\$0</b>	<b>\$161,132</b>	<b>\$4,270</b>	<b>\$169,172</b>

**Explanation of Revenues**

\$169,172 - OCCF Youth Investment: Based on OCCF estimated funding

**Significant Program Changes**

Last Year this program was: 25138A Runaway Youth Services (RYS)

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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.

### Program Summary

Services delivered through the SUNSS Anti-Poverty System using the Action for Prosperity (AFP) 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 1,047 households receive assistance through four core services - Basic Needs, Action for Prosperity (AFP), Housing, and System Collaboration - delivered as part of the SUNSS Anti-Poverty System, a countywide integrated and coordinated system of care for school-age youth and their families.

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.

In FY13 20 low-income youth received flexible client assistance funds to support their employment training.

Approximately 9,657 tax returns were prepared by IRS volunteers at no cost to the filing household. For every \$1 of general fund invested \$20 is returned to the household, spent in the local economy.

989 children received developmentally appropriate childcare while their parents/care givers attended to legal proceedings.

228 homeless children attended culturally specific alternative school.

Approximately 8,000 contacts with bi-lingual/cultural individuals seeking benefits were made.

The Interfaith Initiative provides staffing and support to partner with faith communities seeking to assist with the County's core mission.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households served	5,525	4,854	4,854	4,854
Outcome	% of households served that remain in permanent housing six months after exit <sup>1</sup>	96%	80%	80%	80%

### Performance Measures Descriptions

<sup>1</sup>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	2014	2014	2015	2015
Personnel	\$168,614	\$270,807	\$249,201	\$147,112
Contractual Services	\$1,025,805	\$746,642	\$997,100	\$767,868
Materials & Supplies	\$8,465	\$0	\$17,630	\$305
Internal Services	\$31,875	\$34,964	\$24,921	\$40,318
<b>Total GF/non-GF</b>	<b>\$1,234,759</b>	<b>\$1,052,413</b>	<b>\$1,288,852</b>	<b>\$955,603</b>
<b>Program Total:</b>	<b>\$2,287,172</b>		<b>\$2,244,455</b>	
<b>Program FTE</b>	1.70	3.30	2.38	1.43

Program Revenues				
Indirect for Dept. Admin	\$18,182	\$0	\$21,412	\$0
Intergovernmental	\$0	\$996,377	\$0	\$877,680
<b>Total Revenue</b>	<b>\$18,182</b>	<b>\$996,377</b>	<b>\$21,412</b>	<b>\$877,680</b>

**Explanation of Revenues**

\$806,810 - OHCSO CSBG: Based on current grant award \$41,480 - Oregon Supplemental Nutrition Assistance Program (SNAP); based on current grant award \$29,390 - Oregon Judicial Department: Based on FY15 grant award

**Significant Program Changes**

**Last Year this program was:** 25139A Anti-Poverty Services (AP)

25139B AP - Tax Prep Capacity was funded in FY14 and is included.

\$10,000 of one time only General Fund is included for Culturally Specific Day Labor programming.



**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

**Executive Summary**

This program offer requests \$20,000 of pass-through to continue 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.

**Program Summary**

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of households receiving computers	80	100	100	100
Outcome		0	0	0	0

**Performance Measures Descriptions**

There are no outcomes associated with this program offer other than the 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	2014	2014	2015	2015
Contractual Services	\$0	\$20,000	\$0	\$20,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$20,000</b>	<b>\$0</b>	<b>\$20,000</b>
<b>Program Total:</b>	<b>\$20,000</b>		<b>\$20,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

**Explanation of Revenues****Significant Program Changes**Last Year this program was: 25139C AP - Computers for Head Start Graduates

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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.

### Program Summary

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 one public works projects in the coming year and attempts to deed one property for affordable housing development.

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.

