

Volume 3 Program Offers

fy2015 **adopted** budget

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Understanding Program Offers

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

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

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

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

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

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

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

What Makes a Good Program Offer

Program Offer Description

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

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

~Sir Arthur Conan Doyle, Sherlock Holmes

Performance Measures

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

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

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

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

Program Costs

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

Explanation of Revenues

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

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

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

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

Types of Programs

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

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

Administration

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

Support

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

Operating Program

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

New/Innovative

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

Program
Alternative or
Reconstruction

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

Internal Service

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

Revenues

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

Other Important Notes

Characteristics of Program Offers

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

- Program Offer characteristics (backfill and offers requesting one time only resources or those denoted as advancing the Climate Action Plan)
- The way in which program offers are scaled
- Backfill Backfill is defined as "discretionary dollars (General Fund)
 applied to a program that formerly was funded by a grant, state, or other
 dedicated funding source. Explicitly identifying backfill allows the Chair
 and the Board to decide to partially or fully backfill expiring grants, state
 or federal funds with General Fund dollars.
- One-Time-Only Resources In most budget years, the County has a
 varying amount of one-time-only funds. These funds will not be available
 in the following years and thus should be spent on projects that do not
 have or have minimal ongoing expenses.
- Measure 5 Education Offers Multnomah County has General Fund revenues which are not derived from real property taxes. These revenues can be expended on educational services without violating the Constitutional limitation on spending real property tax for educational services. In order for the County to easily demonstrate that it has complied with the Constitutional limitation on spending for "educational services," departments can designate such programs so that they may be funded by non real property tax revenues.

Scaled Program Offers

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

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

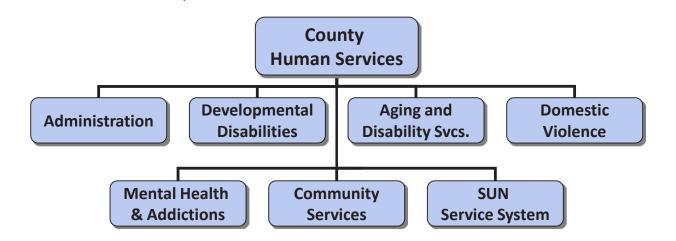
Department Overview

The 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 Current	FY 2014 Adopted	FY 2015 Adopted	
	Actual	Estimate	Budget	Budget	<u>Difference</u>
Staffing ETE	716.51	750.80	722.44	782.19	59.75
Staffing FTE	/10.51	750.60	722.44	702.19	39.73
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	11,122	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$201,120,900	\$221,895,219	\$222,701,985	\$239,730,095	\$17,028,110

^{*}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 onscene 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	12,090,262	3,027,358	15,117,620	24.60
Total County Human Services	\$61,333,808	\$178,396,287	\$239,730,095	782.19

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, inperson 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
Department	Administration				
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
Developmen	ntal Disabilities Services				
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
Aging and D	isability Services				
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
Domestic V	iolence Services				
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
Mental Hea	lth and Addiction Services				
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
Mental Heal	th and Addiction Services (continued)				
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
Community					
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
Community	Services -(cont.)				
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
SUN Service	System				
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	200,247	<u>0</u>	200,247	0.00
	Total County Human Services	\$61,333,808	\$178,396,287	\$239,730,095	782.19

County Human Service:

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Program #25000A - Director's Office

7/3/2014

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 ¹	57	50	50	50			
Outcome	Advisors agree/strongly agree with the statement: Overall DCHS does its job well. ²	-	100%	100%	-			

Performance Measures Descriptions

¹ 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.

² 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
Total GF/non-GF	\$557,574	\$681,719	\$1,079,792	\$603,305
Program Total: \$1,239,293		\$1,68	3,096	
Program FTE	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
Total Revenue	\$470,165	\$681,719	\$826,018	\$603,305

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



Program #25000B - Director's Office - Business Systems Analysis

7/3/2014

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.

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

Performance Measures Descriptions

¹ These measures are being discontinued.

² 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
Total GF/non-GF	\$100,000	\$0	\$112,030	\$0
Program Total:	\$100,000		\$112	2,030
Program FTE	1.00	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: 25000E Director's Office - Business Systems Analys



Program #25000C - Director's Office - Grant Writing Capacity

7/3/2014

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
Total GF/non-GF	\$0	\$0	\$102,165	\$0
Program Total:	\$0		\$102	2,165
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:



Program #25001A - Human Resources

7/3/2014

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 21	-	-	5	4	

Performance Measures Descriptions

¹ 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
Total GF/non-GF	\$396,084	\$600,152	\$394,857	\$595,563
Program Total:	\$996,236		\$990	,421
Program FTE	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	
Total Revenue	\$300,906	\$600,152	\$393,020	\$595,565	

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



Program #25002 - Business Services

7/3/2014

 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.

Performan	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
Total GF/non-GF	\$2,531,944	\$1,142,715	\$2,534,303	\$1,215,186
Program Total:	\$3,674,659		\$3,74	9,489
Program FTE	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
Total Revenue	\$831,404	\$1,142,715	\$875,061	\$1,215,186

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



Program #25003 - Contracts Unit

7/3/2014

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.

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

¹The 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.

² The newly implemented Supplier Relationship Management (SRM), a procurement contract database system still impacts the overall contract outcome for FY15.

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$1,059,810	\$47,358	\$1,075,447	\$30,012
Program Total:	\$1,107,168		\$1,10	5,460
Program FTE	9.53	0.47	9.70	0.30

Program Revenues				
Intergovernmental	\$0	\$47,358	\$0	\$30,012
Total Revenue	\$0	\$47,358	\$0	\$30,012

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: 25003 Contracts Unit



Program #25010A - DD Administration & Support

7/3/2014

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.

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

¹ 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.

² Discontinue this measure.

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

	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
Total GF/non-GF	\$843,968	\$1,842,612	\$863,968	\$1,679,681
Program Total:	\$2,686,580		\$2,54	3,649
Program FTE	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	
Total Revenue	\$0	\$1,842,612	\$0	\$1,679,681	

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



Program #25011 - DD Systems, Contracts and Budget

7/3/2014

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 waivered services.

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

¹ 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.

² 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.

	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
Total GF/non-GF	\$582,696	\$4,190,135	\$582,696	\$4,511,659
Program Total:	\$4,772,831		\$5,09	4,355
Program FTE	0.00	9.00	0.00	9.00

Program Revenues				
Intergovernmental	\$0	\$4,190,135	\$0	\$4,511,657
Total Revenue	\$0	\$4,190,135	\$0	\$4,511,657

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



Program #25012 - DD Services for Adults

7/3/2014

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.

Performar	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 ¹	11,750	5,000	10,848	10,000			

¹ 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.

	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
Total GF/non-GF	\$0	\$3,754,674	\$0	\$3,866,356
Program Total:	\$3,75	\$3,754,674		6,356
Program FTE	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	
Total Revenue	\$0	\$3,754,674	\$0	\$3,866,355	

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.



Program #25013 - DD Services for Children

7/3/2014

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 waivered 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 DDSD. 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 ¹	-	85.0%	87.83%	88.0%		

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$24,140	\$3,569,431	\$24,140	\$3,446,877
Program Total:	\$3,593,571		\$3,47	1,017
Program FTE	0.00	33.80	0.00	34.00

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

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 waivered 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.



Program #25014 - DD Abuse Investigations

7/3/2014

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.

Performar	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%			

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$243,778	\$874,247	\$356,760	\$723,766
Program Total:	\$1,118,025		\$1,08	0,526
Program FTE	2.50	7.50	3.50	6.50

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

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



Program #25015A - DD Monitoring and Crisis Services

7/3/2014

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.

Performa	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 ¹	82.2%	80.0%	86.6%	-			
Outcome	% of adults requesting a crisis placement who are placed safely within 2 business days ²	-	-	•	90.0%			

¹Discontinue this measure.

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

	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
Total GF/non-GF	\$0	\$2,291,126	\$0	\$2,085,259
Program Total:	\$2,291,126		\$2,08	5,259
Program FTE	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	
Total Revenue	\$0	\$2,291,126	\$0	\$2,085,259	

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



Program #25016A - DD Eligibility & Intake Services

7/3/2014

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.

Performar	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.

	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
Total GF/non-GF	\$405,956	\$577,735	\$300,898	\$596,775
Program Total:	\$983,691		\$897	,673
Program FTE	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
Total Revenue	\$0	\$577,735	\$0	\$596,775

Explanation of Revenues

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

Significant Program Changes

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



Program #25020A - ADS Access & Early Intervention Services

7/3/2014

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.

Performan	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		

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
Total GF/non-GF	\$3,732,827	\$6,054,290	\$3,540,072	\$7,629,879
Program Total:	\$9,787,117		\$11,16	69,951
Program FTE	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
Total Revenue	\$17,237	\$6,054,290	\$42,577	\$7,629,878

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.



Program #25020B - ADS Senior Center Prevention Services

7/3/2014

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 ¹	-	-	-	86,000	
Outcome	Participants are satisfied or very satisfied with activities	-	-	-	85%	

Performance Measures Descriptions

¹Regularly scheduled classes that people may attend multiple times.

	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
Total GF/non-GF	\$0	\$0	\$565,819	\$0
Program Total:	\$0		\$565	i,819
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.



Program #25021 - Multnomah Project Independence

7/3/2014

Department:County Human ServicesProgram Contact:Lee GirardProgram Offer Type:Existing Operating ProgramProgram 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 inhome 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.

Performar	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 ¹	90%	90%	90%	90%			

Performance Measures Descriptions

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

	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
Total GF/non-GF	\$295,301	\$0	\$297,850	\$0
Program Total:	\$295	\$295,301		7,850
Program FTE	1.00	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: 25021 Multnomah Project Independence



Program #25022 - ADS Adult Care Home Program

7/3/2014

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 licenser 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.

Performa	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 vear	100%	100%	100%	100%		
Outcome	Adult care home/nursing home cost efficiency ratio ¹	27.5%	32%	27.5%	28%		

Performance Measures Descriptions

¹Lower 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
Total GF/non-GF	\$79,396	\$1,749,147	\$108,019	\$1,961,509
Program Total:	\$1,828,543		\$2,06	9,527
Program FTE	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
Total Revenue	\$0	\$1,749,147	\$0	\$1,961,506

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.



Program #25023 - ADS Long Term Care Program

Program Contact: Cathy Clay-Eckton 7/3/2014

County Human Services **Department:**

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 communitybased 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.

Performan	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 ¹	81.5%	81.0%	81.7%	82.0%			

Performance Measures Descriptions

¹A 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
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$2,262,871	\$23,991,951	\$1,844,183	\$27,339,968
Program Total:	\$26,254,822		\$29,184,151	
Program FTE	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	
Total Revenue	\$5,703	\$23,991,951	\$6,368	\$27,339,971	

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.



Program #25024A - ADS Adult Protective Services

7/3/2014

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.

Performa	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 ¹	2%	2%	2%	2%		
Outcome	Clients with stable or improved overall living situation after 90 days of MDT intervention ²	96%	90%	96%	96%		

Performance Measures Descriptions

¹Current 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.

²Changes 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
Total GF/non-GF	\$868,206	\$4,408,096	\$1,018,530	\$4,892,444
Program Total:	\$5,276,302		\$5,910,974	
Program FTE	2.18	35.42	3.39	41.01

Program Revenues				
Intergovernmental	\$0	\$4,408,096	\$0	\$4,892,444
Total Revenue	\$0	\$4,408,096	\$0	\$4,892,444

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%.



Program #25025A - Veterans' Services

7/3/2014

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).

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

Performance Measures Descriptions

¹Requires power of attorney and legal representation by Veterans' Service Officer

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

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

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.



Program #25025B - Veterans' Services Expansion

7/3/2014

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.

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

Performance Measures Descriptions

¹Requires power of attorney and legal representation by Veterans Services Officer

	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
Total GF/non-GF	\$0	\$0	\$235,375	\$0
Program Total:	\$0		\$235,375	
Program FTE	0.00	0.00	2.67	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Program #25026A - ADS Public Guardian/Conservator

7/3/2014

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 quardianship.

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 ¹	-	-	20	20	
Outcome	Urgent client safety needs addressed within five days after court appointment ²	100%	100%	100%	100%	
Output	Referrals appropriately diverted to less costly resources ³	136	165	150	155	

¹This is a new measure.

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

³Successful 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
Total GF/non-GF	\$1,212,408	\$0	\$1,226,586	\$0
Program Total:	\$1,212,408		\$1,226,586	
Program FTE	10.00	0.00	10.00	0.00

Program Revenues					
Fees, Permits & Charges	\$40,000	\$0	\$40,000	\$0	
Total Revenue	\$40,000	\$0	\$40,000	\$0	

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.



Program #25027 - ADS Administration

7/3/2014

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.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	ADS-sponsored opportunities for consumer education and/or input ¹	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

¹Number 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
Total GF/non-GF	\$163,710	\$1,023,009	\$220,505	\$1,249,444
Program Total:	\$1,186,719		\$1,469,949	
Program FTE	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
Total Revenue	\$0	\$1,023,009	\$0	\$1,249,445

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.



Program #25030 - ADS Elders in Action Commission and Personal Advocacy

7/3/2014

Department:County Human ServicesProgram 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.

Performar	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 ¹	\$213,441	\$202,965	\$214,408	\$208,764		

Performance Measures Descriptions

¹The 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
Total GF/non-GF	\$165,189	\$0	\$168,493	\$0
Program Total:	\$165,189		\$168	,493
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



Program #25031 - Protected Persons Special Advocate Program

7/3/2014

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 ¹	-	-	-	85%	

Performance Measures Descriptions

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

	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
Total GF/non-GF	\$0	\$0	\$50,000	\$0
Program Total:	\$0		\$50	000
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:



Program #25041A - Domestic Violence Crisis Services

7/3/2014

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.

Performar	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 ¹	998	-	900	800			
Outcome	Percentage of adult victims who exit services with a lower perception of risk ²	86%	70%	85%	80%			

¹ 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.

² Reworded for clarity

	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
Total GF/non-GF	\$639,568	\$155,244	\$831,634	\$170,505
Program Total:	\$794,812		\$1,00	2,139
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$155,244	\$0	\$170,505
Total Revenue	\$0	\$155,244	\$0	\$170,505

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.



Program #25042A - Domestic Violence Community Based Services

7/3/2014

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.

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

- ¹ This output was included in FY14 Program Offer 25040A.
- ² Reworded for clarity.

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$857,928	\$1,044,475	\$823,811	\$699,827
Program Total:	\$1,902,403		\$1,52	3,638
Program FTE	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
Total Revenue	\$11,694	\$1,044,475	\$20,090	\$699,828

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.



Program #25043A - Domestic Violence Housing & Stabilization

7/3/2014

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 ¹	371	-	350	325	
Outcome	Percentage of adult victims who exit services with a lower perception of risk ²	93%	70%	85%	80%	
Outcome	Percentage of victims and children who exit services to permanent housing	93%	-	85%	80%	

Performance Measures Descriptions

² Reworded for clarity.

¹ 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.

	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
Total GF/non-GF	\$196,792	\$74,834	\$199,655	\$514,403
Program Total:	\$271,626		\$714	,058
Program FTE	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	
Total Revenue	\$0	\$74,834	\$7,963	\$514,403	

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



Program #25043B - Domestic Violence Housing & Stabilization Back Fill

7/3/2014

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 Hearth 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.

Performa	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%		

	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
Total GF/non-GF	\$0	\$0	\$58,016	\$0
Program Total:	\$0		\$58	016
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:



Program #25044A - Domestic Violence Administration & Coordination

7/3/2014

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.

Performa	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 ¹	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		

¹ Reworded for clarity

	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
Total GF/non-GF	\$716,007	\$68,553	\$707,139	\$71,142
Program Total:	\$784,560		\$778	3,281
Program FTE	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
Total Revenue	\$0	\$68,553	\$4,516	\$71,142

Explanation of Revenues

\$18,942 - OHCSD 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.



Program #25047A - Domestic Violence Enhanced Response Team

7/3/2014

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 onscene 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 ¹	115	100	100	75		
Outcome	Cases with criminal justice sanctions related to DVERT intervention ²	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		

- 1 Reworded for clarity
- ² This measure is poorly defined and unable to be accurately reported for FY14, so the measure is being discontinued.

	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
Total GF/non-GF	\$324,609	\$311,333	\$229,716	\$208,646
Program Total:	\$635,942		\$438	3,361
Program FTE	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	
Total Revenue	\$7,059	\$311,333	\$5,266	\$208,645	

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.



Program #25047B - Domestic Violence Enhanced Response Team Back Fill

7/3/2014

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 iinclude Child Welfare, Self-Sufficiency (public assistance), District Attorney, and Community Justice (probation/parole).

Performa	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%			

	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
Total GF/non-GF	\$0	\$0	\$71,000	\$0
Program Total:	\$0		\$71	,000
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:

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.



Program #25050 - MHASD Administration

7/3/2014

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.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Total Adult/Child MHASD Advisory Meetings ¹	37	34	34	34			
Outcome	Advisors agree with the statement: Overall, MHASD does its job well ²	-	80%	80%	-			

Performance Measures Descriptions

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

² The survey will be repeated in FY2014

	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
Total GF/non-GF	\$235,122	\$1,079,570	\$232,230	\$1,077,985
Program Total:	\$1,314,692		\$1,31	0,216
Program FTE	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	
Total Revenue	\$15,381	\$1,079,570	\$17,132	\$1,077,985	

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



Program #25051 - Mental Health Pilot-Crisis Assessment & Treatment Center (CATC) Behavioral Health Triage for Adults

7/3/2014

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.

	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
Total GF/non-GF	\$0	\$0	\$658,721	\$0
Program Total:	\$0		\$658	3,721
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:



Program #25052 - Medical Records for MHASD

7/3/2014

Joan Rice

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

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.

Performan	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. ¹	224,284	178,521	280,236	250,340			
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules. ²	100%	100%	100%	100%			

¹ 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.

² 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
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$726,764	\$65,532	\$729,447	\$78,509
Program Total:	\$792,296		\$807	7 ,955
Program FTE	8.00	1.00	8.00	1.00

Program Revenues				
Intergovernmental	\$0	\$65,532	\$0	\$78,509
Total Revenue	\$0	\$65,532	\$0	\$78,509

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



Program #25053 - Mental Health Quality Management & Protective Services

7/3/2014

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 Administrave 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.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	# of clinical reviews/protective service investigations/incident reports reviewed1	11,482	11,007	12,091	12,091			
Outcome	Percent of certification reviews conducted within 3 year maximum OAR mandate ²	100.0%	100.0%	100.0%	100.0%			

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

² 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
Total GF/non-GF	\$912,593	\$3,132,375	\$1,036,097	\$3,274,452
Program Total:	\$4,044,968		\$4,310,549	
Program FTE	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	
Total Revenue	\$49,711	\$3,132,375	\$63,094	\$3,274,452	

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



Program #25055A - Behavioral Health Crisis Services

Neal Rotman Program Offer Stage: As Adopted

7/3/2014

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

Existing Operating Program

Program Offer Type: 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 15.5hour 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.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Total Crisis System Contacts ¹	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 ²	96.6%	97.0%	96.0%	96.0%			

¹ 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).

² 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
Total GF/non-GF	\$957,930	\$5,490,840	\$1,258,760	\$5,238,133
Program Total:	\$6,448,770		\$6,49	6,893
Program FTE	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
Total Revenue	\$35,218	\$5,490,840	\$71,351	\$5,238,136

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



Program #25055B - Crisis Backfill

7/3/2014

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 form 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.

Performan	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 ¹	-	-	-	1,800			
Outcome	% of UWIC clients seen by the UWIC not referred to an Emergency Department ²	96.6%	97.0%	96%	97%			

- ¹ Urgent Walk-in Clinic contacts during the purchased 63.5 hours.
- ² Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

	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
Total GF/non-GF	\$0	\$0	\$0	\$960,000
Program Total:	\$0		\$960	0,000
Program FTE	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	
Total Revenue	\$0	\$0	\$24,231	\$960,000	

Explanation of Revenues

\$960,000 - Behavioral Health Fund Reserves

Significant Program Changes

Last Year this program was:



Program #25056 - Mental Health Crisis Assessment & Treatment Center (CATC)

7/3/2014

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 ¹	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 ¹	301	266	309	309		
Output	Number of inpatient days for uninsured/indigent adults ²	3,747	3,672	3,627	3,627		

¹ Number of Multnomah Mental Health members and indigent/Medicare clients admitted who would otherwise have been hospitalized or jailed.