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 the program's ability to deliver affordable housing units in the foreseeable future.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of public works projects completed	1	2	1	1
Outcome	# of affordable housing units created <sup>1</sup>	1	-	-	-

### Performance Measures Descriptions

<sup>1</sup> Due to lack of properties available, affordable housing units cannot be created. A new outcome measure will be developed.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$65,323	\$39,563	\$68,492	\$37,639
Contractual Services	\$0	\$278,600	\$0	\$300,399
Materials & Supplies	\$1,693	\$0	\$714	\$14
Internal Services	\$8,987	\$14,287	\$6,832	\$15,247
<b>Total GF/non-GF</b>	<b>\$76,003</b>	<b>\$332,450</b>	<b>\$76,038</b>	<b>\$353,299</b>
<b>Program Total:</b>	<b>\$408,453</b>		<b>\$429,337</b>	
<b>Program FTE</b>	0.62	0.38	0.64	0.36

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$7,429	\$0	\$8,097	\$0
Intergovernmental	\$0	\$289,450	\$0	\$320,799
Other / Miscellaneous	\$0	\$25,000	\$0	\$25,000
Beginning Working Capital	\$0	\$18,000	\$0	\$7,500
<b>Total Revenue</b>	<b>\$7,429</b>	<b>\$332,450</b>	<b>\$8,097</b>	<b>\$353,299</b>

**Explanation of Revenues**

\$320,799 - Multnomah County HUD CDBG: Based on current grant award \$32,500 - Loan Repays: Based on current year projected income and BWC

**Significant Program Changes**

Last Year this program was: 25140 Community Development

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**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.

### Program Summary

SUNSS administration staff has responsibility for leadership, partnership development, direct staff supervision and program oversight for the SUN Service System Division. The 20 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.

Responsibilities in the Division 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 carried out for both the SUNSS and the Community Services divisions of the department.

An emerging area of focus for the Division in FY15 will be on early learning. As a partner, with the United Way of the Columbia Willamette, the Division staff will deepen partnerships and participate in all phases of implementation of the Early Learning Multnomah hub. This work builds on successful early childhood and K-12 efforts that have been underway through the SUN Service System for the past four years.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of times school district and System partners meet to align & monitor service <sup>1</sup>	30	25	25	30
Outcome	% funder required reports completed and submitted on time	100%	100%	100%	100%

### Performance Measures Descriptions

<sup>1</sup> Alignment and monitoring meetings include meetings of SUNSS Coordinating Council and its workgroups, the Early Learning Multnomah process meetings, SUNSS Districts Council, and grant, policy and sustainability groups.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$797,515	\$0	\$925,032	\$8,438
Contractual Services	\$49,880	\$0	\$100,435	\$0
Materials & Supplies	\$20,882	\$0	\$22,940	\$0
Internal Services	\$105,140	\$0	\$91,984	\$0
<b>Total GF/non-GF</b>	<b>\$973,417</b>	<b>\$0</b>	<b>\$1,140,391</b>	<b>\$8,438</b>
<b>Program Total:</b>	<b>\$973,417</b>		<b>\$1,148,830</b>	
<b>Program FTE</b>	7.25	0.00	8.41	0.09

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$8,438
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,438</b>

Explanation of Revenues

\$8,438 - Centennial School District: Based on revised agreement

Significant Program Changes

Last Year this program was: 25143 SUN Service System Administration

General Fund budget includes a one-time-only carry over of \$40,000 for an evaluation study to be completed in FY 2015.

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**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 61 county-supported full-service sites in this offer serve approximately 17,000 students, 78% 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. SUN CS is part of the SUN Service System, a countywide integrated and coordinated system of care.

### Program Summary

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 partner organizations and 70 total SUN CS sites countywide, having expanded by 3 sites last year due to contributions by partners.

Currently, the 61 SUN Community Schools provide 17,000 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. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 95% school attendance rate and 75% improved academic benchmark scores in reading and 74% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 70% are racial/ethnic minorities, 24% are English Language Learners and 78% receive free or reduced lunch (compared to 48%, 24% and 56% respectively across the school districts).

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of children (ages 5-18) served <sup>1</sup>	16,783	11,600	11,600	12,200
Outcome	% who improve state test scores in Reading	75%	75%	75%	75%
Outcome	% of school days attended <sup>2</sup>	95%	92%	92%	92%
Outcome	% who improve classroom behavior	55%	65%	65%	65%

### Performance Measures Descriptions

<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; 8,289 children participated at this level last year. 92% attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$369,376	\$88,508	\$270,478	\$33,348
Contractual Services	\$4,516,138	\$789,128	\$4,437,055	\$969,285
Materials & Supplies	\$17,988	\$0	\$8,080	\$9
Internal Services	\$29,733	\$0	\$44,278	\$1,191
<b>Total GF/non-GF</b>	<b>\$4,933,235</b>	<b>\$877,636</b>	<b>\$4,759,891</b>	<b>\$1,003,833</b>
<b>Program Total:</b>	<b>\$5,810,871</b>		<b>\$5,763,724</b>	
<b>Program FTE</b>	3.88	0.67	2.68	0.32

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$633	\$0
Intergovernmental	\$0	\$835,136	\$0	\$965,500
Other / Miscellaneous	\$0	\$37,500	\$0	\$38,333
Beginning Working Capital	\$0	\$5,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$877,636</b>	<b>\$633</b>	<b>\$1,003,833</b>

Explanation of Revenues

\$273,000 - City of Portland Parks & Recreation: Based on agreement \$100,000 - City of Portland Mayor's Office: Based on current year agreement \$73,000 - Gresham Barlow School District: Based on revised agreement \$58,000 - David Douglas School District: Based on revised agreement \$168,000 - Reynolds School District: Based on revised agreement \$240,000 - Portland Public Schools SUN Community School Support: Based on revised agreement \$25,000 - Institute for Education Leadership: Based on revised agreement \$48,000 - Parkrose School District: Based on revised agreement \$13,333 - All Hands Raised - Youth Program Support: Based on revised agreement \$5,500 - Misc. Charges/Fees

Significant Program Changes

Last Year this program was: 25145A SUN Community Schools



**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25145A  
**Program Characteristics:** Measure 5 Education

### Executive Summary

This offer requests County General Fund to sustain 10 existing SUN CS sites with expiring federal grants or one-time funding and expand to 10 new schools through a funding partnership with the City of Portland and school districts. These 20 sites serve over 4,000 students and are all high need as measured by the SUN Equity Index (a measure of students with inequities in outcomes due to high levels of poverty and racial disparities). SUN's nationally recognized program removes barriers for students and families so that they can achieve educational success and lifelong self-sufficiency.

### Program Summary

SUN CS is a jointly owned collaboration of the City of Portland, 6 school districts, non-profits, the state and Multnomah County. This offer demonstrates the level of joint ownership among the sponsoring partners who are together contributing over \$2.2 million dollars to sustain and expand SUN Community School supports in the County's most vulnerable communities. The majority of these sites are in East Portland and East County.

SUN Community Schools in this offer provide 4,000 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. 1,000 adults will be served in life skill, parenting and enrichment activities such as ESL and GED classes.

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. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 95% school attendance rate and 75% improved academic benchmark scores in reading and 74% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 70% are racial/ethnic minorities, 24% are English Language Learners and 78% receive free or reduced lunch (compared to 48%, 24% and 56% respectively in school districts). Also included in this offer are 1.0 FTE Program Specialist and 1.0 FTE Research and Evaluation Analyst to support the increased contract monitoring, program development and evaluation work.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of children (ages 5-18) served <sup>1</sup>	-	-	-	4,000
Outcome	% who improve state test scores in Reading	-	-	-	75%
Outcome	% of school days attended <sup>2</sup>	-	-	-	92%

### Performance Measures Descriptions

<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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$188,141	\$0
Contractual Services	\$0	\$0	\$754,956	\$1,027,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$943,097</b>	<b>\$1,027,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,970,097</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,027,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,027,000</b>

Explanation of Revenues

\$605,000 - City of Portland \$165,000 - David Douglas School District \$165,000 - Portland Public School District \$55,000 - Reynolds School District \$37,000 - Gresham-Barlow School District

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**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 capacity to address family emergency food needs. The program served an additional 350,000 meals to children/family members in 11 SUN communities in FY13. The program is a partnership of the SUN Service System, Oregon Food Bank, six school districts, Portland Parks and Recreation, Multnomah County Library and Partners for a Hunger Free Oregon.

### Program Summary

Oregon's food insecurity rate has hovered around 14% since the great recession, and the modest economic recovery and increases in jobs locally in past years have largely not touched folks living in poverty or without a post-secondary degree. Despite Oregon's high hunger rate, millions of dollars in available federal food funding for children goes untapped. 56% of children in the county are eligible for Free or Reduced (FRL) price meals through schools and 79% 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 10 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 approximately 130,000 meals that would not otherwise have been possible. In addition to providing support for weekend food pantries at 10 SUN CS sites, the project will continue development of ongoing partnerships and resources for weekend food in partnership with Oregon Food Bank. A 1.0 FTE Program Development Specialist coordinates the project, provides technical assistance to community partners, develops partnerships, coordinates a countywide hunger collaborative 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 \$1 million 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 who offer both donations and volunteer capacity.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of meals provided to children and families <sup>1</sup>	350,000	370,000	435,000	435,000
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	6	6	6	6