² 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
Program Expenses	2014	2014	2015	2015
Contractual Services	\$597,500	\$2,546,295	\$1,197,500	\$1,948,795
Internal Services	\$0	\$293,854	\$0	\$302,755
Total GF/non-GF	\$597,500	\$2,840,149	\$1,197,500	\$2,251,550
Program Total:	\$3,437,649		\$3,44	9,050
Program FTE	0.00	0.00	0.00	0.00

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

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



Program #25057 - Inpatient, Subacute & Residential MH Services for Children

7/3/2014

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 ¹	157	188	153	153	
Outcome	Average length of stay in psychiatric residential treatment ²	105	105	89	90	

¹Total unduplicated children receiving inpatient, subacute, and residential psychiatric care.

² 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	
Program Expenses	2014	2014	2015	2015	
Contractual Services	\$0	\$4,789,440	\$0	\$4,318,440	
Internal Services	\$0	\$302,851	\$0	\$274,676	
Total GF/non-GF	\$0	\$5,092,291	\$0	\$4,593,116	
Program Total:	\$5,09	\$5,092,291		\$4,593,116	
Program FTE	0.00	0.00	0.00	0.00	

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

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



Program #25058 - Mental Health Commitment Services

7/3/2014

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 ¹	4,241	3,500	4,300	3,500	
Outcome	% of total E-Holds that did not go to Court hearing ²	94%	90.0%	92%	90%	
Outcome	% of total E-Holds taken to court hearing that resulted in commitment ²	92%	80.0%	85%	85%	
Output	# of commitments monitored annually ³	546	560	600	560	

- ¹ This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.
- ² 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.
- ³ # 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
Total GF/non-GF	\$1,172,756	\$5,869,669	\$1,179,117	\$4,090,816
Program Total:	ogram Total: \$7,042,425		\$5,26	9,933
Program FTE	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
Total Revenue	\$0	\$5,869,669	\$0	\$4,090,818

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



Program #25059 - Peer-run Supported Employment Center

7/3/2014

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.

Performa	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 postions	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.

	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
Total GF/non-GF	\$80,000	\$0	\$80,000	\$0
Program Total:	\$80,000		\$80	000
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



Program #25060A - Mental Health Residential Services

7/3/2014

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.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	# of New Residential Services Referrals ¹	369	350	350	350			
Outcome	% of Residential Services referrals placed	40.0%	45.0%	45.0%	45.0%			

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

	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
Total GF/non-GF	\$1,110,249	\$9,066,731	\$1,111,683	\$7,500,406
Program Total:	\$10,176,980		\$8,61	2,090
Program FTE	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	
Total Revenue	\$4,014	\$9,066,731	\$62,121	\$7,500,405	

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



Program #25061 - Adult Mental Health Initiative (AMHI)

7/3/2014

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 ¹	208	110	233	233		

¹ The contractual measure of performance includes totall 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).

State of Oregon Mental Health Organization contract

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$0	\$3,023,714	\$0	\$4,601,420
Program Total:	\$3,023,714		\$4,60	1,420
Program FTE	0.00	6.25	0.00	7.25

Program Revenues					
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	
Total Revenue	\$25,707	\$3,023,714	\$37,836	\$4,601,420	

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)



Program #25062 - Mental Health Services for Adults

7/3/2014

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 ¹	9,049	9,300	8,787	8,787		
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	21.1%	17.3%	20.2%	20.2%		

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

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

Risk Accepting Entity contract with Health Share of Oregon

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$0	\$20,351,458	\$0	\$22,937,942
Program Total:	\$20,351,458		8 \$22,937,942	
Program FTE	0.00	4.45	0.00	3.45

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

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



Program #25063 - Mental Health Treatment & Medications for the Uninsured

7/3/2014

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 hosptials 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.

Performan	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 ¹	1,080	617	988	700			
Outcome	Average emergency hold hospitalizations per uninsured adult served ²	1	2	1	1			

¹ 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.

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

	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
Total GF/non-GF	\$1,373,812	\$0	\$1,131,254	\$141,794
Program Total:	\$1,373,812		\$1,27	3,048
Program FTE	0.00	0.00	0.00	0.00

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

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



Program #25064A - Early Assessment & Support Alliance

7/3/2014

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.

Performa	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 ¹	68%	60%	68%	68%		
Output	Number of unduplicated individuals receiving EASA services ²	-	-	125	138		

¹ 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.

² New measure.

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$0	\$1,258,275	\$0	\$1,291,077
Program Total:	\$1,258,275		\$1,29	1,077
Program FTE	0.00	7.95	0.00	7.95

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

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



Program #25065 - Mental Health Services for Victims and Survivors of Domestic

7/3/2014

Violence

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 heath 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.

Performa	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%			

	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
Total GF/non-GF	\$36,850	\$30,150	\$67,000	\$0
Program Total:	\$67,000		\$67,	000
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$30,150	\$0	\$0
Total Revenue	\$0	\$30,150	\$0	\$0

Explanation of Revenues

Significant Program Changes

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



Program #25067A - Community Based MH Services for Children & Families

7/3/2014

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 ¹	4,535	4,621	4,352	4,352		
Outcome	% of children demonstrating improvement in their global distress score ²	72%	75%	71%	71%		

¹ 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.

² 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.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$1,612,669	\$10,797,575	\$1,652,903	\$16,303,623
Program Total:	\$12,410,244		\$17,95	56,526
Program FTE	11.84	9.61	11.84	9.56

Program Revenues					
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	
Total Revenue	\$339,524	\$10,797,575	\$504,665	\$16,303,622	

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 &



Program #25068 - Multnomah Wraparound

7/3/2014

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.

Performa	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 ¹	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			

^{1 %} of children rated as stable or making progress on their goals in the guarterly ISA Progress Review.

	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
Total GF/non-GF	\$0	\$1,909,351	\$0	\$1,711,782
Program Total:	\$1,909,351		\$1,71	1,782
Program FTE	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
Total Revenue	\$38,895	\$1,909,351	\$40,000	\$1,711,781

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



Program #25075A - School Based Mental Health Services

7/3/2014

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.

Performa	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 ¹	82.0%	92.4%	81.5%	81.5%			

¹ Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community.

Revenue contracts with school districts.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$653,208	\$1,113,990	\$675,874	\$1,315,199
Program Total:	\$1,76	\$1,767,198		1,073
Program FTE	5.12	9.56	6.00	8.83

Program Revenues				
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
Total Revenue	\$152,213	\$1,113,990	\$99,171	\$1,315,199

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



Program #25075B - SBMH - Cultural Outreach Scale Up

7/3/2014

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.

Performa	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%		

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$64,516	\$0
Total GF/non-GF	\$0	\$0	\$64,516	\$0
Program Total:	\$0		\$64,	516
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:



Program #25076A - Mental Health First Aid

7/3/2014

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.

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

¹ 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.

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

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$30,000
Total Revenue	\$0	\$0	\$0	\$30,000

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.



Program #25076B - Suicide Prevention Coordinator

Program Contact: Neal Rotman 7/3/2014

County Human Services **Department: 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 additon 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.

Performan	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 increaseed awareness and understaning of suicide prevention strategies	-	-	-	90%		

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$86,107	\$0
Total GF/non-GF	\$0	\$0	\$86,107	\$0
Program Total:	\$0		\$86,107	
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:



Program #25078A - Culturally Specific Mental Health Services

7/3/2014

Department:County Human ServicesProgram Contact:Neal RotmanProgram Offer Type:Existing Operating ProgramProgram 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.

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

¹ 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.

² 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.

	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
Total GF/non-GF	\$1,354,347	\$0	\$1,354,347	\$0
Program Total:	\$1,354,347		\$1,35	4,347
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



Program #25080A - Adult Addictions Treatment Continuum

7/3/2014

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.

Performan	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 ¹	42	50.0%	48%	50%			

¹ "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.

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
Total GF/non-GF	\$3,000,831	\$6,207,934	\$2,969,330	\$6,764,173
Program Total:	\$9,208,765		\$9,733,503	
Program FTE	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	
Total Revenue	\$0	\$6,207,934	\$68,694	\$6,764,169	

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.



Program #25085 - Addiction Services Gambling Treatment & Prevention

7/3/2014

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 ¹	327	339	319	343	
Outcome	Gambler successful treatment completion rate ²	45%	41%	40%	40%	

- ¹ Output The number of persons completing the enrollment process and entering treatment.
- ² 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.

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
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$21,000	\$0	\$16,898
Contractual Services	\$0	\$760,000	\$0	\$500,505
Total GF/non-GF	\$0	\$781,000	\$0	\$517,403
Program Total:	\$781,000		\$517	,403
Program FTE	0.00	0.17	0.00	0.17

Program Revenues				
Intergovernmental	\$0	\$781,000	\$0	\$517,402
Total Revenue	\$0	\$781,000	\$0	\$517,402

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



Program #25086 - Addiction Services Alcohol & Drug Prevention

7/3/2014

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 ¹	418	200	250	250	
Outcome	Core group youth w/ improved behavior ²	84%	75%	75%	75%	
Outcome	Core group youth w/ improved academic achievement	80%	75%	75%	75%	

¹ This measure includes all participants in the entire collaborative after-school program serving youth in public housing.

² 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.

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
Total GF/non-GF	\$0	\$319,452	\$0	\$475,193
Program Total:	\$319	9,452	\$475,193	
Program FTE	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	
Total Revenue	\$0	\$319,452	\$1,263	\$475,193	

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



Program #25088 - Coordinated Diversion for Persons with Mental Illness

7/3/2014

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.

State of Oregon Financial Assistance Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$251,194	\$842,813	\$236,091	\$1,075,683
Program Total:	\$1,094,007		\$1,311,774	
Program FTE	2.00	6.30	2.00	7.20

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

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



Program #25090 - Addictions Detoxification & Post Detoxification Housing

7/3/2014

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.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of admissions annually to detoxification ¹	2,413	2,400	2,370	2,400			
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	90%			
Output	Number served in supportive housing units ³	24	133	133	133			

- ¹ An admission is a person completing the admission process. There can be multiple admissions.
- ² Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate.
- ³ 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
Total GF/non-GF	\$1,410,343	\$2,081,207	\$1,410,343	\$2,081,207
Program Total:	\$3,491,550		\$3,49	1,550
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,081,207	\$0	\$2,081,207
Total Revenue	\$0	\$2,081,207	\$0	\$2,081,207

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



Program #25094 - Family & Youth Addictions Treatment Continuum

7/3/2014

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.

Performa	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
Program Expenses	2014	2014	2015	2015
Contractual Services	\$134,279	\$878,279	\$134,279	\$835,733
Total GF/non-GF	\$134,279	\$878,279	\$134,279	\$835,733
Program Total:	\$1,012,558		\$970	,012
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$878,279	\$0	\$835,733
Total Revenue	\$0	\$878,279	\$0	\$835,733

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.



Program #25098A - Family Involvement Team

7/3/2014

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 ¹	104	79	98	102		
Outcome	Average monthly number of clients in treatment	229	187	206	210		

¹Triage 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
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$995,995	\$0	\$759,935
Total GF/non-GF	\$0	\$995,995	\$0	\$759,935
Program Total:	\$995,995		\$759	,935
Program FTE	0.00	0.00	0.00	0.00

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

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



Program #25111A - Homeless Families Shelter & Emergency Services (HFSES)

7/3/2014

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.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of households served	729	410	410	400			
	Percentage of households served that remain in permanent housing six months after exit ¹	96%	80%	80%	80%			

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$1,261,115	\$490,111	\$1,233,460	\$1,257,972
Program Total:	\$1,751,226		\$2,49	1,432
Program FTE	0.50	0.00	0.00	0.00

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

Explanation of Revenues

\$557,972 - OHCSD 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



Program #25111C - HFSES - Coordinated Entry Expansion

7/3/2014

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.

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	# of collaborative discussiosn 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.

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
Total GF/non-GF	\$0	\$0	\$25,000	\$0
Program Total:	\$0		\$25	,000
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:



Program #25111E - HFSES - Coordinated Entry for Homeless Families

7/3/2014

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.

Performan	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 ¹	-	80%	80%	80%			

Performance Measures Descriptions

Total number served is not increased as a result of funding this program offer.

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

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
Total GF/non-GF	\$610,000	\$0	\$610,000	\$0
Program Total:	\$610,000		\$610	,000
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



Program #25115A - Homeless Benefit Recovery Project (HBR)

7/3/2014

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.

Performar	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%			

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
Total GF/non-GF	\$420,551	\$0	\$427,074	\$0
Program Total:	\$420,551		\$427	,074
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)



Program #25118A - Community Services Administration (CSA)

7/3/2014

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.

Performar	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 ¹	89%	85%	85%	85%			

¹ Stakeholder satisfaction is measured through an anonymous survey administered to contract agencies annually.

	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
Total GF/non-GF	\$721,437	\$0	\$801,415	\$0
Program Total: \$721,437		\$801	,415	
Program FTE	5.50	0.00	6.50	0.00

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

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.



Program #25119 - Energy Assistance

7/3/2014

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

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.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of households served ¹	17,249	10,000	10,000	10,000			
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	100%	100%	100%			

¹ Decrease in numbers served reflects an anticipated decrease in federal funding.

	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
Total GF/non-GF	\$51,971	\$10,103,829	\$0	\$9,862,890
Program Total:	\$10,155,800		\$9,86	2,890
Program FTE	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	
Total Revenue	\$275,222	\$10,103,829	\$248,652	\$9,862,889	

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



Program #25121 - Weatherization

7/3/2014

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.

Performar	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.

	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
Total GF/non-GF	\$0	\$4,152,946	\$0	\$4,395,605
Program Total:	\$4,152,946		\$4,39	5,605
Program FTE	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
Total Revenue	\$94,236	\$4,152,946	\$102,820	\$4,395,606

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



Program #25123 - Community Healing Initiative

7/3/2014

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.

Performa	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 ¹	-	75%	75%	75%			
Output	Number of African American and Latino families served ²	66	73	73	73			
Outcome	Percentage of African American and Latino families served who avoid subsequent felony or arrest ¹	-	50%	50%	50%			

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

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$1,340,805	\$0	\$1,319,437	\$0
Program Total:	\$1,340,805		\$1,31	9,437
Program FTE	1.00	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: 25123 Community Healing Initiative

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



Program #25133A - Housing Stabilization for Vulnerable Populations (HSVP)

7/3/2014

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.

Performar	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 exit1	91%	80%	80%	80%			

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

	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
Total GF/non-GF	\$2,173,342	\$1,503,552	\$2,209,818	\$1,543,396
Program Total:	\$3,676,894		\$3,75	3,214
Program FTE	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
Total Revenue	\$39,764	\$1,503,552	\$41,265	\$1,543,393

Explanation of Revenues

\$1,172,940 - HUD Family Futures: Based on current grant award \$370,453 - OHCSD 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



Program #25133B - HSVP - Short-Term Rent Assistance

7/3/2014

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.

Performan	nce 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.

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
Total GF/non-GF	\$1,500,000	\$0	\$500,000	\$0
Program Total:	\$1,500,000		\$500	,000
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 Foreward each contributing \$500,000 to match the County's \$500,000.



Program #25133C - HSVP - Streetroots

7/3/2014

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 \$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.

Performar	nce 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%

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
Total GF/non-GF	\$0	\$0	\$30,000	\$0
Program Total:	\$0		\$30,	000
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: <u>25133C HSVP - Streetroots</u>



Program #25133F - HSVP - Facility Based Transitional Housing

7/3/2014

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.

Performan	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 ¹	96%	70%	70%	80%			

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

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
Total GF/non-GF	\$238,009	\$0	\$238,009	\$0
Program Total:	\$238,009		\$238	,009
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



Program #25133H - HSVP - Flex Funds for Veterans

7/3/2014

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.

Performar	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		

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
Total GF/non-GF	\$0	\$0	\$50,000	\$0
Program Total:	\$0		\$50	000
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:



Program #25135A - Commercial Sexual Exploitation of Children (CSEC) - Victims

7/3/2014

System of Care 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.

	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
Total GF/non-GF	\$460,125	\$46,278	\$467,262	\$0
Program Total:	\$506,403		\$467,262	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$0	\$46,278	\$0	\$0
Total Revenue	\$0	\$46,278	\$0	\$0

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



Program #25136A - Homeless Youth System (HYS)

7/3/2014

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.

	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
Total GF/non-GF	\$1,135,194	\$3,508,406	\$1,555,963	\$2,564,410
Program Total:	\$4,643,600		\$4,120,373	
Program FTE	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	
Total Revenue	\$49,196	\$1,659,145	\$17,501	\$1,560,387	

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 - OHCSD 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.



Program #25136B - HYS - MH and Addictions Engagement Services

7/3/2014

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 ¹	-	50%	50%	50%	

¹ Previous year actual outcome measures are unavailable.

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
Total GF/non-GF	\$0	\$0	\$471,000	\$0
Program Total:	\$0		\$471,000	
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



Program #25138A - Runaway Youth Services (RYS)

7/3/2014

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.

Performar	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 ¹	85%	85%	85%	85%			

¹ Stable housing can describe being in DHS custody which could include foster or group home placement, but most youth are reunited with family.

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$821,391	\$161,132	\$833,446	\$169,172
Program Total:	\$982,523		\$1,002,618	
Program FTE	0.17	0.00	0.17	0.00

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

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)



Program #25139A - Anti-Poverty Services (AP)

7/3/2014

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.

Performan	nce 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 ¹	96%	80%	80%	80%

Performance Measures Descriptions

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

	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
Total GF/non-GF	\$1,234,759	\$1,052,413	\$1,288,852	\$955,603
Program Total:	\$2,287,172		\$2,287,172 \$2,244,455	
Program FTE	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
Total Revenue	\$18,182	\$996,377	\$21,412	\$877,680

Explanation of Revenues

\$806,810 - OHCSD 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.



Program #25139C - AP - Computers for Head Start Graduates

7/3/2014

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.

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
Total GF/non-GF	\$0	\$20,000	\$0	\$20,000
Program Total:	\$20,000		\$20,000	
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



Program #25140 - Community Development

7/3/2014

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 created1	1	-	-	-	

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
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
Total GF/non-GF	\$76,003	\$332,450	\$76,038	\$353,299
Program Total:	\$408,453		\$429	,337
Program FTE	0.62	0.38	0.64	0.36

Program Revenues				
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
Total Revenue	\$7,429	\$332,450	\$8,097	\$353,299

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



Program #25143 - SUN Service System Administration

Program Contact: Peggy Samolinski 7/3/2014

County Human Services **Department:**

Program Offer Type: Program Offer Stage: As Adopted Administration

Related Programs:

Program Characteristics:

Executive Summary

The SUN Service System Division Administration (SUNSS) is responsible for management and oversight functions for the contracted and county-provided direct services through the SUNSS, as well as development and maintenance of partnerships with the system's stakeholders and sponsors.

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.

Performan	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 ¹	30	25	25	30			
Outcome	% funder required reports completed and submitted on time	100%	100%	100%	100%			

¹ 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.

	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
Total GF/non-GF	\$973,417	\$0	\$1,140,391	\$8,438
Program Total:	\$973,417		\$1,14	8,830
Program FTE	7.25	0.00	8.41	0.09

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$8,438
Total Revenue	\$0	\$0	\$0	\$8,438

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.



Program #25145A - SUN Community Schools

7/3/2014

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 ¹	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 ²	95%	92%	92%	92%		
Outcome	% who improve classroom behavior	55%	65%	65%	65%		

Performance Measures Descriptions

¹ Outputs reflect the annual number served. Over-performance by contractors is not projected.

² Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshhold; 8,289 children participated at this level last year. 92% attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

	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
Total GF/non-GF	\$4,933,235	\$877,636	\$4,759,891	\$1,003,833
Program Total:	\$5,810,871		\$5,76	3,724
Program FTE	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
Total Revenue	\$0	\$877,636	\$633	\$1,003,833

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 \$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



Program #25145B - SUN Community Schools Scale- Maintain & Expand

7/3/2014

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 activites 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 needlest 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.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of children (ages 5-18) served ¹	-	-	-	4,000		
Outcome	% who improve state test scores in Reading	-	-	-	75%		
Outcome	% of school days attended ²	-	-	-	92%		

¹ Outputs reflect the annual number served.

² Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshhold; 92% attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

	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
Total GF/non-GF	\$0	\$0	\$943,097	\$1,027,000
Program Total:	\$0		\$1,97	0,097
Program FTE	0.00	0.00	2.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,027,000
Total Revenue	\$0	\$0	\$0	\$1,027,000

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:



Program #25147A - Child & Family Hunger Relief

7/3/2014

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.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	# of meals provided to children and families1	350,000	370,000	435,000	435,000			
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	6	6	6	6			

¹ # 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.