### Performance Measures Descriptions

<sup>1</sup> # of meals includes meals served through extended weeks of summer meals program and emergency pantries providing weekend meals to families. The # of pantries increased from 8 to 10 in Fall 2013.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$46,977	\$0	\$96,917	\$0
Contractual Services	\$111,894	\$0	\$140,240	\$0
Materials & Supplies	\$1,438	\$0	\$211	\$0
Internal Services	\$7,253	\$0	\$11,547	\$0
<b>Total GF/non-GF</b>	<b>\$167,562</b>	<b>\$0</b>	<b>\$248,915</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$167,562</b>		<b>\$248,915</b>	
<b>Program FTE</b>	0.50	0.00	1.00	0.00

Program Revenues				
<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: 25147A Child & Family Hunger Relief

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This offer requests \$200,000 County General Fund to expand the SUN Child and Family Hunger Relief program to respond to the lack of both food security and access to fresh, healthy food for thousands of families in areas of the County with significant gaps in the availability of weekend food, summer meals and fresh produce. The offer increases the number of food distribution sites and school and home gardens in 13 high need neighborhoods and leverages over \$540,000 to provide an estimated 345,000 additional meals to hungry children and families.

### Program Summary

Oregon's food insecurity rate has hovered around 14% since the great recession. The high rate of poverty in our community (with one in five children living in poverty) has been exacerbated in FY14 by cuts to the Supplemental Nutrition Assistance Program (food stamps) that will mean a reduction in resources that equals 5.4 million fewer meals for Multnomah County residents annually. This is causing severe strain on already taxed emergency food delivery systems. In addition, lack of access to and use of fresh produce continues to be a major challenge to good nutrition, anti-obesity and general health for many poor communities.

This offer addresses both the conditions of poverty (hunger) as well as the cause (lack of sustainable ways to feed oneself) through establishment of a combination of emergency food pantries, Harvest Share, additional summer meal sites and school-based gardens at 13 locations in North Portland, Outer Southeast Portland and East County. These locations have been prioritized as there are significant gaps in the Oregon Food Bank or summer meal distribution networks in these communities. In addition to not having easy access to emergency food sources, all these school neighborhoods are also considered food deserts or are in high poverty neighborhoods that also are in high proximity to unhealthy foods. Two new SUN Emergency Food Pantries will serve between 25-45 families a week at each site, providing over 50 pounds of emergency food per month to each family. Harvest Share at 3 sites will provide communities with a monthly distribution of produce that helps families provide healthy meals and snacks to their children in areas with limited and/or cost prohibitive access to fresh healthy foods. School and home garden programs at 3 sites build capacity to grow one's own food, dovetail with Harvest Share to engage with children and families on how to best utilize Harvest Share resources with cooking and food preparation classes and provide a platform for parent engagement around other community resources. Summer meal delivery for 8-10 weeks will be expanded to 5 additional communities to fill in gaps. Those sites include the Rockwood and Midland libraries and three new park locations.

The effort leverages existing resources and partnerships with the Oregon Food Bank, school districts, Portland Parks and Recreation, Multnomah County Library and Partners for a Hunger Free Oregon. Overall, the efforts in this offer will provide over 345,000 in additional and fresh meals, and leverage over \$540,000.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of meals provided to children and families <sup>1</sup>	-	-	-	345,000
Outcome	Percent of children who increase knowledge about nutrition and gardening	-	-	-	90%

### Performance Measures Descriptions

<sup>1</sup># meals includes meals through PP&R and Library summer food programs, meals through emergency food pantries for weekends, emergency supplemental produce for families to create meals and healthy snacks, and fresh produce from school based gardens.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$200,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

**Related Programs:**
**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 2013, SSSES served nearly 1,800 high-risk youth, 92% of whom identify as ethnic minorities; over 75% 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 Summary

Social and Support Services for Educational Success provides services for 1,800 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. Youth in the SSSES program consistently show improvements in school attendance and gain enough credits to be on track to graduate; in addition, annually nearly 90% of 9th, 10th and 11th grade SSSES youth return 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of students (ages 6-18) served <sup>1</sup>	1,799	1,700	1,700	1,450
Outcome	% who make progress on academic goals <sup>2</sup>	95%	90%	90%	90%