	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
Total GF/non-GF	\$167,562	\$0	\$248,915	\$0
Program Total:	\$167,562		\$248	3,915
Program FTE	0.50	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: 25147A Child & Family Hunger Relief



Program #25147B - Child and Family Hunger Relief Scale - Expand Services

7/3/2014

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 ¹	-	-	-	345,000	
Outcome	Percent of children who increase knowledge about nutrition and gardening	-	-	-	90%	

Performance Measures Descriptions

¹# 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.

	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
Total GF/non-GF	\$0	\$0	\$200,000	\$0
Program Total:	\$0		\$200	,000
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:



Program #25149A - Social & Support Services for Educational Success

7/3/2014

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.

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	# of students (ages 6-18) served ¹	1,799	1,700	1,700	1,450		
Outcome	% who make progress on academic goals ²	95%	90%	90%	90%		

Performance Measures Descriptions

¹ 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. ² 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.

	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	\$1,892,985	\$302,582	\$1,912,188	\$302,582
Materials & Supplies	\$2,876	\$0	\$1,114	\$0
Internal Services	\$14,504	\$0	\$11,547	\$15,098
Total GF/non-GF	\$2,013,562	\$302,582	\$2,028,582	\$317,680
Program Total:	\$2,316,144		\$2,34	6,262
Program FTE	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
Total Revenue	\$0	\$302,582	\$8,018	\$317,680

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



Program #25151 - Parent Child Development Services

Program Contact: Peggy Samolinski 7/3/2014

County Human Services **Department:**

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.

	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
Total GF/non-GF	\$1,447,467	\$105,189	\$1,463,212	\$112,050
Program Total:	\$1,552,656		\$1,57	5,262
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$105,189	\$0	\$112,050
Total Revenue	\$0	\$105,189	\$0	\$112,050

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



Program #25152 - Early Kindergarten Transition - Expand, sustain & deepen

7/3/2014

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.

Performan	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%		

	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
Total GF/non-GF	\$0	\$0	\$168,476	\$0
Program Total:	\$0		\$168	3,476
Program FTE	0.00	0.00	0.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Program #25154 - Alcohol, Tobacco & Other Drug Services

7/3/2014

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.

Performan	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.

	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
Total GF/non-GF	\$130,767	\$0	\$130,192	\$0
Program Total:	\$130,767		\$130	,192
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



Program #25155 - Services for Sexual Minority Youth

Program Contact: Peggy Samolinski 7/3/2014

County Human Services **Department:**

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

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 vouth 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.

Performan	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%			

	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
Total GF/non-GF	\$112,080	\$0	\$113,819	\$0
Program Total:	\$112,080		\$113	,819
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



Program #25156A - Bienestar Social Services

7/3/2014

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 bicultural 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.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of households served ¹	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			

¹ This number includes direct services at Bienestar: basic needs, mental health & drug and alcohol services.

	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
Total GF/non-GF	\$708,292	\$0	\$693,441	\$0
Program Total:	\$708,292		\$693	3,441
Program FTE	5.40	0.00	5.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 25156A Bienestar Social Services



Program #25158 - SUN Early Learning HUB Implementation

7/3/2014

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.

Performan	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%		

	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
Total GF/non-GF	\$50,000	\$0	\$0	\$558,357
Program Total:	\$50,000		\$558,357	
Program FTE	0.50	0.00	0.00	2.00

Program Revenues					
Intergovernmental	\$0	\$0	\$0	\$558,356	
Total Revenue	\$0	\$0	\$0	\$558,356	

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.



Program #25159 - School Attendance Supports

Program Contact: Peggy Samolinski 7/3/2014

Department: County Human Services

Program Offer Type: Program Offer Stage: As Adopted Innovative/New Program

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.

Performan	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%		

	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
Total GF/non-GF	\$0	\$0	\$200,247	\$0
Program Total:	\$0		\$200,247	
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 Overview

The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Health Department seeks to protect against threats to health, to ensure access to health care for Multnomah County residents, and to promote health.

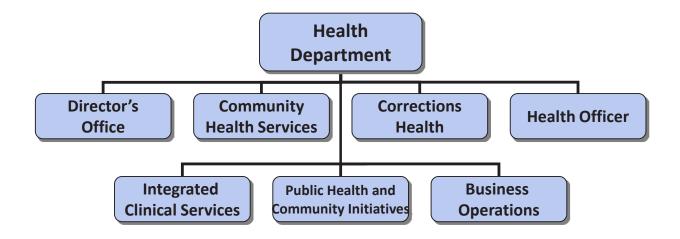
The department is participating in an unprecedented number of partnerships with community based organizations, other health departments and health care organizations to identify health issues and address them from both an individual and community wide perspective.

One of those partnerships is the Healthy Columbia Willamette health needs assessment. This twenty member, two state, four county collaborative is creating a community wide needs assessment required by the Affordable Care Act. The partnership has identified the following three health needs:

- Access to affordable health care,
- Behavioral health focusing on preventing suicide and opiate misuse, and
- Chronic disease focusing on promoting breastfeeding and preventing/ reducing tobacco use.

As the Health Department develops its strategic plan for 2014 -2017, the department will incorporate this work with an emphasis on addressing racial and ethnic health disparities.

The Health Department's mission, vision and values directly support the Board of County Commissioners' mission, vision and values statement. Like the broader County, the department prioritizes the health needs of the most vulnerable while promoting and protecting the health of the whole community. The Health Department incorporates the values of social justice, integrity, stewardship, innovation and sustainability into what it does and how it does it.



Budget Overview

The FY 2015 budget for the Health Department is \$167.6 million with 1,003.70 FTE. A little over 57% - almost \$96.1 million - of the budget comes from the County General Fund, with the remaining \$71.5 million coming from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees.

The FY 2015 budget represents a 1.3%, or \$2.2 million, increase in total spending over the FY 2014 adopted budget. This is made up of a \$1.4 million, or 1.5%, decrease in the General Fund and a \$3.6 million, or 5.4%, increase in the Federal/State Fund. A significant factor in the decrease in the General Fund and increase in the Federal/State Fund is a change in budgeting for dental services. In the FY 2014 adopted budget, the department anticipated that certain changes in dental services payment methods would result in a shift of payments to the General Fund. However, that shift did not materialize, so the FY 2015 budget moves a portion of the budget for dental services back to the Federal/State Fund.

The FY 2015 FTE have decreased from 1,007.93 in FY 2014 to 1,003.70 in FY 2015, a 0.4% decrease. This is largely related to the Health Department's federal grant application for the Healthy Birth Initiative program; a previous federal grant supported 6.80 FTE in this program in FY 2014. Because the department does not anticipate learning whether it has obtained the new grant until June 2014, the FY 2015 budget does not include the dollars or FTE associated with that program.

The following programs are funded on a one-time-only basis:

- 40008B: Vector-Borne Disease Prevention and Code Enforcement Replace Vector Boat - \$49,000
- 40032B: Medical Coding ICD 10 Training \$194,112
- 40050D: Corrections Health MCDC Hospital Services for Inmates \$439,000
- 40051E: Corrections Health Eligibility Screening and Nursing Services -\$210,556
- 40059: Mental Health Pilot Corrections Health \$385,820

Budget Trends		FY 2014	FY 2014	FY 2015	
	FY 2013	Current	Adopted	Adopted	
	<u>Actual</u>	Estimate	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	998.22	1,008.34	1,007.93	1,003.70	(4.23)
Davida de la Caracia de la Car	¢402.064.040	¢400.266.560	¢444 ECO 2CO	6442 544 444	6072.004
Personnel Services	\$102,064,948	\$108,266,560	\$111,569,360	\$112,541,444	\$972,084
Contractual Services	15,351,744	14,216,196	16,036,071	14,100,206	(1,935,865)
Materials & Supplies	39,109,158	37,072,757	37,702,361	40,750,520	3,048,159
Capital Outlay	737,085	<u>52,986</u>	<u>93,631</u>	<u>214,475</u>	<u>120,844</u>
Total Costs	\$157,262,935	\$159,608,499	\$165,401,423	\$167,606,644	\$2,205,221

^{*}Does not include cash transfers, contingencies or unappropriated balances.

Successes and Challenges

The department continues to protect the health of the community, respond to emerging needs and provide comprehensive health care services in the state's largest Federally Qualified Health Center. The department continues to serve as a national model in its health policy work and its efforts to address health disparities.

The Health Department, working with its partners from across the County, continues to meet the challenge of health care transformation in Oregon. This transformation requires the department evolve its model of primary care; work with its funders to align funding with new service delivery models; upgrade its technology to enable communication with its partners; and seek integration points between its public health work and integrated health care system. This work requires creative problem solving, innovation and collaboration across a broad spectrum of staff and community partners. After two years of planning, the Affordable Care Act (ACA) expansion of health care coverage has begun and the department will continue to assess demand for services.

In this dynamic environment it has been difficult to predict the impact these changes will have on revenue. In FY 2013, the department fell short of fee revenue estimates. The current fiscal year has also been challenging. The model of care has evolved, but reimbursement methods have been slower to change. Even though very reasonable methods were used to create the FY 2015 revenue projections for Primary Care and Dental, they are very aggressive when compared to current fee income. While achievable, there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Corrections Health services are challenged to meet the needs of a population with multiple risk factors and serious health problems. Although the department continues to struggle with insufficient resources to address mental health issues in the jail, the department now utilizes electronic medical records to follow individuals' care from the community to the jail and out again—facilitating better discharge planning.

The Health Department serves and protects a highly diverse population in Multnomah County. The department is deepening and improving its focus on cultural competency in service planning, community health outreach and services delivery. The department focuses its public health outreach, policy, planning and evaluation work on health disparities and methods for closing the racial gap in health outcomes.

Communities in Multnomah County depend upon the Health Department's regulatory and public health oversight in order to get information about steps to protect their health and to remain healthy. State and Federal resources for these functions continue to remain flat or decline, creating an ongoing fight to maintain these functions at acceptable levels.

Diversity and Equity

The Health Department has long been a leader at the County in cultural diversity work by hiring a diverse workforce, providing cultural competency training for staff, creating language access at service sites and identifying and addressing racial and ethnic health disparities.

- The department was the first in the County to develop a cultural competency/ diversity committee. The Diversity and Quality Team continues to be very active today linking cultural competency with quality service.
- The department adopted uniform standards, practices and policies to eliminate the disparities in health outcomes for different population groups.
- Building Partnerships Across Difference is an intensive experiential training
 to help all participants understand bias and privilege and commit to work
 together to end them. The Health Department has offered this training to all
 staff for many years. This year the department increased/improved the venues
 and accessibility of BPAD trainings to ensure equitable access to professional
 development opportunities for all in the department.
- The Reform in Cultural Competence Initiative created a new framework to nurture the department's staff and volunteers' ability to deliver quality, culturally competent and appropriate services.
- The department received a grant from the Oregon Health Authority to develop a relevant cultural competence curriculum for both provider and non clinician staff.
- The department initially developed the Equity and Empowerment Lens that is now used across the region to examine equity issues in program and policy decision making. The department continues to train staff as equity facilitators to increase the use of the Equity and Empowerment Lens.

Budget by Division

Division Name	FY 2015 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,286,665	\$0	\$2,286,665	13.00
Community Health Services	19,517,861	20,197,287	\$39,715,148	246.47
Corrections Health	15,461,963	214,064	\$15,676,027	92.30
Health Officer	5,096,415	1,537,381	\$6,633,796	32.69
Integrated Clinical Services	40,867,008	47,004,311	\$87,871,319	523.12
Public Health and Community Initiatives	2,978,095	2,559,270	\$5,537,365	33.77
Business Operations	9,873,824	<u>12,500</u>	\$9,886,324	<u>62.35</u>
Total Health Department	\$96,081,832	\$71,524,812	\$167,606,644	1,003.70

Director's Office

The Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in Healthy Communities; its mission to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission. The Director's Office leads and is responsible for a Department of more than 1,000 employees with more than \$167 million in State, County and Federally funded programs and services.

The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership. The members of the Department Leadership Team report to the Health Department Director and are responsible for leading the six major Divisions in the Health Department: Business Operations, Community Health Services, Corrections Health, Integrated Clinical Services, Public Health and Community Initiatives and TriCounty Health Officer.

The leadership team is responsible for the provision of quality best practice services; strategic partnerships; leadership and direction for public health issues; stewardship of public resources; continuous improvement of service delivery systems; public health emergency preparedness and maintenance of a diverse qualified workforce with high job satisfaction.

Significant Changes

In FY 2014, Health Transformation continues to be a major focus for the Director's Office. According to the Oregon Health Authority, the purpose of Oregon Health Transformation is, "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral and oral health to free up dollars trapped in an inefficient system, increase focus on prevention and improve care". The Health Department is working across County departments, counties and private organizations such as hospitals to implement this transformation.

Health Transformation and other factors continue to impact the Health Department's revenue picture. The department will continue to take proactive steps to maximize its revenue in order to continue to provide a high volume and quality of care. Health Transformation also impacts Corrections Health services. The department will work with health, mental health and public safety partners to address these changes.

Community Health Services

Community Health Services addresses public health issues through direct services, initiatives, policy interventions, and community partnerships with a focus on health equity, prevention and health promotion.

Communicable Disease Services fulfills the mandate to limit the spread of reportable communicable diseases. The STD/HIV/Hepatitis C Program addresses sexually transmitted disease and those living with the chronic illnesses associated with these infections. Community Epidemiology Services provide epidemiology, informatics, and quality improvement to improve the health and wellbeing of the communities the County serves.

Early Childhood Services and Healthy Birth Initiative work to ensure that basic health and developmental needs of young families and children with special health needs are met. The Women, Infants and Children Program supports breastfeeding and provides developmental screening, referral, and supplemental nutrition to young families.

Environmental Health Services protects the safety of the county by providing health inspections of licensed facilities, controlling vector-borne disease and assuring healthy indoor environments.

Significant Changes

Community Health Services is changing the models for maternal child health services. These changes are designed to ensure a focus on health equity, maintain services to families that are not going to receive services in other ways and ensure that the budget is sustainable. Grant funding for the division's critical work addressing maternal and child health in the African American community is decreasing with increased expectations of numbers of clients served. The division is developing culturally specific approaches for Native American/American Indian communities. Community Health Services is preparing to align its general fund investments in healthy families with the Early Learning Multnomah work focusing on success for children of color. Families tell the division they want more mental health consultation than its models currently provide.

Communicable Disease has seen the number of schools directly supported for the school exclusion program increase dramatically while state funding has not kept pace, resulting in reduced customer service. A new STD grant supports expanded surveillance activities and represents the division's heightened efforts in addressing increased syphilis and gonorrhea rates.

New one-time-only funding will allow the Vector program to replace an aging boat and new ongoing support for Communicable Disease Services will better meet the health needs of the refugee communities. The Health Department will know more about the status of the federal funding request for the Healthy Birth Initiative in the late spring and will return to the Board at that time with an update.

Corrections Health

The Corrections Health program meets mandated standards that assure access to care and safeguards the health of those who are in detention. A wide variety of health care services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center (MCDC) and the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home.

From first entering the jail at booking until being released or transferred to another setting staff provide around-the-clock health evaluation, illness identification and treatment services for over 38,000 adults a year. Over 60% have serious, unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental/behavioral illnesses. Stabilizing health conditions allows detainees to participate in their legal cases, which is their right as a citizen.

At the juvenile facility, licensed nursing staff provide services 16 hours a day, including screening, symptom evaluation and treatment for over 2,000 youth per year. More than 35% of the youth are receiving mental health treatment including medications. Health promotion and sexually transmitted disease (STD) treatment are a focus for the youth to improve their health and lower the rate of STD transmission once they return to the community. Healthy transition from jail to the community is a focus of the division's work.

Significant Changes

Corrections Health continues to implement quality improvement activities including:

- Partnered with the community to coordinate Oregon Health Plan eligibility screening for jail clients newly eligible for Medicaid.
- Continued collaboration with community partners to increase discharge planning for appropriate services for jail clients leaving custody.
- Working with the Sheriff's Office, the Department of Community Justice and the Department of County Human Services, increased coordination and evaluated efficiency of suicide prevention strategies employed at the jails.
- Reduce costs and assure efficiency, quality, and safety of health services
 within the jail. This includes a new opportunity to decrease outside medical
 costs for hospitalization because hospitals can now bill to the Oregon Health
 Plan when eligible inmates are hospitalized for more than 24 hours.
- New one-time-only support will allow Corrections Health to have mental health staff available for 24/7 suicide watch, continue Medicaid eligibility and enrollment work, and provide additional nursing services at the downtown Detention Center.
- A grant awarded to Corrections Health and the Department of County
 Human Services for jail diversion for people with mental illness will provide
 additional mental health staffing for discharge/release planning.

Health Officer

The Office of the Health Officer provides physician consultation, technical direction and leadership to support public health activities and clinical services in Multnomah County fulfilling a requirement from the Oregon statues. The Health Officer oversees deputy health officers for Multnomah, Clackamas and Washington counties to improve the consistency and quality of public health service in the Tri-County area and to ensure public health input on regional issues including health reform.

Emergency Medical Services coordinates, regulates, and improves the quality of ambulance and other pre-hospital medical services for people experiencing a medical emergency, and provides physician medical direction to all emergency medical responders in the County.

Public Health and Regional Health System Emergency Preparedness assure the Health Department and the community are prepared to manage the public health aspects of emergencies and that health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.

The Medical Examiner is responsible for establishing the cause and manner of death of county residents who die under special circumstances.

Significant Changes

The Multnomah County deputy health officer's time has been increased in order to provide adequate response to increasingly complex community health needs.

Emergency Medical Services received a portion of a federal health reform grant to employ four Licensed Clinical Social Workers to reduce the number of patients who frequently call 911. Social workers work together with emergency response agencies to identify program candidates, perform assessments, determine and implement strategies to reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs.

Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. Culturally relevant clinical services provided by ICS link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, enabling services and preventive services such as well child health care. Integrating these personal health care services provides clients with continuity of care, improves quality, operational efficiencies, and maximizes opportunities with grants and programs for special populations.

Clinical services are provided in 8 primary care clinic sites. Oral health and prevention services, located at 6 dental sites, provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHC's) provide primary care services to adolescents in the schools and surrounding community.

ICS staff continue work responding to changes required by federal and state health reform. ICS's services and quality improvement efforts (patient centered medical home/quality improvement initiative) align with the framework adopted to improve quality and reduce costs.

Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. This includes monitoring the mix of uninsured and insured patients and implementing strategies to utilize all the clinics' capacity to meet demands for care. Health Center staff worked with both area Coordinated Care Organizations to provide access and health outcome metrics required of person centered medical homes and health transformation. ICS also partnered with community providers to provide expanded access to primary care services.

In May 2014, School Based Health Centers in collaboration with Centennial School District opened a new SBHC at Centennial High School. Staff from the Eastside Teen Clinic transferred to the new site.

Staff worked closely with uninsured clients to assist with their enrollment in the Oregon Health Plan.

New one-time-only money will allow the Health Department to prepare and train providers in the new ICD-10 medical coding requirements.

The Health Department will return to the Board in FY 2015 with an update on dental service demand and a request, at that time, to increase ICS's dental capacity if warranted.

Public Health and Community Initiatives

The Public Health and Community Initiatives Division supports the Health Department by conducting planning, evaluations and community health assessments; mobilizing community partners and sustaining community relationships; identifying and implementing policy and environment change strategies; and pursuing health equity. Public Health and Community Initiatives works with Department leadership to develop and support policy and regulations that result in improved health outcomes for all communities in Multnomah County.

The combination of the core function areas brings together expertise and coordination working upstream to impact chronic disease; violence prevention; provide community health worker training; health assessment; health impact assessment; policy analysis and development; communications; community-based planning; community capacity building; grant development; and program design and evaluation.

Significant Changes

The Public Health and Community Initiatives Division was established to combine already existing Department functions related to community health assessment, planning and evaluation, partnerships, training, and policy development to support and strengthen the overall positive health impact on community health.

Business Operations

Business Operations includes Workforce Development, Human Resources, and Training services for more than 1,000 employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for a \$167 million organization. They are liaisons for the Department with the Department of County Assets and Department of County Management, coordinating the provision of services such as IT, facilities, fleet services and assuring compliance with County policies.

Human Resources and Training's Workforce Development provides guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management issues, management competency, labor contract interpretation, and legal compliance.

Business Services - Accounts Payable, Contracts and Purchasing, Accounting, Financial, and Medical Billing teams, are responsible for collecting and reporting all payments, grant accounting, budget development and monitoring, medical billing and client collection services.

Significant Changes

Human Resources and Workforce Development are responding to changes which require background checks for a larger portion of the Health Department workforce. In addition, the newly adopted Cultural Competence Policy Framework will require additional staff training and support.

Healthcare transformation changes continue to dominate the landscape for Business Services. The department is working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers for Medicare and Medicaid Services (CMS) to anticipate changes that affect fee revenue, including how the department documents and substantiates services to ensure maximum reimbursement is obtained for all medical, dental and specialty services.

The 10th revision of the International Classification of Disease (ICD-10) will happen in late 2015. This change is affecting all medical practices in the United States, changing the way clinicians code and get paid.

Implementation of an alternative payment method for the department's Federally Qualified Health Center (FQHC) services will take place in 2014, requiring new systems and methods for tracking patients and services to ensure the department makes the most of available revenue.

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

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Director's O	ffice				
40000	Health Department Director's Office	\$1,586,178	\$0	\$1,586,178	6.00
40003	Health Department Leadership Team Support	700,487	0	700,487	7.00
Community	Health Services				
40007	Health Inspections and Education	3,469,035	92,715	3,561,750	26.05
40008A	Vector-Borne Disease Prevention and Code Enforcement	1,306,458	0	1,306,458	10.00
40008B	Vector-Borne Disease Prevention and Code Enforcement – Replace Vector Boat	49,000	0	49,000	0.00
40009	Vital Records	0	636,830	636,830	5.58
40010A	Communicable Disease Prevention and Control	2,304,483	1,189,294	3,493,776	26.20
40010B	Communicable Disease Prevention and Control – Refugee Health Coordination	56,537	0	56,537	0.50
40011	STD/HIV/Hep C Community Prevention Program	2,733,247	1,761,007	4,494,255	26.68
40012	Services for Persons Living with HIV	603,681	6,449,569	7,053,250	29.30
40014	Immunizations	256,888	311,940	568,828	4.00
40015	Lead Poisoning Prevention	101,176	180,000	281,176	1.40
40018	Women, Infants and Children (WIC)	1,476,867	3,074,222	4,551,089	40.76
40025	Adolescent Health Promotion	342,042	428,127	770,169	6.25
40037	Environmental Health Education, Outreach and Housing	464,855	1,169,774	1,634,629	9.35
40048	Community Epidemiology	630,233	0	630,233	4.50
40054	Nurse Family Partnership	2,092,210	1,547,068	3,639,278	22.12
40055	CaCoon	1,132,493	1,316,632	2,449,125	11.32
40056	Healthy Families	1,203,904	1,616,349	2,820,253	10.23
40057	Future Generations Collaborative	127,127	61,072	188,199	1.00
40058A	Healthy Birth Initiative	1,167,624	362,688	1,530,312	11.23
Corrections	Health				
40049	Corrections Health Juvenile Detention	632,054	0	632,054	3.60
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,038,185	214,064	4,252,249	23.00
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,322,805	0	2,322,805	13.72

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Corrections	Health (cont.)				
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	2,359,051	0	2,359,051	13.40
40050D	Corrections Health MCDC – Hospital Services for Inmates	439,000	0	439,000	0.00
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,559,871	0	2,559,871	13.98
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,353,775	0	1,353,775	10.20
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,160,846	0	1,160,846	7.80
40051E	Corrections Health – Eligibility Screening and Nursing Services	210,556	0	210,556	2.40
40059	Mental Health Pilot - Corrections Health	385,820	0	385,820	4.20
Health Offi	cer				
40002	Tri-County Health Officer	332,246	339,000	671,246	2.30
40004	Ambulance Services (EMS)	1,819,074	441,947	2,261,021	9.40
40005	Public Health & Regional Health Systems Emergency Preparedness	49,194	642,223	691,417	3.59
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,800,960	114,211	1,915,171	8.20
40052	Medical Examiner	1,094,941	0	1,094,941	9.20
Integrated	Clinical Services				
40016	Medicaid/Medicare Eligibility	427,249	1,075,970	1,503,219	15.46
40017A	Dental Services	8,893,211	7,822,954	16,716,165	100.34
40019	North Portland Health Clinic	2,210,236	2,190,851	4,401,087	28.00
40020	Northeast Health Clinic	2,867,982	3,229,966	6,097,948	39.20
40022	Mid County Health Clinic	6,690,789	4,801,824	11,492,613	69.90
40023	East County Health Clinic	5,165,289	4,160,513	9,325,802	58.00
40024	School Based Health Centers	3,523,621	2,164,744	5,688,365	36.17
40026	La Clinica de Buena Salud	890,865	1,118,033	2,008,898	11.40
40027	Southeast Health Clinic	1,130,429	2,604,645	3,735,074	20.20
40029	Rockwood Community Health Clinic	2,329,521	2,424,078	4,753,599	30.00
40031	Pharmacy	0	13,902,740	13,902,740	54.05
40032A	Lab and Medical Records	3,263,948	0	3,263,948	26.90
40032B	Medical Coding ICD 10 Training	194,112	0	194,112	0.00
40033	Primary Care and Dental Access and Referral	835,146	265,000	1,100,146	9.60
40034	Quality Assurance	2,193,507	1,242,993	3,436,499	22.60
40036	Community Health Council and Civic Governance	251,104	0	251,104	1.30

Health Department

fy2015 adopted budget

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Public Healt	h and Community Initiatives				
40035	Health Assessment, Planning and Evaluation	1,515,739	2,036,860	3,552,599	19.24
40038	Health Promotion and Community Capacity Building	672,749	330,000	1,002,749	7.56
40045	Health Equity Initiative (Racial Justice Focus)	452,661	0	452,661	3.40
40047	Public Health Community Initiatives	336,946	192,410	529,356	3.57
Business Op	perations				
40039	Business Operations- Human Resources and Training	2,630,363	12,500	2,642,863	19.05
40040	Business Operations - Financial Services and Operations	4,101,743	0	4,101,743	30.30
40041	Business Operations - Medical Billing	<u>3,141,718</u>	<u>0</u>	<u>3,141,718</u>	<u>13.00</u>
	Total Health Department	\$96,081,832	\$71,524,812	\$167,606,644	1,003.70



Program #40000 - Health Department Director's Office

7/3/2014

Department: Health Department **Program Contact:** Joanne Fuller

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Health Department Director's Office provides leadership for the broad mission of the department including strategic planning, legislative initiatives, integration of department activities, communications, integration with other county departments and health care transformation. The director leads the department leadership team which includes management of both clinical and public health functions.

Program Summary

The director and department leadership team are responsible for integration of health services and operations to provide quality, best practice services; strategic partnerships with a wide range of community organizations; leadership and direction for public health issues and policy; stewardship of finances, facilities and personnel; continuous improvement of service delivery; public health emergency preparedness and support for a diverse and qualified workforce with high job satisfaction.

The Director's Office is responsible for leadership committed to the Health Department's mission, vision, values and strategic objectives. The office is the primary liaison to federal, state, county and local elected officials. The director works with other county departments and community partners to lead the implementation of health care transformation within the County.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Increased access to Health Dept. services as measured by # of clients served.	156,237	168, 925	158,424	160,642			
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions.)	\$99 mil	\$103 mil	\$96 mil	\$102 mil			
Output	# of times MCHD is in local and national news media	39	70	70	70			

Performance Measures Descriptions

In FY 13-14, we changed the # of business related/professional all staff dept communication to the # of times MCHD is in the local and national news media. This measure is more meaningful as it highlights internal and external communication efforts and increased visibility. ~700 clients from Westside Health Center were transferred to Central City Concern in FY13.

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,127,321	\$0	\$1,151,533	\$0
Contractual Services	\$78,200	\$0	\$59,100	\$0
Materials & Supplies	\$185,852	\$0	\$199,461	\$0
Internal Services	\$174,749	\$0	\$176,084	\$0
Total GF/non-GF	\$1,566,122	\$0	\$1,586,178	\$0
Program Total:	\$1,566,122		\$1,586,178	
Program FTE	6.00	0.00	6.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40000 Health Department Leadership Team



Program #40002 - Tri-County Health Officer

7/3/2014

Department: Health Department Program Contact: Jennifer Vines

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to: (1) Improve the consistency and quality of public health services in the three counties, (2) Increase learning and collaboration across the counties, and (3) Improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties.

Program Summary

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by three public health physicians to Multnomah, Clackamas and Washington County Health Departments and their respective community partners.

Historically, each of the three counties employed or contracted with an individual to serve as County Health Officer. Through Intergovernmental Agreements (IGA) with Clackamas and Washington county health departments, the TCHO is better able to provide high quality health officer services, and maximize the departments' relatively small amount of public health physician resources more effectively and efficiently. In Multnomah County for example, the TCHO: (1) participates in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and (4) participates in department administration.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control, and advise county and department staff on individual case management for communicable diseases.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%			
Outcome	County stakeholders express satisfaction in program delivery and results.	90%	90%	100%	100%			

Performance Measures Descriptions

2) measured by renewal of intergovernmental agreement through FY16. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY15 will be negotiated and finalized by June 30, 2014. These will provide guidance for work priorities and program activities.

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$215,131	\$304,090	\$313,525	\$293,212
Contractual Services	\$500	\$0	\$0	\$0
Materials & Supplies	\$1,474	\$6,468	\$2,620	\$5,858
Internal Services	\$21,365	\$39,442	\$16,101	\$39,930
Total GF/non-GF	\$238,470	\$350,000	\$332,246	\$339,000
Program Total:	\$588,470		\$671,246	
Program FTE	0.80	1.50	1.10	1.20

Program Revenues				
Indirect for Dept. Admin	\$22,444	\$0	\$23,090	\$0
Intergovernmental	\$0	\$350,000	\$0	\$339,000
Total Revenue	\$22,444	\$350,000	\$23,090	\$339,000

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by \$339,000 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: 40002 Tri-County Health Officer



Program #40003 - Health Department Leadership Team Support

7/3/2014

Department: Health Department **Program Contact:** Joanne Fuller

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs: 40000

Program Characteristics:

Executive Summary

This program pools administrative support for the Department's senior leadership team under one supervisor so that staff and resources can be efficiently shared.

Program Summary

The Department Leadership Team (DLT) support team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, special projects, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Community Health Services Program Manager Senior and their senior managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

This program offer supports the Health Department Leadership Team's ability to achieve accountability, to manage resources and service delivery costs effectively, to equitably evaluate and streamline delivery of services and County operations, to provide reliable information for decision-making, which improves and reporting results.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	% of projects completed on time with an error rate not to exceed 3%.	90%	92%	92%	92%		
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	9	9	9		

Performance Measures Descriptions

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 8 (on a scale of 1-10).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$538,536	\$0	\$595,001	\$0
Contractual Services	\$60,000	\$0	\$5,000	\$0
Materials & Supplies	\$32,011	\$0	\$29,713	\$0
Internal Services	\$69,546	\$0	\$70,773	\$0
Total GF/non-GF	\$700,093	\$0	\$700,487	\$0
Program Total:	\$700,093		\$700),487
Program FTE	7.10	0.00	7.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40003 Health Department Leadership Team Support



Program #40004 - Ambulance Services (EMS)

7/3/2014

Department: Health Department Program Contact: Darrell Knott

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

Related Programs:

Program Characteristics:

Executive Summary

Emergency Medical Services (EMS) plans, regulates, coordinates, and provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contractor and the fire departments in the County.

Program Summary

The MC EMS Program has five major functions: 1) Management of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.

- 2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.
- 3) Establishment of quality standards for EMS services provided to the citizens of Multnomah County. MC EMS uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided to the public.
- 4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.
- 5) Coordination of medical first response and medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 9-1-1 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR) Multnomah County.

Additionally, MC EMS coordinates major event planning, medical equipment specifications, liaison and coordination with local hospitals, and emergency medical services disaster response in the county. The Program's visibility within public safety contributes to citizens feeling safe.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Ambulance response times - 8 min. 90% of calls	91%	90%	90%	90%		
Outcome	Cardiac arrest survival to hospital	44%	33%	35%	35%		

Performance Measures Descriptions

A major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less. Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital.

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. It is the County's choice as to how much to invest to achieve this mandate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$766,110	\$449,565	\$776,112	\$418,391
Contractual Services	\$797,914	\$15,000	\$789,779	\$12,600
Materials & Supplies	\$157,550	\$10,080	\$152,558	\$10,956
Internal Services	\$96,036	\$0	\$100,625	\$0
Total GF/non-GF	\$1,817,610	\$474,645	\$1,819,074	\$441,947
Program Total:	\$2,292,255		\$2,26	1,021
Program FTE	5.40	4.00	5.40	4.00

Program Revenues				
Fees, Permits & Charges	\$923,191	\$0	\$980,239	\$0
Intergovernmental	\$67,017	\$474,645	\$67,141	\$441,947
Other / Miscellaneous	\$120,000	\$0	\$114,784	\$0
Service Charges	\$707,402	\$0	\$744,552	\$0
Total Revenue	\$1,817,610	\$474,645	\$1,906,716	\$441,947

Explanation of Revenues

Program costs are recovered from licenses, fees and grant funding. The fees are established and collected through revenue agreements with AMR and other jurisdictions in Multnomah County. Total licenses and fees for FY15 are estimated to be \$1,814,614. The County ambulance contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements for EMS providers. The Providence Commons Grant of \$441,947 pays for a social worker outreach program serving frequent callers of 911.

Significant Program Changes

Last Year this program was: 40004 Ambulance Services (EMS)



Program #40005 - Public Health & Regional Health Systems Emergency

7/3/2014

Preparedness

Department: Health Department Program Contact: Jennifer Vines

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

Related Programs:

Program Characteristics:

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multijurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies.

Program Summary

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts).

Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Trainings provided to Incident Management Team members	0	12	7	12		
Outcome	Centers for Disease Control's Technical Assistance review score	97%	99%	99%	99%		
Outcome	Improved regional healthcare system emergency response	94%	98%	96%	98%		
Quality	Program satisfaction	87%	98%	90%	93%		

Performance Measures Descriptions

- 1) Output: Trainings provided to Incident Management Team members
- 2) Outcome: Improved response capability through achieving Centers for Disease Control's capabilities.
- 3) Outcome: Stakeholders express program has improved healthcare system emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$489,213	\$0	\$505,173
Contractual Services	\$2,000	\$31,221	\$0	\$0
Materials & Supplies	\$8,595	\$5,467	\$0	\$15,037
Internal Services	\$33,862	\$152,999	\$49,194	\$122,013
Total GF/non-GF	\$44,457	\$678,900	\$49,194	\$642,223
Program Total:	\$723,357		\$691	,417
Program FTE	0.00	4.16	0.00	3.59

Program Revenues				
Indirect for Dept. Admin	\$43,070	\$0	\$43,742	\$0
Intergovernmental	\$0	\$678,900	\$0	\$642,223
Total Revenue	\$43,070	\$678,900	\$43,742	\$642,223

Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with Oregon Department of Human Services. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$277,072 OHA, Health Security, Preparedness, and Response Program: \$365,151

Significant Program Changes

Last Year this program was: 40005 Public Health & Regional Health Systems Emer



Program #40007 - Health Inspections and Education

7/3/2014

Department: Health Department **Program Contact:** Jade Dodge

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

Related Programs: 40008A, 40037

Program Characteristics:

Executive Summary

This fee-supported program helps protect the public from disease and injury by investigating food and waterborne disease, educating about food safety practices, and performing inspections of over 4,000 licensed facilities. Participation in the FDA Program Standards helps us to align our program with national standards. The inspection program received an outstanding rating in the 2011 triennial review.

Program Summary

This legally mandated program protects the health and safety of the entire community by providing inspections, education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries, as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions. Inspected Facilities: The Health Inspections program has responsibility for assuring the health and safety in 4,246 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. Swimming pools & spas: The program inspects and licenses 557 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 60 pool operators each year. Schools, Child and Adult Foster Care Facilities: The program inspects 853 schools, childcare centers, and other service providers to ensure they handle food properly, are clean and are free of health and safety hazards. Small Drinking Water Systems: There are 43 small water systems that are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems which we monitor and respond to alerts. Foodborne Illness Outbreaks: Registered Environmental Health Specialists investigate local foodborne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 18 Foodborne Illness investigations (FBI) in food service facilities in the previous fiscal year. Food Handler Training and Certification: Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 4,135 facilities which can be used in a RoboCalling system. A monthly newsletter/blog has over 2200 subscribers consisting of food operators, regulators, and community members. The program also deals extensively with local media, responding to inquiries regarding inspections, commenting on the risks around FBI investigations and providing information to the public on health and safety concerns.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of licenses issued	6,905	6,610	7,365	8,682	
Outcome	Priority & Priority Foundation Violations	6,612	7,224	6,826	8,931	
Output	Facility inspections	12,168	14,258	14,880	14,508	
Output	Total number certified Food Workers eligible for employment	11,590	12,768	11,538	11,042	

Performance Measures Descriptions

- 1) Output: Licenses issued excludes facilities inspected but not licensed (ie. schools, day care centers, etc.)
- 2) Outcome: Priority and Priority Foundation violations are items noted during inspections that can directly affect the health and well being of the consumer, leading to elevated food safety risk and requiring immediate correction.

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,733,322	\$75,270	\$2,601,301	\$74,017
Contractual Services	\$243,303	\$3,000	\$317,530	\$9,282
Materials & Supplies	\$95,994	\$6,665	\$114,019	\$1,125
Internal Services	\$408,492	\$7,780	\$436,185	\$8,291
Total GF/non-GF	\$3,481,111	\$92,715	\$3,469,035	\$92,715
Program Total:	\$3,573,826		\$3,56	1,750
Program FTE	27.02	0.72	25.33	0.72

Program Revenues				
Indirect for Dept. Admin	\$5,946	\$0	\$6,315	\$0
Fees, Permits & Charges	\$3,312,358	\$0	\$3,336,417	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
Total Revenue	\$3,318,304	\$92,715	\$3,342,732	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Health Inspections and Education includes funding from a grant the US Food and Drug Administration for education on food safety.

Fed/State Drinking Water grant: \$22,715

FDA grant: \$70,000

Food Handler fees: \$107,000 Inspection fees: \$3,229,417

Significant Program Changes

Last Year this program was: 40007 Health Inspections and Education

On September 4, 2012, Oregon adopted the 2009 FDA Food Code with 12 new Priority/Priority Foundation rules. The new rules allowed a grace period, which ended July 1, 2013. We expect to see a significant increase in re-inspections due to these new rules in the next fiscal year, given that the grace period has ended.

Changes to the Government Entities exemption in the Oregon Food Sanitation Rules, as a result of Senate Bill 631, implemented January 1, 2014 will have impact on the number of licenses issued.

The Inspections database, FirstStar is being replaced with a new web-based program, Accela. It is expected to be fully implemented by late spring 2014.



Program #40008A - Vector-Borne Disease Prevention and Code Enforcement

7/3/2014

Department: Health Department **Program Contact:** Chris Wirth

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

Related Programs: 40007, 40037

Program Characteristics:

Executive Summary

This program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animal to humans. Climate changes in the NW will increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, proactive control/abatement of rodent and mosquito populations and public education. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Program Summary

Multnomah County's climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the County in the 1930's when malaria was endemic. In 2013, sixteen counties in Oregon reported 109 mosquito-cases of West Nile Virus – an increase since last year. Additionally, the County had a human case which was acquired out-of-state. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless).

Performance Measures Below: 1) Output: Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease.

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of acres treated for mosquitoes	3,141	4,200	3,100	3,100		
Outcome	Mosquitoes prevented (In billions)	16	21	15	16		
Efficiency	Number of acres treated for mosquitoes per FTE	628	840	620	620		
Output	Number of rodent inspections conducted	702	850	850	850		

Performance Measures Descriptions

Performance Measure Continued...2) Outcome: Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number).

3) Efficiency: Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations.

4) Output: On-site inspections stemming from rodent complaints received.

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, Indoor Air Quality Act MC 21.500; 6 contractual mandates include grants, contracts, Federal, regional and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2014	2014	2015	2015	
Personnel	\$936,528	\$0	\$944,372	\$0	
Contractual Services	\$69,000	\$0	\$69,802	\$0	
Materials & Supplies	\$92,167	\$0	\$92,821	\$0	
Internal Services	\$193,983	\$0	\$199,463	\$0	
Total GF/non-GF	\$1,291,678	\$0	\$1,306,458	\$0	
Program Total:	\$1,291,678		al: \$1,291,678 \$1,306,458		6,458
Program FTE	9.90	0.00	10.00	0.00	

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$235,166	\$0	\$352,166	\$0
Total Revenue	\$236,666	\$0	\$353,666	\$0

Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund as well as with revenue from intergovernmental agreements with the City of Portland and other local and state jurisdictions.