### Performance Measures Descriptions

<sup>1</sup> Output for FY15 reflects a 14% reduction due to loss of funding from Oregon Commission on Children and Families as part of Governor's Early Learning Initiative. <sup>2</sup> Measure changed as data not available from school districts for previous measure of reading test scores. Outcomes are analyzed for students who participate in case management for 45 days or more with at least 15 hours of service; 1,011 youth participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2014</b>	<b>2014</b>	<b>2015</b>	<b>2015</b>
Personnel	\$103,197	\$0	\$103,733	\$0
Contractual Services	\$1,892,985	\$302,582	\$1,912,188	\$302,582
Materials & Supplies	\$2,876	\$0	\$1,114	\$0
Internal Services	\$14,504	\$0	\$11,547	\$15,098
<b>Total GF/non-GF</b>	<b>\$2,013,562</b>	<b>\$302,582</b>	<b>\$2,028,582</b>	<b>\$317,680</b>
<b>Program Total:</b>	<b>\$2,316,144</b>		<b>\$2,346,262</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$8,018	\$0
Intergovernmental	\$0	\$302,582	\$0	\$317,680
<b>Total Revenue</b>	<b>\$0</b>	<b>\$302,582</b>	<b>\$8,018</b>	<b>\$317,680</b>

Explanation of Revenues

\$317,680 - Oregon Commission on Children, Families, and Community - Youth Investment: Based on FY14 funding estimate

Significant Program Changes

Last Year this program was: 25149A Social & Support Services for Educational S



**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**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 FY13, the overall program served 736 children in 520 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 Summary

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: home visits that focus on parenting education, age appropriate parent-child play groups, 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 and the outcomes for participating families are strong. Last year, at the time of exit from the program 96% of children served had up-to-date immunizations. Nearly all of the parents (97%) 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. In fact, in recent years the program has engaged families when their children are younger, and has intentionally connected families to appropriate preschool or Head Start programs to strengthen children's readiness for school.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of children served	736	737	737	737
Outcome	% of children up to date on immunizations at exit	96%	85%	85%	90%

### Performance Measures Descriptions

Note that for FY15 PO# 25151 is a combination of the base (A) and scaled (B) offers in FY14. The performance measures reflect the combined outputs and outcomes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$103,197	\$0	\$103,733	\$0
Contractual Services	\$1,326,890	\$105,189	\$1,347,471	\$112,050
Materials & Supplies	\$2,876	\$0	\$461	\$0
Internal Services	\$14,504	\$0	\$11,547	\$0
<b>Total GF/non-GF</b>	<b>\$1,447,467</b>	<b>\$105,189</b>	<b>\$1,463,212</b>	<b>\$112,050</b>
<b>Program Total:</b>	<b>\$1,552,656</b>		<b>\$1,575,262</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$105,189	\$0	\$112,050
<b>Total Revenue</b>	<b>\$0</b>	<b>\$105,189</b>	<b>\$0</b>	<b>\$112,050</b>

Explanation of Revenues

\$112,050 - United Way of the Columbia Willamette In FY14 7% of the revenue is from the State of Oregon, Early Learning Division. For FY15 those same funds will come from the United Way of the Columbia Willamette as part of the Early Learning Multnomah hub

Significant Program Changes

Last Year this program was: 25151A Parent Child Development Services

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This offer requests \$168,000 County General Fund support to expand, sustain and deepen the Early Kindergarten Transition program. The Early Kindergarten Transition program is a three week summer program to engage entering kindergartners who have had little to no preschool experience, and their parents/caregivers. Each dollar of County investment leverages up to \$3.00 from school districts and other partners.

### Program Summary

Research shows a strong correlation between successful kindergarten transition and overall success in elementary school. Locally we know that as many as 60% of entering kindergartners have no prior preschool experience, often making their transition into kindergarten less than smooth. The impact of this is experienced by the child, their parent/caregiver, the kindergarten teacher and other students in the class.

The three-week Early Kindergarten Transition Program at SUN Community Schools offers children and their parent/caregiver the opportunity to learn about school routines, meet school staff, and build their overall comfort level with the elementary school setting. This program is truly a team effort at the school site.

The program provides a kindergarten-like classroom experience for incoming students, taught by a kindergarten teacher at that school. The focus is on developing social-emotional skills such as listening to directions, understanding routines, taking turns and developing familiarity with the elementary school setting. These types of skills are often called executive functions; research about executive functions is showing that these skills are a very important predictor of elementary school success.

Professional parent educators provide parent education for parents/caregivers to orient them to the school expectations, school routines and demonstrate ways parents can support their children at home - to be successful in school. Multnomah County Early Childhood librarians work with parents about how to read to their children, selecting appropriate books and how to connect with library resources.

Operated at SUN Community Schools, the Early Kindergarten Transition program represents layering of important services using the SUN Community School platform. It is a partnership across the school districts, SUN CS Lead Agencies, Portland State University, the SUN Service System and Multnomah County Library to support successful transition into kindergarten. Research by PSU has allowed the Division to adjust the program model to be more effective.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of children who participate in summer Early Kindergarten Transition.	-	-	-	640
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	-	-	-	90%

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$44,051	\$0
Contractual Services	\$0	\$0	\$124,000	\$0
Materials & Supplies	\$0	\$0	\$425	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$168,476</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$168,476</b>	
<b>Program FTE</b>	0.00	0.00	0.50	0.00

Program Revenues				
<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:

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**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. 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 Summary

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. Offering this curriculum has been quite popular in SUN Community Schools, as evidenced by exceeding the target number of participants and by demand that cannot be met by existing capacity.

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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of families who participate in Strengthening Families	154	120	120	140
Outcome	% of youth surveyed who report improvement in 4 or more areas in the survey	90%	75%	75%	75%

### Performance Measures Descriptions

Output has increased because all services will be using the Strengthening Families model.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$130,767	\$0	\$130,192	\$0
<b>Total GF/non-GF</b>	<b>\$130,767</b>	<b>\$0</b>	<b>\$130,192</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$130,767</b>		<b>\$130,192</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25154 Alcohol, Tobacco & Other Drug Services

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Sexual Minority Youth Services (SMYS) program offers counseling, skill building and support services to over 300 sexual minority youth. Its direct service impact is enhanced through technical assistance and training to approximately 900 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 Summary**

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 300 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 75% of youth served in the drop in center re-enrolled or remained in school. In addition to the direct service impact, nearly 100% of training participants reported an increased knowledge of SMY issues and competency in serving these youth.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of youth who engage in counseling services	42	40	40	40
Outcome	Percent of students who engage in counseling and who remain in or re-enroll in school	71%	75%	75%	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$112,080	\$0	\$113,819	\$0
<b>Total GF/non-GF</b>	<b>\$112,080</b>	<b>\$0</b>	<b>\$113,819</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$112,080</b>		<b>\$113,819</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25155 Services for Sexual Minority Youth



**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Bienestar de La Familia (Well-being of the Family) is a social service program that provides culturally specific and linguistically appropriate service to the growing Latino community of Multnomah County. The 5.6 FTE bilingual and bi-cultural 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 Summary

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. In recent years the growing diversity of the Cully neighborhood has meant that the program has become a resource for other cultural and ethnically-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 parent education and support 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	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of households served <sup>1</sup>	1,031	700	1,000	1,000
Outcome	Percentage of families whose needs were met	80%	80%	85%	85%
Output	Number of families who receive food to meet basic needs	1,809	1,890	1,800	1,800

### Performance Measures Descriptions

<sup>1</sup> This number includes direct services at Bienestar: basic needs, mental health & drug and alcohol services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$552,153	\$0	\$588,122	\$0
Contractual Services	\$61,500	\$0	\$11,500	\$0
Materials & Supplies	\$16,318	\$0	\$13,559	\$0
Internal Services	\$78,321	\$0	\$80,260	\$0
<b>Total GF/non-GF</b>	<b>\$708,292</b>	<b>\$0</b>	<b>\$693,441</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$708,292</b>		<b>\$693,441</b>	
<b>Program FTE</b>	5.40	0.00	5.60	0.00

Program Revenues				
<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: 25156A Bienestar Social Services

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer supports the implementation of the Early Learning Multnomah (ELM) Hub. In partnership with the United Way, Multnomah County SUN Service System will be implementing all elements of the ELM for this community. Grant funds from the United Way will support 2.0 FTE staffing for these activities.