City of Portland Bureau of Environmental Services: \$224,000 City of Portland specified animal agreement: \$117,000 Agreements with other state/local jurisdictions: \$11,166

Fees from permits and fines: \$1,500

Significant Program Changes

Last Year this program was: 40008 Vector-Borne Disease Prevention and Code Enf

Reduced Current Year Estimate for three mosquito control performance measures reflects reduction of a 0.5 Vector Control Specialist FTE field worker, reduction in Professional Services and materials/supplies capacity to performance aerial mosquito control services. Increased FTE for FY15 reflects additional inclusion of Environmental Health's Health Educator work in Vector Control budget.



Program #40008B - Vector-Borne Disease Prevention and Code Enforcement –

7/3/2014

Chris Wirth

Replace Vector Boat

Department: Health Department Program Contact:

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

Related Programs: 40007, 40037

Program Characteristics: One-Time-Only Request

Executive Summary

The Vector Control program is requesting approval of \$49,000.00 for a one-time addition to purchase a replacement boat to be able to continue to provide mosquito control and surveillance services. The program's current boat is nearly 15+ years old and is showing significant wear including some holes to the body causing water leaks and safety issues. This one time offer is not a staff increase but instead replaces an aging, nearly defunct boat for mosquito control and surveillance activities.

Program Summary

All constituents of Multnomah County would be served by a replacement boat allowing Vector Control to continue with their integrated control and surveillance of mosquitoes in areas of mosquito habitat throughout Multnomah County. The direct areas affected would be the large, expansive communities and businesses that are adjacent to the Columbia Slough, Willamette and Columbia River shores and islands including West Hayden Island, Jantzen Beach, and Sauvie Island. Additionally, because adult mosquitoes can travel up to 7 miles, inland areas within their flight range are also served by the control and surveillance of mosquitoes assisted by boat.

Multnomah County's climate supports ideal mosquito and rat habitats. Mosquito control began in the county in the 1930's when malaria was endemic. In 2013, sixteen counties in Oregon reported 109 mosquito-cases of West Nile Virus – an increase since last year. Additionally, the county had a human case that was acquired out-of-state. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

Objectives: Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitats.

Components: Mosquito Control – majority of funds/staffing.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output		0	0	0	0	
Outcome		0	0	0	0	

Performance Measures Descriptions

This scaled offer will enable the program to achieve performance measures detailed in 40008A.

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Capital Outlay	\$0	\$0	\$49,000	\$0
Total GF/non-GF	\$0	\$0	\$49,000	\$0
Program Total:	\$0		\$49	,000
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:

N/A



Program #40009 - Vital Records

7/3/2014

Department:Health DepartmentProgram Contact:Jade DodgeProgram Offer Type:Existing Operating ProgramProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Vital Records is a legislatively mandated, fee supported program that produces birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed to provide essential public health information that is used to plan prevention and intervention activities for positive health outcomes. An example of an analytical function of vital records is the ability to identify high risk groups for influenza and pneumonia deaths, so that scarce resources (influenza vaccine) can be provided to the people at greatest risk of death.

Program Summary

Birth and Death Certification: Multnomah County is responsible for issuing birth and death certificates within the first six months after the birth or death, and within 24-hours of receipt of a request for certificate. Death certificates can be issued to family members, legal representatives, governmental agencies, or to the person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, brothers/sisters, legal representatives or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

Vital Records assures accurate, timely and confidential registration of birth and death events, minimizing the opportunity for identity theft and assuring accurate record of cause of death; and the identification of parents of the born child.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of birth and death certificates issued	41,147	40,293	40,643	41,037		
Outcome		0	0	0	0		
Efficiency	Average number of days to issue error free certificate	1	1	1	1		

Performance Measures Descriptions

- 1) Certificates issued: Measures program volume.
- 2) Days to issue: Measures rapidity of issuance process. The 24-hour timeframe from receipt to issuance is mandatory.

Legal mandates are ORS 97, 146, 432; OAR 830 and 333.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$465,332	\$0	\$474,533
Contractual Services	\$0	\$15,845	\$0	\$11,839
Materials & Supplies	\$0	\$18,783	\$0	\$17,584
Internal Services	\$0	\$131,517	\$0	\$132,874
Total GF/non-GF	\$0	\$631,477	\$0	\$636,830
Program Total:	\$631,477		\$636,830	
Program FTE	0.00	5.36	0.00	5.58

Program Revenues				
Indirect for Dept. Admin	\$40,494	\$0	\$43,375	\$0
Fees, Permits & Charges	\$0	\$631,477	\$0	\$636,830
Total Revenue	\$40,494	\$631,477	\$43,375	\$636,830

Explanation of Revenues

This is a fee driven, self-sustaining program and fee revenue for Vital Records in FY2015 is \$636,830.

Significant Program Changes

Last Year this program was: 40009 Vital Records



Program #40010A - Communicable Disease Prevention and Control

7/3/2014

Department: Health Department **Program Contact:** Amy Sullivan

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

Related Programs: 40014

Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation and by limiting the spread of these diseases in the population through assuring treatment as needed. We uphold and enforce Oregon state statutes requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli 0157 and anthrax. We respond 24/7 to events of public health importance.

Program Summary

CDS directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. We conduct investigations that find people who have been exposed to serious diseases to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who already have diseases like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens.

Our CDS staff are highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative support with knowledge of infectious disease transmission and state reporting rules. We come from many different cultural groups and speak a total of 14 languages. We work closely with other Health Department programs, including Environmental Health and the Office of the Health Officer, and provide educational opportunities to help develop tomorrow's public health professionals. The expertise in our program is essential for supporting the Health Department's Emergency Response Plan and 24/7 response capacity.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Disease report responses	6,017	6,400	6,200	5,800		
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100%	100%	100%	100%		
Quality	TB patients completing treatment within 12 months	95%	90%	95%	90%		

Performance Measures Descriptions

1) Output-All disease reports and suspect case referrals received, processed and responded to. 2) Outcome–Reflects effectiveness of case contact investigation and response to life-threatening diseases. 3) Quality-Measure reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

ORS Chapters 433, multiple sections

OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting

OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19

OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18; Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Oregon Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. Oregon Health Services and CLHO BT/CD & TB Assurances

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,205,170	\$644,911	\$1,866,945	\$947,522
Contractual Services	\$0	\$41,108	\$6,125	\$36,891
Materials & Supplies	\$7,654	\$98,240	\$9,435	\$80,410
Internal Services	\$48,896	\$476,019	\$421,977	\$124,471
Total GF/non-GF	\$2,261,720	\$1,260,278	\$2,304,483	\$1,189,294
Program Total:	\$3,521,998		\$3,49	3,776
Program FTE	20.77	4.88	18.14	8.06

Program Revenues				
Indirect for Dept. Admin	\$74,066	\$0	\$73,694	\$0
Intergovernmental	\$0	\$1,109,749	\$0	\$1,038,142
Other / Miscellaneous	\$0	\$105,299	\$0	\$107,299
Service Charges	\$0	\$45,230	\$0	\$43,852
Total Revenue	\$74,066	\$1,260,278	\$73,694	\$1,189,293

Explanation of Revenues

The program offers is funded by federal and state grants in addition to patients fees.

Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees; Hepatitis B screening and Linkage to care for foreign-born residents) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance) that build upon our statutory responsibilities.

State of Oregon LPHA: \$915,890

Medical Fees: \$151,151

Refugee grant, Hepatitis B grant: \$122,252

Significant Program Changes

Last Year this program was: 40010 Communicable Disease Prevention and Control

The complexity of our infectious disease caseload has increased in recent years, with increasing communicable disease cluster investigations and case management for infectious TB patients with multidrug resistant (MDR and XDR) strains of TB. This rapidly changing environment requires a nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities. We are adding a 1.0 FTE Epidemiologist to strengthen case and outbreak investigation capabilities.



Program #40010B - Communicable Disease Prevention and Control – Refugee

7/3/2014

Health Coordination

Department: Health Department **Program Contact:** Amy Sullivan

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs: 40022

Program Characteristics:

Executive Summary

Our Health Department partners with refugee service agencies providing newly-arrived refugees a healthy transition to the US. Many refugees arrive with complex health and mental health needs: successfully linking them to on-going services is essential. To meet this need during a massive healthcare system change, requires a Refugee Health Coordinator.

Program Summary

This offer proposes funding for half of a full-time Refugee Health Coordinator to lead Oregon's efforts in providing high quality healthcare and mental health services for newly arriving refugees. High quality health and mental health services are vital for refugees' successful transition to a new life in the United States. Half of this position would be funded through the federal Office of Refugee Resettlement (pass through from state of Oregon), and the remaining 0.5 FTE through this MCHD program offer.

Almost all of Oregon's newly arriving refugees enter through the Portland-metro area. State and federal agreements support our Mid County Clinic in providing initial health screenings, and our Communicable Disease Services in providing TB prevention activities. Roughly three-in-four refugees remain with our County FQHC for on-going care. We partner closely with the State's refugee program, Voluntary Agencies (VolAgs), and other contracted CBOs (e.g., IRCO) to identify and address the impacts of healthcare reform on refugee health services. Overall, our county provides statewide leadership for assuring the often-complex health service needs of newly arrived refugees.

We have worked through the stakeholder Refugee Health Advisory Group to develop a state/county shared Refugee Health Coordinator position in order to assure that complex refugee health needs are met. The work will build from existing state and federal requirements and best practices to provide for new or updated practices. Key to this effort is assuring client care across a complex mix of service providers. This work is profoundly affected by healthcare system reform -- everything from assuring timely insurance coverage given federal requirements to negotiating with payers around the unique mental health services needs of refugees from conflict areas. Our partner organizations and agencies are acutely aware of the role that physical and mental health services play, and use broad-based initiatives to improve refugee transition into local communities. County and community representatives all agree that the complexity of the current situation requires a full-time person to provide leadership in this vital area during a period of immense change.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Gap analysis and QI plan for regional, health-related refugee services	N/A	N/A	N/A	1			
Outcome	Improved efficiency of referrals from refugee health screening to specialty care services (TB, MH, etc.)	N/A	N/A	N/A	80%			

Performance Measures Descriptions

Output: Gap analysis with plan to address major gaps will be completed, incorporating input from stakeholders participating in the Refugee Health Advisory group (e.g., MCHD, the Oregon Refugee Program, IRCO, and regional voluntary agencies). Outcome: 80% of refugees screening positive for needing TB or mental health services need will be successfully referred within establish timelines

RMA, RHA, and related TBD grant program requirements; federal CDC Global Migration and Quarantine and Office of Refugee Resettlement refugee assistance program requirements for newly-arrived refugees.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$51,146	\$0
Materials & Supplies	\$0	\$0	\$3,703	\$0
Internal Services	\$0	\$0	\$1,688	\$0
Total GF/non-GF	\$0	\$0	\$56,537	\$0
Program Total:	\$0		\$56,537	
Program FTE	0.00	0.00	0.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This is a new Program Offer.



Program #40011 - STD/HIV/Hep C Community Prevention Program

7/3/2014

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs: 40012, 40025

Program Characteristics:

Executive Summary

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents and reduces epidemics, and their consequent toll on individual health by making over 40,000 outreach contacts; by controlling the spread of disease using evidence based prevention interventions and 6,750 clinical STD services for those at highest risk.

Program Summary

Prevention is the key strategy, using culturally specific, evidence-based population focused approaches. Disease spread is reduced by: 1) Partner Services: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) Community Testing: Staff and subcontractors visit bars, jails, internet and other "hookup" sites to test, educate, and promote behavior change. 3) STD Clinic: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality culturally competent, timely health care. 4) Partnerships: Collaborates with businesses, community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. 5) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Free condoms are distributed to 40 community locations. Overdose prevention supplies significantly reduce drug-related harm/deaths. 6) Behavior Change/Education: Community-based interventions to reduce risky sexual and drug behavior and to promote sexual health and relationship skills and knowledge. 7) Success: strong record of meeting national benchmark performance measures, nationally-recognized for innovation and program coordination, high client satisfaction across all demographics. Because these diseases disproportionately affect racial, ethnic and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. In place for 20+ yrs, this program is demonstrably effective. 8) Cost Effective: Preventing disease saves money over time. Delayed treatment increases disease spread and costly chronic conditions such as AIDS, liver disease, infertility and poor maternal/child health, Untreated, HIV leads to poverty, inability to work or maintain stable housing.

Performance Measures Below: 1. This performance measure quantifies the amount of non-clinical community-based outreach and education work the program provides each year. 2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV. This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	# of community outreach/health promotion encounters	46,900	40,000	53,000	40,000	
Outcome	% of all County gonorrhea/syphilis/HIV cases diagnosed through this program	31%	30%	37%	30%	
Quality	% of gonorrhea/syphilis/HIV cases investigated	84%	90%	94%	90%	
Quality	# of STD clinical encounters (visit/phone results)	8,121	6,750	7,720	6,750	

Performance Measures Descriptions

3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally. If resources don't allow all cases to be investigated, a prioritization algorithm is applied. 4. This measure quantifies the amount of clinical service the program provides each year.

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances. CHAT grant requires training youth peer educators through African American houses of faith.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,935,760	\$601,621	\$1,957,080	\$804,510
Contractual Services	\$339,578	\$272,098	\$233,442	\$445,698
Materials & Supplies	\$144,550	\$174,344	\$244,546	\$135,480
Internal Services	\$310,236	\$340,631	\$298,180	\$375,320
Total GF/non-GF	\$2,730,124	\$1,388,694	\$2,733,247	\$1,761,007
Program Total:	\$4,118,818		\$4,49	4,255
Program FTE	18.50	6.30	19.02	7.66

Program Revenues				
Indirect for Dept. Admin	\$89,052	\$0	\$113,306	\$0
Intergovernmental	\$0	\$1,196,323	\$0	\$1,538,012
Other / Miscellaneous	\$0	\$18,000	\$0	\$18,000
Service Charges	\$0	\$174,371	\$0	\$204,995
Total Revenue	\$89,052	\$1,388,694	\$113,306	\$1,761,007

Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority. The budget for FY2015 includes the \$65,000 increase for needle exchange added by the Board of County Commissioners in FY2014.

State Local Public Health Authority IGA: \$1,222,566

CDC STD Surveillance Grant: \$150,000; Medical Fees: \$204,995 HealthShare Wound Care: \$97,476; Federal Ryan White: \$37,970 Cascade AIDS Project: \$18,000; Youth Educator Grant: \$30,000

Significant Program Changes

Last Year this program was: 40011 STD/HIV/Hep C Community Prevention Program

Minor FTE changes include a Medical Tech and a part-time Administrative Analyst both added with new grant funding.



Program #40012 - Services for Persons Living with HIV

7/3/2014

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs: 40011, 40025

Program Characteristics:

Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to 2,450 highly vulnerable people living with HIV. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

Program Summary

The HIV Clinic serves over 1,100 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. On-site chronic disease self management workshops and peer support are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers. The clinic is an AIDS Education and Training Center site training over 40 doctors, nurses and pharmacists each year.

HIV Care Services Program coordinates a regional 6 county care system that promotes access to high quality HIV services through contracts with health departments and community organizations. HCS funded services include:

Early Intervention: Outreach ensures early identification and treatment.

Care: A coordinated primary care system provides medical, dental, mental health and substance abuse treatment. Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.

Basic Needs: Housing focuses on building life skills and access to permanent housing.

Health Promotion: Behavioral education provides clients with self-management skills.

Planning: A community-based council does service planning. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2,932	2,450	2,900	2,450	
Outcome	% of HCS clients engaged in HIV medical care	88%	90%	91%	90%	
Output	# of unduplicated HIV Clinic clients	1,173	1,150	1,200	1,260	
Quality	% of HIV clinic clients who do not progress to AIDS	93%	95%	93%	93%	

Performance Measures Descriptions

2) Measure changed. "% of clients engaged in HIV medical care" reflects the core function of all the supportive/other clinical services required: to meet the other life needs of the patient in a way that allows him/her to maintain HIV medical care and treatment. 4) Quality: helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease.

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$219,458	\$2,999,157	\$534,693	\$2,781,667
Contractual Services	\$72,801	\$2,638,978	\$1,000	\$2,587,462
Materials & Supplies	\$18,830	\$158,998	\$11,717	\$164,135
Internal Services	\$27,067	\$865,207	\$56,271	\$916,304
Total GF/non-GF	\$338,156	\$6,662,340	\$603,681	\$6,449,569
Program Total:	\$7,00	\$7,000,496		3,250
Program FTE	3.15	24.68	5.37	23.93

Program Revenues				
Indirect for Dept. Admin	\$297,653	\$0	\$284,847	\$0
Intergovernmental	\$0	\$5,529,146	\$0	\$5,471,641
Other / Miscellaneous	\$0	\$0	\$0	\$5,000
Beginning Working Capital	\$0	\$75,000	\$0	\$0
Service Charges	\$322,557	\$1,058,194	\$567,792	\$972,928
Total Revenue	\$620,210	\$6,662,340	\$852,639	\$6,449,569

Explanation of Revenues

Services for Persons Living with HIV receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

HIV Clinic Revenue - Federal grants: \$2,561,472; medical fees: \$1,540,720; and state/local revenue contracts: \$119,322 HIV Care Services Revenue - Federal Ryan White Part A grant: \$2,795,847

Significant Program Changes

Last Year this program was: 40012 Services for Persons Living with HIV

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs in HIV Care Services team resulted in FTE reductions as we reassigned some FTE onto other funding sources to do other public health work. Clinic caseloads continue to be very high, 250- 300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for pyschosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.



Program #40014 - Immunizations

7/3/2014

Department: Health Department **Program Contact:** Amy Sullivan

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

Related Programs: 40010A, 40010B

Program Characteristics:

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by implementing the federally subsidized Vaccines for Children (VFC) Program, providing over 1,100 immunizations and helping 415 schools and childcare facilities comply with state school immunization rules. Our activities contribute to the community's ability to protect children from life-threatening, vaccine-preventable diseases and reduce the costs associated with these diseases.

Program Summary

No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. CIP ensures that the basic disease prevention needs of children are met through several interrelated program components. We assure a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements. We assure access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay. We conduct activities that uphold state mandates related to school immunization laws – including issuing exclusion orders as needed – and assure that all children in certified day care centers, preschools, kindergartens, Head Start Programs and students in private, alternative and public schools are complete or up-to-date on their immunizations.

Increasing activities to uphold state school immunizations law (47% increase in facilities served), combined with decreased Medicaid revenues and minimal state funding increases, have posed a challenge to this program. Specific activities impacted include training facilities on how to report; outreach to new facilities to assure understanding of reporting requirements; facility-level reviews of exclusion reports to assure accurate reporting; a phone hotline to answer parent and facility questions about the school exclusion process; review of individual student letters; timely data entry to meet state reporting deadlines; and provision of off-site vaccine clinics for parents struggling to bring their children up-to-date in the last weeks before the exclusion date.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of immunizations directly provided to keep children in school	1,284	1,400	1,150	300		
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100%	100%	100%	100%		
Output	Number of schools & other facilities assisted with immunization law requirements	501	390	415	150		
Output	Proportion of all vaccine administration data for CDS entered within 14 days of vaccine administration	100%	NA	100%	95%		

Performance Measures Descriptions

Output 1: Number of vaccines provided from 1st Fri. in February thru 3rd Fri. in February. (FY2015 decrease due to reduced support for our school immunization law education and enforcement activities). Output 2: Number of certified childcare facilities, kindergartens, and private schools directly assisted from October through March of the previous fiscal year.

State-Supplied Vaccine Accountability - OAR 333.047

School Immunization - Amended ORS 433.267, 433.273 and 433.284 (operative March 1, 2014); Administrative Rules 333-050-0010 through 333-050-0140; Oregon Revised Statutes 433.235 through 433.284

ALERT Immunization Registry - Administrative Rules 333-049-0010 through 333-049-0130; Oregon Revised Statutes 433.090 through 433.102

Vaccine Education and Prioritization Plan - Oregon Revised Statutes 433.040; Administrative Rules 333-048-0010 through 333-048-0030

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$198,762	\$219,799	\$150,204	\$230,475
Contractual Services	\$6,914	\$15,743	\$4,787	\$15,772
Materials & Supplies	\$15,941	\$34,641	\$7,060	\$28,278
Internal Services	\$40,697	\$85,411	\$94,838	\$37,415
Total GF/non-GF	\$262,314	\$355,594	\$256,888	\$311,940
Program Total:	\$617	,908	\$568	3,828
Program FTE	2.27	1.63	1.55	2.45

Program Revenues					
Indirect for Dept. Admin	\$22,803	\$0	\$21,247	\$0	
Intergovernmental	\$0	\$201,194	\$0	\$200,884	
Service Charges	\$0	\$154,400	\$0	\$111,056	
Total Revenue	\$22,803	\$355,594	\$21,247	\$311,940	

Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund.

Fed/State LPHA Immunization Special Payments: \$200,884

Patient Fees: \$111,056

Significant Program Changes

Last Year this program was: 40014 Immunizations

From 2006-2013, the number of facilities we directly supported for school exclusion increased by 47% while state funding increased 3%; immunizations revenue declined; and county general fund increases did not keep pace with increasing personnel costs. Because of this funding deficit, this offer excludes 1,625 hours of on-call staffing (value, \$48,861) used from October through March each year to support facilities and parents in meeting school exclusion requirements. Potential impacts include decreased customer service for facilities and parents, poor quality of data for understanding vaccine hesitancy and school readiness; and challenged to meet Program Element 43 requirements related to school immunization laws.



Program #40015 - Lead Poisoning Prevention

7/3/2014

Department:Health DepartmentProgram Contact:Jade Dodge

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

Related Programs: 40037

Program Characteristics:

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funding. Lead causes brain damage in children, resulting in behavior, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood. In addition, environmental investigations, case management, and advocacy for services and community education/outreach are provided by the program.

Program Summary

Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead and promote safe housing conditions.

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and Oregon Health Authority (OHA) to ensure continuity of care and early intervention for children at risk of lead poisoning. The Lead Program: 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, screening, and reducing home lead hazards; 2) Conducts free lead testing clinics for children and pregnant women to screen for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of 5+ lead levels by an Certified Lead Risk Assessor by conducting an in home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for lead exposure more than 3,000 at risk low-income children in support of improving health equity; 8) Educates contractors and residents about EPA lead-based paint rules, 9) Provides education and outreach to medical providers and community.

The Lead Poisoning Prevention Program continues to increase its focus on outreach and education services targeting the most vulnerable populations. This program offer relies largely on grants and contracts.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Total # of children screened by MCHD primary care and immunization providers*	3,259	3,500	3,348	3,348		
Outcome	Total # of successfully identified children with EBLLs**	22	40	81	90		
Output	Number of Community Members receiving information on lead prevention	10,816	10,000	14,293	17,200		
Quality	Percentage of home investigations where lead exposure risk hazards/ factors are identified for lead exposure.	100%	95%	95%	95%		

Performance Measures Descriptions

^{*}Children screened: Counts lead screening services provided by Health Department + contractors

^{**}Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening at community test sites or by Multnomah County health care providers.

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$9,598	\$139,490	\$52,779	\$136,011
Contractual Services	\$0	\$0	\$7,000	\$7,000
Materials & Supplies	\$217	\$17,205	\$375	\$15,843
Internal Services	\$37,602	\$23,305	\$41,022	\$21,146
Total GF/non-GF	\$47,417	\$180,000	\$101,176	\$180,000
Program Total:	\$227,417		\$281	,176
Program FTE	0.10	1.20	0.20	1.20

Program Revenues					
Indirect for Dept. Admin	\$11,543	\$0	\$12,261	\$0	
Intergovernmental	\$0	\$180,000	\$0	\$180,000	
Total Revenue	\$11,543	\$180,000	\$12,261	\$180,000	

Explanation of Revenues

Lead Poisoning Prevention is funded in FY2015 by:

City of Portland Leadline grant: \$175,000

State Leadline grant: \$5,000

Significant Program Changes

Last Year this program was: 40015 Lead Poisoning Prevention



Program #40016 - Medicaid/Medicare Eligibility

7/3/2014

Department: Health Department **Program Contact:** Christy Ward

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

Related Programs:

Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain coverage otherwise. Last year, more than 13,000 clients were screened and 4,000 children insured.

Program Summary

The Medicaid Enrollment program provides outreach and education efforts which increase the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at re-certification. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services, and addresses the Basic Needs strategy to provide access to care, by securing insurance coverage for eligible individuals.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Annual number of clients screened	13,694	14,000	14,000	14,000		
Outcome	Uninsured children in Multnomah County insured through program	3,793	4,000	3,500	4,000		

Performance Measures Descriptions

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program.

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$242,281	\$968,924	\$319,058	\$955,138
Contractual Services	\$0	\$2,800	\$0	\$3,150
Materials & Supplies	\$14,584	\$594	\$3,071	\$11,706
Internal Services	\$31,677	\$176,295	\$105,120	\$105,976
Total GF/non-GF	\$288,542	\$1,148,613	\$427,249	\$1,075,970
Program Total:	\$1,437,155		\$1,50	3,219
Program FTE	3.00	11.55	4.00	11.46

Program Revenues					
Indirect for Dept. Admin	\$73,656	\$0	\$73,286	\$0	
Intergovernmental	\$0	\$0	\$0	\$39,360	
Service Charges	\$0	\$1,148,613	\$0	\$1,036,610	
Total Revenue	\$73,656	\$1,148,613	\$73,286	\$1,075,970	

Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY15 is based on actual expenses from FY2014. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

DMAP: \$1,036,610

Outreach & Eligibility grant from CoverOregon: \$39,360

Significant Program Changes

Last Year this program was: 40016 Medicaid/Medicare Eligibility



Program #40017A - Dental Services

7/3/2014

Department: Health Department **Program Contact:** Len Barozzini

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

Related Programs:

Program Characteristics:

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 25,000 people in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides unique child based services to uninsured and under-insured clients; focuses on access for patients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

Program Summary

The Dental program has three distinct service components. Six dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics include outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The clinical program also focuses on services for pregnant women because recent research indicated that dental hygiene and periodontal services provided during pregnancy may decrease preterm delivery and improves infant health outcomes. The School and Community Oral Health Program provides dental education, fluoride tablets, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting. For uninsured Multnomah County residents with critical, urgent or specialty dental needs the Dental Access Program (DAP) provides triage and referrals to County dental clinics and private dentists. The Dental program also delivers mandated services within two Corrections Health sites. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Billable patient visits	60,708	65,470	59,601	67,883			
Outcome	Percentage patients who complete treatment plan within 12 months	52%	60%	55%	58%			
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	64%	75%	65%	70%			

Performance Measures Descriptions

Billable visits measures access to dental services in County clinics & School Community Dental Program. Intent is to increase access to care for both Medicaid/uninsured clients. % of patients who complete treatment plan within 12 months measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health.

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$10,792,711	\$628,257	\$7,553,032	\$3,989,625
Contractual Services	\$402,300	\$172,608	\$4,180	\$690,173
Materials & Supplies	\$226,388	\$778,519	\$311,980	\$675,981
Internal Services	\$1,594,115	\$1,324,243	\$1,024,019	\$2,301,700
Capital Outlay	\$0	\$0	\$0	\$165,475
Total GF/non-GF	\$13,015,514	\$2,903,627	\$8,893,211	\$7,822,954
Program Total:	\$15,91	\$15,919,141		16,165
Program FTE	93.55	5.64	56.99	43.35

Program Revenues					
Indirect for Dept. Admin	\$1,007,979	\$0	\$1,115,566	\$0	
Intergovernmental	\$0	\$453,830	\$0	\$314,360	
Other / Miscellaneous	\$0	\$78,000	\$0	\$475,000	
Service Charges	\$12,815,050	\$2,371,797	\$8,555,581	\$7,033,594	
Total Revenue	\$13,823,029	\$2,903,627	\$9,671,147	\$7,822,954	

Explanation of Revenues

The primary source of revenue is Medicaid funds. Additional revenue is received from the Primary Care 330 federal grant, general fund (to support Billi Odegaard services for the homeless) and patient fees.

Patient and other fees: \$15,589,175

CareOregon: \$475,000

Federal Primary Care Grant: \$314,360

Significant Program Changes

Last Year this program was: 40017 Dental Services

The Dental clinics implemented Electronic Dental Records beginning December 2012, at all clinic sites. Going to an electronic record will help support record sharing between health care providers and improve quality.



Program #40018 - Women, Infants and Children (WIC)

Program Contact: David Brown 7/3/2014

Health Department **Department:**

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

Related Programs:

Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves more than 18,000 lower-income pregnant, post-partum and breastfeeding women, infants and children (under age five) per month who have health or nutrition risks. WIC provides individual growth and health assessments, education on nutrition and physical activity, WIC vouchers to purchase nutritious food, breastfeeding education and support and referrals to other preventive health and support services. This offer also includes the Breastfeeding Peer Counseling program.

Program Summary

The WIC Program's mandate is to provide food, nutrition education, growth monitoring and support services to our most vulnerable population – low income pregnant, breastfeeding women, infants and children up to five years of age. In addition to food vouchers, all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by Nutrition Assistants on the current best practices for diet during pregnancy, lactation, infancy and early childhood. Registered Dietitians counsel higher risk clients.

Poor nutrition during the first three years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. Research demonstrates that families on WIC are in overall better health, have less dental related Medicaid costs, have less underweight infants and demonstrate a lower prevalence of anemia than low-income children not on WIC. Four and five year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than those that didn't receive WIC benefits. WIC positively influences the nutrient intakes of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect and WIC participation is associated with increased use of preventative care and improved health status of children.

The WIC Program is one of our primary equity strategies in the Department. Culturally specific services and partnerships with minority organizations are valued. The program acts as a core referral center for other services and has been key in getting more families enrolled for Medicaid and insurance.

A relatively new program offered through WIC, the Breastfeeding Peer Counseling Program, provides breastfeeding and prenatal support and maintains a caseload of over 700 prenatal clients. Since its inception, breastfeeding rates in Multnomah County have increased 1% per year.

WIC served over 30,000 clients last year and provided access to other support services including prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Average number of clients served each month	18,874	19,000	18,311	18,500		
Outcome	% of mothers initiating breastfeeding on WIC	91%	89%	92%	92%		
Outcome	Show rate for WIC group nutrition education follow-up	62%	69%	61%	63%		
Outcome	Children at risk of anemia (2-5 year olds)	13.8%	13.0%	13.6%	13.0%		

Performance Measures Descriptions

Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. Outcome: % of mothers who initiated breast feeding after delivery. Outcome: return for education required each six months to continue participation. Outcome: children with lower than recommended hemoglobin levels. This is a new measure for FY13-14. Anemia/low hemoglobin reduces the ability for children to learn.

The Special Supplemental Nutrition Program for Women, Infants and Children is authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$812,323	\$2,554,141	\$784,665	\$2,648,483
Contractual Services	\$9,755	\$11,532	\$3,950	\$17,675
Materials & Supplies	\$54,225	\$20,055	\$63,336	\$33,989
Internal Services	\$409,243	\$555,103	\$624,916	\$374,075
Total GF/non-GF	\$1,285,546	\$3,140,831	\$1,476,867	\$3,074,222
Program Total:	\$4,426,377		\$4,55	1,089
Program FTE	8.20	33.06	6.71	34.05

Program Revenues					
Indirect for Dept. Admin	\$201,409	\$0	\$209,389	\$0	
Intergovernmental	\$0	\$3,140,831	\$0	\$3,074,222	
Total Revenue	\$201,409	\$3,140,831	\$209,389	\$3,074,222	

Explanation of Revenues

The Women, Infants and Children program's revenue is federal funds included in the intergovernmental revenue agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with county general fund. The WIC Program has seen a significant increase in pregnant women requiring WIC services. County general funds assist the WIC Program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program.

State LPHA: \$3,074,222

Significant Program Changes

Last Year this program was: 40018 Women, Infants and Children (WIC)



Program #40019 - North Portland Health Clinic

Program Contact: Courtney Craigan 7/3/2014

Health Department **Department:**

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

Related Programs:

Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care. The clinic provides more than 18,000 visits a year.

Program Summary

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of which 70% are below 100% of the Federal Poverty level. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of annual client visits	15,897	18,234	16,068	18,793		
Outcome	% of children who are up to date on immunizations at 24 months of age	78%	85%	78%	85%		
Efficiency	Number of days for a new patient appointment	7	2	6	7		
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	62%	70%	59%	70%		

Performance Measures Descriptions

% of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey asks if patients would recommend this clinic to family/friends.

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements and CareOregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,724,185	\$1,363,707	\$1,925,634	\$1,222,309
Contractual Services	\$0	\$48,036	\$0	\$48,581
Materials & Supplies	\$20,295	\$120,711	\$22,529	\$134,546
Internal Services	\$199,584	\$764,029	\$262,072	\$785,416
Total GF/non-GF	\$1,944,064	\$2,296,483	\$2,210,236	\$2,190,851
Program Total:	\$4,240,547		\$4,40	1,087
Program FTE	20.70	7.60	22.00	6.00

Program Revenues					
Indirect for Dept. Admin	\$268,188	\$0	\$297,677	\$0	
Intergovernmental	\$0	\$903,696	\$0	\$739,577	
Service Charges	\$1,885,726	\$1,392,787	\$2,191,581	\$1,451,274	
Total Revenue	\$2,153,914	\$2,296,483	\$2,489,258	\$2,190,851	

Explanation of Revenues

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,630,855

Federal Primary Care grant: \$658,118 State Family Planning grant: \$45,180

State Maternal & Child Health grant: \$36,279

Significant Program Changes

Last Year this program was: 40019A North Portland Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40020 - Northeast Health Clinic

7/3/2014

Department: Health Department Program Contact: Michael Crocker

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

Related Programs:

Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. This clinic provides more than 27,000 visits a year.

Program Summary

Northeast Health Clinic primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic serves a culturally diverse population of which 75% are below 100% of the Federal Poverty level. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

This clinic has expanded hours from 8:00am-5:00pm to 8:00am-7:00pm Monday through Friday, in order to better meet the access needs and demands of the community and patients that they serve.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of annual client visits	23,819	27,132	25,168	24,938		
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	80%	85%	82%	85%		
Efficiency	Number of days for a new patient appointment	6	6	6	7		
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	61%	70%	68%	70%		

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,662,111	\$1,858,350	\$2,481,078	\$1,981,747
Contractual Services	\$0	\$143,128	\$95,606	\$2,000
Materials & Supplies	\$66,230	\$172,756	\$12,317	\$192,430
Internal Services	\$297,357	\$897,046	\$278,981	\$1,053,790
Total GF/non-GF	\$3,025,698	\$3,071,280	\$2,867,982	\$3,229,966
Program Total:	\$6,096,978		\$6,09	7,948
Program FTE	16.20	23.40	29.70	9.50

Program Revenues					
Indirect for Dept. Admin	\$387,016	\$0	\$414,417	\$0	
Intergovernmental	\$0	\$986,432	\$0	\$1,290,595	
Service Charges	\$2,963,957	\$2,084,848	\$2,854,436	\$1,939,371	
Total Revenue	\$3,350,973	\$3,071,280	\$3,268,853	\$3,229,966	

Explanation of Revenues

Northeast Health Clinic is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$4,793,807

Federal Primary Care grant: \$1,150,456 State Family Planning grant: \$77,725

State Maternal & Child Health grant: \$62,414

Significant Program Changes

Last Year this program was: 40020 Northeast Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40022 - Mid County Health Clinic

7/3/2014

Department: Health Department Program Contact: Deborah Cockrell

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

Related Programs:

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and underinsured members of the community. The clinic provides more than 46,000 visits a year.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of annual client visits	43,078	46,290	42,000	43,153	
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	83%	85%	22%	85%	
Efficiency	Number of days for a new patient appointment	6	2	8	7	
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	69%	70%	68%	70%	

Performance Measures Descriptions

Output: Total number of client visits.

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for under-served Multnomah County residents to access health care services.

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$5,119,540	\$2,968,510	\$5,713,682	\$2,127,882
Contractual Services	\$0	\$529,917	\$0	\$464,027
Materials & Supplies	\$36,991	\$540,133	\$408,359	\$461,298
Internal Services	\$558,914	\$1,683,870	\$568,748	\$1,748,617
Total GF/non-GF	\$5,715,445	\$5,722,430	\$6,690,789	\$4,801,824
Program Total:	\$11,437,875		\$11,49	92,613
Program FTE	36.30	32.70	61.80	8.10

Program Revenues					
Indirect for Dept. Admin	\$727,914	\$0	\$755,887	\$0	
Intergovernmental	\$0	\$1,320,827	\$0	\$380,832	
Service Charges	\$5,628,867	\$4,401,603	\$6,296,008	\$4,420,992	
Total Revenue	\$6,356,781	\$5,722,430	\$7,051,895	\$4,801,824	

Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), county general fund, and medical fees.

Medical Fees: \$10,258,192

State Refugee Screening grant: \$458,808 Federal Primary Care grant: \$225,587 State Family Planning grant: \$86,103 State Maternal & Child Health grant: \$69,142

Significant Program Changes

Last Year this program was: 40022 Mid County Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40023 - East County Health Clinic

7/3/2014

Department: Health Department **Program Contact:** Lynne Wiley

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

Related Programs:

Program Characteristics:

Executive Summary

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive healthcare services because of where they live, the language they speak and their higher level of complex healthcare needs. The clinic provides more than 37,000 visits a year.

Program Summary

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population, 80% whose incomes are below 100% of the Federal Poverty Level. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of annual client visits	36,641	37,626	35,892	38,384	
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	89%	85%	91%	85%	
Efficiency	Number of days for a new patient appointment	7	7	6	7	
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	59%	70%	60%	70%	

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$3,760,251	\$2,396,319	\$4,311,184	\$1,918,576
Contractual Services	\$0	\$197,490	\$0	\$159,821
Materials & Supplies	\$85,840	\$275,591	\$427,382	\$310,035
Internal Services	\$388,852	\$1,586,106	\$426,723	\$1,772,081
Total GF/non-GF	\$4,234,943	\$4,455,506	\$5,165,289	\$4,160,513
Program Total:	\$8,690,449		\$9,32	5,802
Program FTE	25.40	31.00	46.40	11.60

Program Revenues					
Indirect for Dept. Admin	\$551,948	\$0	\$608,305	\$0	
Intergovernmental	\$0	\$1,179,771	\$0	\$718,429	
Service Charges	\$4,151,731	\$3,275,735	\$4,770,508	\$3,442,084	
Total Revenue	\$4,703,679	\$4,455,506	\$5,378,813	\$4,160,513	

Explanation of Revenues

East County Health Clinic is supported by Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$8,212,592

Federal Primary Care grant: \$562,941 State Family Planning grant: \$86,238

State Maternal & Child Health grant: \$69,250

Significant Program Changes

Last Year this program was: 40023 East County Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40024 - School Based Health Centers

7/3/2014

Department: Health Department **Program Contact:** Jill Daniels

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

Related Programs:

Program Characteristics:

Executive Summary

The School-Based Health Center (SBHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 13 school based health centers. Without this safety net many school-aged youth would not receive necessary health care.

Program Summary

The School-Based and School-Linked sites provide critical points of access to health care regardless of insurance status. SBHC's contribute to learning readiness through optimizing the learning environment by linking health and education for student success in school and life. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

The SBHC program operates 13 fully equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. This program assures access to care by providing service ties beyond regular school times, with multiple sites open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

In the Spring of 2014, the school linked clinic moved services to Centennial High School to continue to better serve our east county residents.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	% of patients with three or more visits with a risk assessment in the last year	42%	75%	52%	60%		
Outcome	% of patients with persistent asthma prescribed appropriate medications	90%	83%	86%	83%		
Quality	% of patients who would "strongly agree" to recommend to family and friends	70%	80%	70%	70%		

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$3,147,871	\$776,310	\$3,049,664	\$968,943
Contractual Services	\$14,272	\$431,011	\$11,599	\$25,375
Materials & Supplies	\$131,041	\$370,904	\$136,839	\$424,877
Internal Services	\$501,673	\$586,386	\$325,518	\$745,549
Capital Outlay	\$0	\$93,631	\$0	\$0
Total GF/non-GF	\$3,794,857	\$2,258,242	\$3,523,621	\$2,164,744
Program Total: \$6,053,099		3,099	\$5,68	8,365
Program FTE	26.66	8.13	26.66	9.51

Program Revenues					
Indirect for Dept. Admin	\$241,654	\$0	\$265,124	\$0	
Intergovernmental	\$0	\$1,284,835	\$0	\$982,556	
Other / Miscellaneous	\$0	\$0	\$0	\$159,140	
Service Charges	\$2,010,165	\$973,407	\$1,727,766	\$1,023,048	
Total Revenue	\$2,251,819	\$2,258,242	\$1,992,890	\$2,164,744	

Explanation of Revenues

SBHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients. Additionally Kaiser Permanente and SBHC's entered into an agreement to provide payment for the 500+ Medicaid and commercially insured Kaiser members seen in the SBHCs. This agreement has been under negotiation for years and represents one of the first of its kind for Kaiser Permanente.

Medical Fees: \$2,750,814; State SBHC grant: \$689,720; Federal Primary Care grant: \$212,835; Providence Outreach grant: \$159,140; State Family Planning grant: \$80,001

Significant Program Changes

Last Year this program was: 40024 School Based Health Centers

The SBHC program was awarded a \$500,000 HRSA grant in FY14, for capital expenditures for the renovation of a clinic inside Centennial High School. This renovation project will enable the SBHC to begin providing the first school-based health services in the Centennial area and East county. The project was completed in the spring of 2014, and it is expected to provide services to about 600 school-aged youth annually. The FY15 operating budget is similar to FY14, FY14 is higher because of the capital grant. In FY15, State funding was increased by an additional \$12,000 per year/per SBHC site.

A part-time Program Coordinator, Health Educator and a full-time Office Assistant were added to FY15.



Program #40025 - Adolescent Health Promotion

7/3/2014

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs: 40011, 40012

Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Health Program implements community-and school-based parent and youth education and teacher training for more than 5,000 participants, designed to address key health disparities among adolescents, including teen pregnancy, educational attainment, sexually transmitted infections, and other health concerns.

Program Summary

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinas, American Indians, and African Americans when compared to the county as a whole. A recent study of dropout rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state, with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates. Furthermore, STD rates are highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and gay youth. The Adolescent Health Program provides a core public health function by addressing serious disparities affecting the county's young people of color.

This program works to reduce teen pregnancy, delay the onset of sexual activity, and strengthen healthy relationship and sexuality skills of adolescents. Program components are responsive to community concerns, emphasize prevention, and use culturally specific, evidence based, population focused approaches. Program components include youth education and skill building, community services, and teacher training. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Educators also train youth in peer sexuality education. Sites include public and alternative high schools, SUN programs, public housing units, congregations, and other community sites. Community services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Teacher training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including co-teaching, training, and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of participants in educational sessions/training	5,664	4,000	5,690	5,000		
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	90%	80%		
Quality	% of participants utilizing skills to increase parent to vouth communication	75%	80%	80%	80%		

Performance Measures Descriptions

- 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills, of those participants who completed a full evaluation survey.
- 3) Quality: The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

NW Family Services' (NWFS) contract requires 3,600 youth served with 6-8 hours of healthy relationship curriculum each, primarily through High School settings. Latina Teen Pregnancy Prevention Grant requires 250 youth served with a 6 hours curriculum.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$230,525	\$341,655	\$265,181	\$381,336
Materials & Supplies	\$17,125	\$1,096	\$15,696	\$5,291
Internal Services	\$51,107	\$53,455	\$61,165	\$41,500
Total GF/non-GF	\$298,757	\$396,206	\$342,042	\$428,127
Program Total:	\$694,963		\$770	,169
Program FTE	2.25	3.15	2.72	3.53

Program Revenues						
Indirect for Dept. Admin	\$25,407	\$0	\$29,161	\$0		
Intergovernmental	\$0	\$396,206	\$0	\$428,126		
Total Revenue	\$25,407	\$396,206	\$29,161	\$428,126		

Explanation of Revenues

Fed/State Latina Teen Pregnancy Prevention grant: \$89,126 State My Future-My Choice curriculum grant: \$30,000

Northwest Family Services grant: \$309,000

Significant Program Changes

Last Year this program was: 40025 Adolescent Health Promotion



Program #40026 - La Clinica de Buena Salud

7/3/2014

Department: Health Department **Program Contact:** Dawn Shatzel

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

Related Programs:

Program Characteristics:

Executive Summary

La Clinica de Buena Salud (The Clinic of Good Health), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care and vital services to a population that otherwise may not have access to medical care. The clinic provides more than 6,800 visits a year.

Program Summary

La Clinica provides culturally appropriate, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Eighty percent are at or below 100% Federal Poverty Level (FLP). La Clinica health and social services team includes: primary, preventive and urgent health care behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. This program supports many of the basic living needs priorities. Of those receiving health services, 32% have no insurance. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of annual client visits	6,649	6,863	7,137	7.262		
Outcome	% of children who are up to date on immunizations at 24 months of age	88%	85%	92%	85%		
Efficiency	Number of days for a new patient appointment	6	7	5	7		
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	56%	75%	62%	70%		

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$632,504	\$617,472	\$769,721	\$596,227
Contractual Services	\$6,711	\$17,048	\$100	\$25,863
Materials & Supplies	\$4,648	\$77,748	\$14,871	\$58,176
Internal Services	\$107,065	\$355,318	\$106,173	\$437,767
Total GF/non-GF	\$750,928	\$1,067,586	\$890,865	\$1,118,033
Program Total:	\$1,818,514		\$2,00	8,898
Program FTE	4.40	6.80	4.50	6.90

Program Revenues					
Indirect for Dept. Admin	\$113,751	\$0	\$135,502	\$0	
Intergovernmental	\$0	\$561,967	\$0	\$650,073	
Service Charges	\$706,280	\$505,619	\$871,386	\$467,960	
Total Revenue	\$820,031	\$1,067,586	\$1,006,888	\$1,118,033	

Explanation of Revenues

La Clinica de Buena Salud is supported by a Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$1,339,346

Federal Primary Care/Homeless grant: \$600,043

State Family Planning grant: \$27,748; State Maternal & Child Health grant: \$22,282

Significant Program Changes

Last Year this program was: 40026 La Clinica de Buena Salud

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40027 - Southeast Health Clinic

7/3/2014

Department: Health Department **Program Contact:** Deborah Curley

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

Related Programs:

Program Characteristics:

Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or under-insured and otherwise might not have access to healthcare. Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. The clinic provides more than 10,000 visits a year.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (34th/Powell). Dental services are provided at this site. The clinic provides comprehensive, culturally appropriate primary care services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a medical home for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of annual client visits	1,931	11,000	10,092	13,268		
Outcome	% of children who are up to date on immunizations at 24 months of age	23%	n/a	35%	85%		
Efficiency	Number of days for a new patient appointment	n/a	6	6	7		
Quality	% of patients who would "strongly agree" to recommend the clinic to friends / family	n/a	70%	70%	70%		

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends (new clinic so no previous info)

SEHC primary care complies with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SEHC primary care meets all Federally Qualified Health Center (FQHC) designated requirements, such as provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,016,963	\$1,086,730	\$967,905	\$1,330,273
Contractual Services	\$3,200	\$390,657	\$0	\$380,417
Materials & Supplies	\$4,860	\$127,471	\$21,514	\$108,904
Internal Services	\$293,708	\$414,988	\$141,010	\$785,051
Total GF/non-GF	\$1,318,731	\$2,019,846	\$1,130,429	\$2,604,645
Program Total:	\$3,338,577		\$3,73	5,074
Program FTE	13.20	7.90	12.00	8.20

Program Revenues				
Indirect for Dept. Admin	\$201,276	\$0	\$253,051	\$0
Intergovernmental	\$0	\$1,051,900	\$0	\$1,728,742
Other / Miscellaneous	\$0	\$50,000	\$0	\$0
Service Charges	\$1,118,915	\$917,946	\$1,110,609	\$875,903
Total Revenue	\$1,320,191	\$2,019,846	\$1,363,660	\$2,604,645

Explanation of Revenues

Southeast Health Clinic is supported by federal BPHC grant, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep the Primary Care grant and to serve uninsured patients.

Medical Fees: \$1,986,512

Federal Primary Care/Homeless grant: \$1,645,800

State Family Planning grant: \$46,002

State Maternal & Child Health grant: \$36,940

Significant Program Changes

Last Year this program was: 40027 Southeast Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40029 - Rockwood Community Health Clinic

7/3/2014

Department: Health Department **Program Contact:** Dawn Shatzel

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

Related Programs:

Program Characteristics:

Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community. Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care. The clinic provides more than 20,000 visits per year.

Program Summary

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of annual client visits	17,007	20,260	17.460	19,711	
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	66%	85%	68%	85%	
Quality	% "strongly agree" they would recommend this clinic to friends and family	67%	70%	68%	70%	
Efficiency	Number of days for a new patient appointment	7	7	7	7	

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,800,686	\$1,590,250	\$2,066,860	\$1,280,979
Contractual Services	\$57,971	\$600	\$600	\$95,956
Materials & Supplies	\$20,397	\$165,412	\$23,347	\$195,359
Internal Services	\$173,706	\$813,029	\$238,714	\$851,784
Total GF/non-GF	\$2,052,760	\$2,569,291	\$2,329,521	\$2,424,078
Program Total:	\$4,622,051		\$4,75	3,599
Program FTE	21.00	9.20	23.00	7.00

Program Revenues					
Indirect for Dept. Admin	\$292,454	\$0	\$321,499	\$0	
Intergovernmental	\$0	\$952,323	\$0	\$777,818	
Service Charges	\$1,991,323	\$1,616,968	\$2,296,087	\$1,646,260	
Total Revenue	\$2,283,777	\$2,569,291	\$2,617,586	\$2,424,078	

Explanation of Revenues

Rockwood Community Health Center is supported by Federal BPHC grant, State Family Planning grant, State funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,942,347

Federal Primary Care grant: \$671,567 State Family Planning grant: \$58,930 State Maternal & Child Health grant: \$47,321

Significant Program Changes

Last Year this program was: 40029 Rockwood Community Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.



Program #40030 - Medical Directors (Physician, Nurse Practitioner and Nursing)

7/3/2014

Department: Health Department Program Contact: Vanetta Abdellatif

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective, and based on proven best practices.

Program Summary

Medical services:

- 1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
- 2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
- 3. Sets and monitors provider and nursing productivity goals.
- 4. Investigates and remedies untoward clinical incidents and errors.
- 5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
- 6. Ensures that administrative practices are consistent with quality patient care.

Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	80% (or more) of providers are mtg their visit target minimum productivity goals.	70	75	75	75	
Outcome		0	0	0	0	
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%	

Performance Measures Descriptions

1) 80% (or more) of providers are meeting their current productivity (visit target) goals. By recruiting and retaining providers as well as providing leadership and support to existing providers, they will increase access to needed care by achieving team based productivity (visit target) goals. Although the goal remains at 80% we are proposing the 75% because we anticipate adding a few new providers who require some experience and additional training to reach the benchmark goal.

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, CareOregon contract and Central City Concern contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,275,526	\$100,638	\$1,612,167	\$96,219
Contractual Services	\$2,000	\$0	\$18,069	\$0
Materials & Supplies	\$64,482	\$7,674	\$70,299	\$7,780
Internal Services	\$86,958	\$9,920	\$100,425	\$10,212
Total GF/non-GF	\$1,428,966	\$118,232	\$1,800,960	\$114,211
Program Total:	\$1,547,198		\$1,915,171	
Program FTE	8.90	0.10	8.10	0.10

Program Revenues				
Indirect for Dept. Admin	\$7,581	\$0	\$7,779	\$0
Intergovernmental	\$0	\$118,232	\$0	\$114,211
Total Revenue	\$7,581	\$118,232	\$7,779	\$114,211

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. Additionally the Department has been awarded a small grant by the Kaiser Foundation to participate in a research project for cardiovascular disease risk factors among diabetic patients in federally qualified health centers.

Kaiser Foundation: \$87,211

OCHIN: \$27,000

Significant Program Changes

Last Year this program was: 40030 Medical Directors (Physician, Nurse Practiti

The negotiated COLA for all Physicians is budgeted here. A Nurse Consultant position was eliminated as a cost saving measure.



Program #40031 - Pharmacy

7/3/2014

Department: Health Department Program Contact: Carol Richmond

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

Related Programs:

Program Characteristics:

Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy fills approximately 342,000 prescriptions per year.

Program Summary

Pharmacy Services utilizes various contracts to procure medication for dispensing to Health Department clients. Medications are dispensed to uninsured clients including high numbers of mentally ill; clients of public health programs such as the Sexually Transmitted Disease Prevention and the Tuberculosis Clinics; as well as youth in School Based Health Clinics. The program bills third parties, assists clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultations and patient education regarding medications. Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Uninsured; public health programs (TB, STD, CD); and School Based Health clients comprise close to 40% of the total work of the program. Clinical pharmacists have been added to cover 7 primary care sites, they work closely with clinical teams in improving both patient adherence with medication regimens, and clients comprehension of their medical condition and treatment.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Prescriptions Filled	306,281	350,000	342,000	350,000	
Outcome	Average prescription cost	39	38	36	39	
Quality	Clinical Pharmacy Services	7%	20%	20%	20%	

Performance Measures Descriptions

The prescription volume reflects staffing needs, materials and supplies, expenditures and revenue. The average prescription cost reflects prescription volume, expenditures, staffing, materials and supplies but not revenue. Quality: Clinical Pharmacy Services represents # of sites where clinical pharmacy services were offered

Various grants require the provision of pharmacy services. State mandated public health services are provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$6,706,589	\$0	\$6,740,384
Contractual Services	\$0	\$194,600	\$0	\$198,200
Materials & Supplies	\$0	\$6,130,600	\$0	\$5,189,466
Internal Services	\$0	\$1,685,211	\$0	\$1,774,690
Total GF/non-GF	\$0	\$14,717,000	\$0	\$13,902,740
Program Total:	\$14,717,000		\$13,902,740	
Program FTE	0.00	54.25	0.00	54.05

Program Revenues					
Indirect for Dept. Admin	\$943,299	\$0	\$946,936	\$0	
Other / Miscellaneous	\$0	\$12,000	\$0	\$0	
Service Charges	\$0	\$14,705,000	\$0	\$13,902,740	
Total Revenue	\$943,299	\$14,717,000	\$946,936	\$13,902,740	

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees and revenue from pharmacy patient assistance programs.

Prescription Fees: \$13,455,718 Patient Fees: \$409,154

Patient Assistance Programs: \$37,868

Significant Program Changes

Last Year this program was: 40031 Pharmacy

This program offer includes conversion of two pharmacy technician positions into a operations supervisor. This will enable distribution of personnel oversight more evenly through management positions in pharmacy administration, and improved training opportunities and ongoing evaluation of staff. This position will be responsible for assisting the pharmacy director to ensure regulatory compliance with the various federal and state program mandates.



Program #40032A - Lab and Medical Records

7/3/2014

Department: Health Department Program Contact: Carol Richmond

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Lab, and Health Information Management provide essential clinical support to health delivery and emergency preparedness programs in the Health Department. These programs support the delivery of care to clients of Health Department services (including Primary Care, School Based Health Clinics, Disease Prevention Clinics, Dental and Corrections Health.) The lab handles approximately 234,000 specimens per year. Medical Records fulfills 13,000 medical records request per year.

Program Summary

Laboratory:

Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and other emergencies and the surveillance of emerging infections. The laboratory assists in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities.

Health Information Management:

Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of records requests completed	12,450	12,000	13,000	13,000			
Outcome	Number of labratory specimens handled	235,000	260,000	234,000	240,000			
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95			

Performance Measures Descriptions

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory services. The EMR and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,636,564	\$0	\$2,720,564	\$0
Contractual Services	\$7,815	\$0	\$7,950	\$0
Materials & Supplies	\$63,279	\$0	\$85,878	\$0
Internal Services	\$395,215	\$0	\$449,556	\$0
Total GF/non-GF	\$3,102,873	\$0	\$3,263,948	\$0
Program Total:	\$3,102,873		\$3,26	3,948
Program FTE	25.70	0.00	26.90	0.00

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

Explanation of Revenues

Revenue for laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department, as well as to deliver mandated public health services.

Significant Program Changes

Last Year this program was: 40032 Lab and Medical Records

There are no anticipated changes to this program for FY15.



Program #40032B - Medical Coding ICD 10 Training

7/3/2014

Department: Health Department Program Contact: Yvonne Myette

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs: 40019, 40020, 40022, 40023, 40024, 40026, 40027, 40029, 40041

Program Characteristics: One-Time-Only Request

Executive Summary

The United States Department of Health and Human Services (HHS) has mandated that all U.S. health care organizations will start using the ICD-10-CM diagnosis code set for billing medical services on or after October 1, 2014.

Program Summary

ICD-10 will affect diagnosis coding for everyone covered by HIPAA, not just those who submit Medicare and Medicaid claims. Health care providers, payers, clearinghouses and billing services must be prepared to switch to ICD-10. Claims without ICD-10 codes for services provided on or after the effective date cannot be paid. Making the transition to ICD-10 is not optional. The proposed budget will be used to support the activities that are required of the Health Department as we make this mandatory transition. This includes the cost of purchasing a training program from a vendor, training software, new coding books, and the cost of re-designing and re-printing paper forms.

This impacts all areas of the Health Department, including clinical, operations, business services, and reporting. The revenue cycle is at serious risk of disruption, and we must ensure that the changes in our electronic systems do not impact patient care or disrupt clinicians and staff.

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of staff trained in ICD-10 billing	n/a	n/a	n/a	630		
Outcome		0	0	0	0		

Performance Measures Descriptions

Mandated change by Centers for Medicare and Medicaid Services (CMS)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$9,412	\$0
Contractual Services	\$0	\$0	\$161,200	\$0
Materials & Supplies	\$0	\$0	\$23,500	\$0
Total GF/non-GF	\$0	\$0	\$194,112	\$0
Program Total:	\$0		\$194	l,112
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:



Program #40033 - Primary Care and Dental Access and Referral

7/3/2014

Department: Health Department **Program Contact:** Christy Ward

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Primary Care and Dental Access and Referral (PCARD) Program is the gateway for more than 20,000 new patients assigned to Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for 1,300 established uninsured patients referred into community specialty care. MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental and social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community.

Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and those who have limited English proficiency, receive culturally competent interpretation.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	# of new patients who receive appointments	19,000	20,114	20,160	20,000		
Outcome	# of uninsured patients who receive specialty care	1,000	1,336	960	1,000		

Performance Measures Descriptions

Output: Number of new patients who receive a new patient appointment (medical and dental).

Outcome: Number of uninsured patients who receive specialty care referrals, this measures the success of efforts to connect uninsured clients to community charity care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$769,096	\$153,810	\$588,124	\$240,629
Contractual Services	\$88,400	\$0	\$88,400	\$0
Materials & Supplies	\$1,795	\$22,407	\$19,296	\$674
Internal Services	\$47,452	\$88,783	\$139,326	\$23,697
Total GF/non-GF	\$906,743	\$265,000	\$835,146	\$265,000
Program Total:	\$1,171,743		\$1,10	0,146
Program FTE	9.50	1.00	7.60	2.00

Program Revenues					
Indirect for Dept. Admin	\$16,993	\$0	\$18,050	\$0	
Intergovernmental	\$0	\$265,000	\$0	\$265,000	
Total Revenue	\$16,993	\$265,000	\$18,050	\$265,000	

Explanation of Revenues

Primary Care and Dental Access and Referral is funded with county general fund and is also supported with revenue from the Bureau of Primary Health Care.

Federal Primary Care grant: \$265,000

Significant Program Changes

Last Year this program was: 40033 Primary Care and Dental Access and Referral



Program #40034 - Quality Assurance

7/3/2014

Department: Health Department Program Contact: Vanetta Abdellatif

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to healthcare standards and regulations.

Program Summary

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external bench-marking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

This program supports Patient Centered Primary Care Health Home programs and represents an opportunity for new healthcare funding based on performance and outcomes. These programs, implemented to meet goals of the State of Oregon's 1115 Medicaid Demonstration Accountability Plan and local Coordinated Care Organizations Pay-for-Performance, may have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with designing, testing, and implementing the wide array of system improvements needed to meet these new benchmarks.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output		0	0	0	0			
Outcome	Maintain compliance with Joint Commission standards	100%	100%	100%	100%			
Outcome	BPHC grant renewed annually	100%	100%	100%	100%			

Performance Measures Descriptions

- 1. Outcome: Good standing as a fully accredited organization under the Joint Commission's standards for health organizations. (Unannounced surveys by JCAHO every 3 yrs.
- 2. Outcome: Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,740,968	\$9,979	\$1,760,300	\$785,757
Contractual Services	\$1,082,286	\$0	\$102,000	\$24,500
Materials & Supplies	\$213,837	\$1,014	\$42,261	\$187,489
Internal Services	\$586,267	\$1,007	\$288,946	\$245,247
Total GF/non-GF	\$4,623,358	\$12,000	\$2,193,507	\$1,242,993
Program Total:	\$4,635,358		\$3,43	6,499
Program FTE	25.71	0.09	15.50	7.10

Program Revenues				
Indirect for Dept. Admin	\$227,276	\$0	\$186,829	\$0
Intergovernmental	\$1,042,056	\$0	\$0	\$1,230,993
Other / Miscellaneous	\$1,460,523	\$12,000	\$1,500,000	\$12,000
Financing Sources	\$1,029,600	\$0	\$0	\$0
Total Revenue	\$3,759,455	\$12,000	\$1,686,829	\$1,242,993

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with County General Fund and HRSA grant revenue. In past years this program received funding through the State's Patient Centered Medical Home and CareOregon's Primary Care Renewal Innovation funding. Program leadership are working with CCO's to support quality payments that can support this program long-term.

Primary Care Renewal / Primary Care Quality incentives (in the General Fund: \$1,500,000

Federal Primary Care grant: \$1,230,993 Volunteers of America grant: \$12,000

Significant Program Changes

Last Year this program was: 40034A Quality Assurance

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. During this transition to more performance based care, it will be important to provide quality and IT support to provide evidence of quality improvement and other metrics. In FY14, \$1m in Patient Centered Primary Care Health Home funds were budgeted here. This quality incentive program ended in September 2013 leaving less funding for these activities. In addition general fund was moved from this program to the Primary care clinics. As a result, several Community Health Specialists, Program Specialists and a Project Manager working on various quality improvement projects were cut from the FY15 budget.



Program #40035 - Health Assessment, Planning and Evaluation

Program Contact: Consuelo Saragoza 7/3/2014

Health Department Department:

Program Offer Type: Program Offer Stage: As Adopted Support

Related Programs:

Program Characteristics:

Executive Summary

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, and program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, procures grant funds, and develops and evaluates evidence-based programs. HAE provided data for 200 reports and inquiries. The grants team wrote 43 proposals last year.

Program Summary

Health Planning and Evaluation provides support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis and evaluation support for program planning and quality improvement efforts across the Health Department, reports on the health status of Multnomah County residents, and provides data support for Grant Development efforts. HAE support county-wide efforts to improve health outcomes for all communities through monitoring health status indicators, disseminating reports, documenting community health status and health inequities, and conducting health impact assessments. PDES conducts applied research projects and provides program evaluation/analytical support to county and state programs to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing and grant management. Over 24 million was procured to address health issues in FY 12-13 from foundations, state and federal grants and contracts.

Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include: Future Generations Collaborative Gathering of Native Americans, Obesity/Overweight and Substance Abuse prevention, Multnomah Jail Diversion Partnership. Other projects include a project that bridges economic development, criminal justice, and public health systems to improve the health and success in community reintegration among women in prison, a study on how anti-bullying legislation in Oregon affects school district-level adoption of policies, and an assessment of how those policies influence bullying behaviors among students. Grant Development has secured program funds to support early childhood, clinical services, adolescent health, and public health infrastructure. Health Planning and evaluation programs identify health priorities and direct resources toward improving the health of the community. HAE's health assessment activities shape Health Department program planning, as well as inform community partners and policy makers about the community's most pressing and emerging needs.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of requests for data analysis (1)	284	250	200	200	
Outcome	Number of grant proposals written (2)	52	43	43	43	
Outcome	Dollar amount (in millions) of grants funded	\$25	\$24	\$24	\$24	
Output	Number of reports and presentations disseminated	52	45	45	45	

Performance Measures Descriptions

- 1) Includes HAE planned projects and ad hoc requests.
- 2) Includes Grant Development and PDES proposals.

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant and contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,430,340	\$1,322,721	\$1,316,120	\$1,263,884
Contractual Services	\$5,455	\$484,247	\$10,000	\$526,207
Materials & Supplies	\$44,107	\$113,783	\$29,816	\$64,636
Internal Services	\$165,988	\$162,703	\$159,803	\$182,133
Total GF/non-GF	\$1,645,890	\$2,083,454	\$1,515,739	\$2,036,860
Program Total:	\$3,729,344		\$3,55	2,599
Program FTE	12.15	9.60	10.90	8.34

Program Revenues					
Indirect for Dept. Admin	\$120,501	\$0	\$138,732	\$0	
Intergovernmental	\$0	\$1,606,256	\$0	\$1,575,954	
Other / Miscellaneous	\$0	\$477,198	\$0	\$460,905	
Total Revenue	\$120,501	\$2,083,454	\$138,732	\$2,036,859	

Explanation of Revenues

Health Assessment, Planning and Evaluation is funded by county general fund and grants through the State Local Public Health Agency award and from other jurisdictions and organizations for evaluation and educational services provided by the Program Design and Evaluation Services (PDES) unit.

Alaska & Washington State evaluation contracts: \$783,108

State Local Public Health Agency grant: \$757,436

4 County Needs Assessment \$339,315 DHS-OMHS-Disparity Report: \$157,000

Significant Program Changes

Last Year this program was: 40035A Health Assessment, Planning and Evaluation



Program #40036 - Community Health Council and Civic Governance

7/3/2014

Department: Health Department **Program Contact:** Kimie Ueoka

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Community Health Council (CHC) is a federally mandated consumer-majority planning body that facilitates community involvement in quality assurance, public policy advocacy, and management accountability for the Health Department's Integrated Clinical Services and also serves in an advisory capacity to Health Department programs and leadership. CHC also provides oversite for the 15 Coalition of Community Health Clinics (CCHC) that have a pivotal role in serving individuals who are under or uninsured in Multnomah County.

Program Summary

The Community Health Council must have no less than a 51% consumer – majority membership to ensure that health center users have a voice in the decision making process. The County extends workers compensation insurance along with other benefits to the 15 Coalition of Community Health Clinics' (CCHC) volunteers. The CHC screens volunteer health care professionals for the CCHC.

The CHC offers an entry point for residents to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's clinical services. Participation on the Council allows them to better understand and influence how the County system works. The Council is currently comprised of 18 members and is a fair representation of the communities served by Department clinical services.

The 15 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people.

Through effective partnerships, the County has leveraged millions of dollars in local, state, and federal revenue, increasing access to services for vulnerable populations through funding of the Community Health Council and the Coalition of Community Health Clinics. The County's contract for volunteer indemnification provided an additional \$1,532,566 value in volunteer time with an estimated 60,356 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of volunteer hours	60,356	55,000	55,000	55,000			
Outcome	Percentage of consumers involved	71%	64%	65%	60%			

Performance Measures Descriptions

of volunteer hours includes licensed health care volunteer at the 15 Coalition Clinics who utilize the County's indemnification program as well as Community Health Council volunteers. Percentage of consumers involved includes patient advisory boards represented through the CCHC and consumers represented on the CHC.

The CHC is federally mandated by the Bureau of Primary Health Care. The CHC's role as the Citizen Budget Advisory Committee is mandated by the County Charter.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$110,865	\$0	\$115,185	\$0
Contractual Services	\$107,447	\$0	\$108,012	\$0
Materials & Supplies	\$8,730	\$0	\$9,315	\$0
Internal Services	\$16,479	\$0	\$18,593	\$0
Total GF/non-GF	\$243,521	\$0	\$251,104	\$0
Program Total:	\$243,521		\$251	,104
Program FTE	1.30	0.00	1.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40036 Community Health Council and Civic Governanc



Program #40037 - Environmental Health Education, Outreach and Housing

7/3/2014

Department:Health DepartmentProgram Contact:Jade Dodge

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

Related Programs: 40007, 40008A, 40015

Program Characteristics:

Executive Summary

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors, including tobacco exposure. This program focuses on vulnerable/ill families living in substandard housing to reduce: asthma triggers, exposure to household mold, toxins, vectors and lead paint through home assessments and housing inspections. Strategies include education, advocacy, policy analysis, and organizing to build community capacity.

Program Summary

The program addresses health inequities through chronic disease prevention (asthma, tobacco-use, cancer) by improving the health and livability of the home and addressing environmentally related health concerns.

Healthy Home Priorities: 1) Provide home-based environmental and medical assessment/interventions for high-risk asthmatic children, 2) Consult with medical providers, 3) Partner with landlords and tenants, 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home, 5) Address substandard housing complaints in unincorporated areas, and 6) provide environmental assessments for sick children and improve housing conditions.

Housing Education Priorities: 1) Conduct community-based training related to mold, indoor air quality, bed bugs, hazards, toxins, and safety, 2) Integrate environmental health risk reduction with other MCHD initiatives. The Healthy Homes asthma intervention has shown improvements in asthma control, reduced emergency department visits and improved quality of life. Tobacco Prevention Priorities: Enforces the Indoor Clean Air Act, provides technical assistance and outreach in public settings.

Environmental Health Education: 1) Conduct education and outreach related to global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment, 2) Provide environmental health education related to housing, diseases transmitted from animals to humans, food borne illness, and emerging environmental health issues. Environmental Health Policy Analysis: 1) Coordinate implementation of the Climate Action Plan actions, 2) Participate in the Climate Action Plan revision steering committee, 3) Integrate environmental health risk reduction with other County-wide initiatives:

Environmental Health Advocacy: 1) Identify health disparities and environmental justice issues; 2) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies – labeling of genetically modified foods, pesticides on produce, and adopting a Safe Cosmetics Act.

Focus areas include health impacts of global climate change, toxin exposure, indoor air quality, bedbugs, and the built environment.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	# of families receiving an environmental home inspection from any of the HH programs*	132	90	138	180	
Outcome	Emergency Dept & hospitalization costs averted**	\$124,721	\$311,677	\$477,905	\$623,354	
Output	Recommendations/policies adopted or influenced related to Environmental Health issues.	14	12	12	12	

Performance Measures Descriptions

^{*}Increased visits result from reallocated staff to Healthy Homes and improved efficiency.

^{**}These savings were calculated in the Healthy Homes Program Summary from client data obtained and are based on number of ER visits prevented X cost/visit and estimated number of hospitalizations prevented X cost of stay.

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes
Demonstration Grant # ORRLHH029-09, the DMAP Healthy Homes State Health Plan Amendment, and the EPA grant.
Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances.
Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$322,248	\$667,719	\$207,218	\$769,529
Contractual Services	\$53,260	\$90,326	\$117,069	\$244,980
Materials & Supplies	\$26,398	\$15,727	\$22,186	\$10,588
Internal Services	\$97,713	\$103,776	\$118,382	\$144,677
Total GF/non-GF	\$499,619	\$877,548	\$464,855	\$1,169,774
Program Total:	\$1,377,167		\$1,63	4,629
Program FTE	3.07	6.25	2.05	7.30

Program Revenues					
Indirect for Dept. Admin	\$54,781	\$0	\$79,674	\$0	
Intergovernmental	\$0	\$501,228	\$0	\$358,964	
Service Charges	\$0	\$376,320	\$0	\$810,810	
Total Revenue	\$54,781	\$877,548	\$79,674	\$1,169,774	

Explanation of Revenues

Environmental Health Education, Outreach and Housing is funded by:

Medicaid medical fees: \$810,810

State Local Public Health Authority tobacco prevention grant: \$346,204

EPA Healthy Schools grant: \$12,760

Significant Program Changes

Last Year this program was: 40037 Environmental Health Education, Outreach and

The 3 year Healthy Homes HUD demonstration grant ended in FY14. The Tobacco Prevention Enforcement Program activities and plan transitioned from 40047 Public Health Community Initiatives into the Healthy Homes and Families programs in June 2013, and have been incorporated into this year's program offer.



Program #40038 - Health Promotion and Community Capacity Building

7/3/2014

Department: Health Department Program Contact: Noelle Wiggins

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs: 40045

Program Characteristics:

Executive Summary

A key role of public agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. Activities include training Community Health Workers (CHWs), preventing youth violence, teaching empowering health promotion approaches, conducting community-based participatory research (CBPR), and coordinating the Health Promotion Change Process. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

Program Summary

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing Oregon Health Authority-approved training for Community Health Workers (CHWs); 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) and evaluation projects that increase power and improve health in communities most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process.

Since March of 2013, the CCC has trained 94 of the 300 CHWs called for in Oregon's Medicaid waiver and is on track to train 150 by March of 2014. We were the first organization statewide to receive OHA approval of our CHW training curriculum. We partnered with the Defending Childhood Initiative of DCHS to train 88 CHWs about children's exposure to violence. Additionally, we participated on the OHA's Traditional Health Worker Steering Committee, received funding to develop a competency assessment for CHWs, partnered with PSU to found the Oregon CHW Research and Education Consortium, partnered with the Oregon CHW Association to lead a CHW Pilot Project funded by Kaiser Permanente, and partnered with the Cradle to Career Project to develop a Community Education Worker project.

Our Youth Violence Prevention Partnership continued to bring together youth and law enforcement at 5 community sites to jointly address the underlying causes of violence affecting young people. Staff and community partners in our CDC-funded STRYVE (Striving to Reduce Youth Violence Everywhere) project completed development of a comprehensive plan to prevent and reduce youth violence, began implementation of 2 evidence-based strategies in 4 community sites, and partnered with the City of Portland on the Black Male Initiative. During 2012-13, the HP Change Process: 1) continued to strengthen skills, build capacity and provide mutual support through monthly meetings; 2) Developed a training, "Turning Ideas into Action," with staff from the Health Equity Initiative; and 3) Partnered with the Training Unit to provide empowering health promotion training to new employees.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of participants in training classes	823	1,750	2,000	2,000		
Outcome	% of participants in training courses who report increased ability to promote health	94%	92%	96%	95%		
Outcome	% of participants who report increased understanding of the relationship between inequality and health	90%	N/A	94%	93%		
Output	Number of youth engaged in violence prevention evidence-based strategies and awareness building	N/A	N/A	500	500		

Performance Measures Descriptions

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2 & 3) Percentage of participants in training courses who report increased ability to promote health and increased understanding of the relationship between inequality and health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score.

CDC standards for local public health agencies will soon make health promotion a mandatory service. New regulations require that Community Health Workers participate in an approved 80-hour training curriculum in order to be included in a state registry. CHWs' inclusion in the state registry qualifies their employers for Medicaid reimbursement for CHW services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$653,426	\$242,611	\$564,753	\$242,853
Contractual Services	\$0	\$750	\$0	\$0
Materials & Supplies	\$221	\$31,684	\$17,213	\$26,401
Internal Services	\$0	\$134,470	\$90,783	\$60,746
Total GF/non-GF	\$653,647	\$409,515	\$672,749	\$330,000
Program Total:	\$1,063,162		\$1,00	2,749
Program FTE	6.24	2.56	5.62	1.94

Program Revenues				
Indirect for Dept. Admin	\$26,261	\$0	\$22,477	\$0
Intergovernmental	\$0	\$306,337	\$0	\$320,000
Other / Miscellaneous	\$0	\$103,178	\$0	\$10,000
Service Charges	\$0	\$0	\$10,000	\$0
Total Revenue	\$26,261	\$409,515	\$32,477	\$330,000

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers and conducting research and evaluation.

Federal STRYVE grant: \$275,000

Defending Childhood Initiative grants: \$40,000 Community Health Worker Training contracts: \$15,000

Significant Program Changes

Last Year this program was: 40038 Health Promotion and Community Capacity Buil

Funding from the Defending Childhood Initiative allowed us to hire 2 FTE Community Health Workers to assist with facilitation of the STRYVE Coalition, present at conferences, and lead facilitators of the Youth Empowerment Strategies (YES) curriculum. More than \$200k in revenue for CHW training, research and evaluation projects is on the horizon but was not fully committed by the time the budget was submitted. Those agreements will come to the Board in early FY2015 as budget modifications.



Program #40039 - Business Operations- Human Resources and Training

7/3/2014

Department: Health Department Program Contact: Kathleen Fuller-Poe

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Business and Quality Services - Workforce Development Human Resources and Training Unit provides guidance and consultation in administrative procedures, recruitment, employee/labor management relations, core management competencies, personnel policies and labor contract interpretation, web design, training facilitation, legislative review and legal compliance. Objectives are achieved through (a) applying business best practices, (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance.

Program Summary

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) Organizational Effectiveness: Provides staff and organization development opportunities that support high performance, nurse development, Facilitative Leadership, change management, and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination, and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) Public Health Competence: Assess, identify and provide training resources to employees to strengthen performance in the delivery of the 10 Essential Services of Public Health with attention paid to continuous learning, quality improvement and cultural competence, also achieved via the Cultural Competency Policy Framework.
- 3) Human Resources: Ensures Human Resources' systems are implemented and consistently followed to guide and direct all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with County Personnel Rules, department guidelines and labor contracts, and to reduce liability and costs of unlawful employment practices.

Performance Measures below: All new measures for FY15. In FY14, we met our goal of training most management staff in the the performance management process that included Public Health competencies. In FY15, Human Resources and Workforce Development will continue to be greatly involved in three of the four policies within the Cultural Competence Policy Framework.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	# of annual objectives developed to support the Cultural Competence and Diversity framework	0	0	9	9			
Outcome	% of Divisions with updated Succession Plans	0	0	10%	20%			
Output	# of communications & dashboard metrics disseminated	0	0	20	20			

Performance Measures Descriptions

Continued...Our work will be supported by the Health Workforce Development and Training Plan, and Strategic Plans from Health Human Resources, the Health Department, and the County.

Three collective bargaining agreements; federal, state, county and department regulations covering compensation, disciplinary action, vacation and work schedules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,105,622	\$0	\$2,232,866	\$0
Contractual Services	\$96,076	\$0	\$54,850	\$10,750
Materials & Supplies	\$42,889	\$0	\$56,782	\$633
Internal Services	\$239,482	\$0	\$285,865	\$1,117
Total GF/non-GF	\$2,484,069	\$0	\$2,630,363	\$12,500
Program Total:	\$2,484,069		\$2,64	2,863
Program FTE	18.33	0.00	19.05	0.00

Program Revenues					
Indirect for Dept. Admin	\$0	\$0	\$851	\$0	
Intergovernmental	\$0	\$0	\$0	\$12,500	
Total Revenue	\$0	\$0	\$851	\$12,500	

Explanation of Revenues

Business Operations - Human Resources and Training is funded by county general fund, and a \$12,500 grant from the Oregon Health Authority.

Significant Program Changes

Last Year this program was: 40039 Business and Quality - Human Resources and T

Health Transformation project manager formerly in the Department of County Human Services is budgeted here. Also a part-time communications position from 40047 Public Health and Community Initiatives was moved into the Workforce Development area.



Program #40040 - Business Operations - Financial Services and Operations

7/3/2014

Department: Health Department **Program Contact:** Wendy Lear

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Business and Quality Services - Financial Services and Operations is responsible for providing all grant accounting, budget development and monitoring, accounts payable, contracts and purchasing services and support for the Health Department. They are liaisons for the Department with County Business Services, coordinating the provision of services such as Information Technology, Facilities and Fleet Services.

Program Summary

This group manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department's financial reports and develops and maintains the Department's budget. The Contracts Team advises, prepares and processes all contracts, intergovernmental agreements and professional service agreements for the Department. Accounts Payable, purchasing and travel and training services are also provided.

This group also includes the Facility and Safety Manager who acts as the Safety Coordinator and is responsible for managing compliance with federal, state and county safety regulations. This position is liaison to Facilities and Property Management, FREDS and works closely with the County's Health, Safety and Risk Management Division.

Operational IT support reports to Business Services. This team support the Health Department in meeting its IT Strategic plan, upgrading and maintaining its IT infrastructure in collaboration with County IT.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Percent of contracts executed by start of contract	98%	98%	97%	98%			
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	16 days	10 days	17 days	10 days			
Quality	Number of audit findings in County's annual financial audit.	no findings	no findings	no findings	no findings			

Performance Measures Descriptions

Outcome Measure #2 "Avg days between receipt of revenue and recording..." was previously "Percentage of revenue invoices recorded within 10 business days." County administrative procedure FIN-19 requires that revenue is posted no later than 10 days after the accounting period closes. This measure has been changed to report average days rather than % of revenue, which is easier to benchmark against the FIN-19 requirement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,978,512	\$0	\$3,294,604	\$0
Contractual Services	\$33,000	\$0	\$50,893	\$0
Materials & Supplies	\$65,269	\$0	\$68,110	\$0
Internal Services	