### Program Summary

The Early Learning Multnomah Hub represents a commitment across partners, including parents, providers and investors, to align strategies and outcomes towards a single vision of kindergarten readiness for the county's most at-risk children ages 0 through 6. United Way of the Columbia Willamette and Multnomah County agreed to serve as co-conveners and submitted a proposal on behalf of its partners to become an early implementer of the state's vision to create a system of Early Learning Hubs across Oregon.

Early Learning Multnomah (ELM), is designed to coordinate and align services for the 63,268 children ages 0 through 6 living within Multnomah County. ELM has further identified two intersecting groups as the most at risk population of children 0 -6: children living at or below 185% of poverty and all children of color (including English Language Learners). Local and national research clearly indicates the population of children of color is inclusive of a large number of children living at or near poverty levels. ELM's vision for change, supported by a governance model that emphasizes shared accountability by parents, community (providers and partners) and key funders signals a significant step forward for early learning services for the county's most at-risk children.

The United Way and Multnomah County are co-conveners for this initiative, and Multnomah County SUN Service System Division will play important staffing roles during the implementation. SUN Division staff will partner with the ELM Director to fully develop and implement all phases of the hub, including developing and staffing the governance process, providing direction and vision, drafting operating procedures and documents, and overall partnership development. SUN Division staff will also contract for and develop programs, monitor contracts, compile data and reports and support family involvement in this initiative. As such the United Way will provide funding to Multnomah County for these functions.

### Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of parents/caregivers that are engaged in the Parent Advisory Council of the ELM hub	-	-	-	12
Outcome	% of parents/caregivers engaged in governance who report satisfaction with their role and the Hub's direction	-	-	-	75%

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$47,567	\$0	\$0	\$185,011
Contractual Services	\$2,433	\$0	\$0	\$358,356
Materials & Supplies	\$0	\$0	\$0	\$6,170
Internal Services	\$0	\$0	\$0	\$8,820
<b>Total GF/non-GF</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$558,357</b>
<b>Program Total:</b>	<b>\$50,000</b>		<b>\$558,357</b>	
<b>Program FTE</b>	0.50	0.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$558,356
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$558,356</b>

Explanation of Revenues

\$260,000 - United Way of the Columbia Willamette Early Learning HUB: Based on current year award  
 \$298,356 - United Way of the Columbia Willamette Family Support Services: Based on current year estimate

Significant Program Changes

Last Year this program was: 25158 SUN Early Learning HUB Development

For FY15 the funding is all for implementation and program development.

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

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

**Program Offer Stage:** As Adopted

**Related Programs:**
**Program Characteristics:** Measure 5 Education

**Executive Summary**

This offer requests ongoing County General Fund to support attendance case workers in three school districts to respond to high chronic absence rates. Attendance case workers will work intensively with 180 students and their parents to address barriers to attendance and engagement in school. The case workers are part of the integrated Communities Supporting Youth Collaborative effort and the program leverages resources from the All Hands Raised Partnership, the six SUN partner school districts and Oregon Department of Human Services.

**Program Summary**

Nearly one in four Multnomah County students is chronically absent (attending fewer than 90% of school days), a critical tipping point that predicts academic struggles, disconnection from school and ultimately a severed path to family-sustaining employment. Chronic absenteeism, which disproportionately affects poor students and students of color, helps drive Multnomah County's graduation below the Oregon average, which itself is the fourth lowest graduation rate in the nation. Family and student stability, health, and access to services are critical to ensuring consistent attendance. An integrated approach linking school-based planning and early warning systems with targeted outreach and supports for high-risk students and families has demonstrated results both locally and nationally.

This offer provides funding for three attendance case workers in three districts (David Douglas, Portland Public Schools and Centennial School Districts) to work with students who have severe chronic absence rates and their families, who experience multiple challenges including food instability, homelessness, limited parenting skills, limited life skills, unemployment, and so forth. Attendance case workers will work in sites that are current demonstration sites for the Communities Supporting Youth Collaborative, and other "feeder" schools with high chronic absence rates. The proposed initiative builds on proven strategies and existing school-based infrastructure by embedding advocates who act as case workers in schools to drive down chronic absenteeism through integrated social service delivery.

**Performance Measures**

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of students served with intensive attendance supports	-	-	-	180
Outcome	Percent of students served who improve attendance to 95%	-	-	-	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$200,247	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,247</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,247</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<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: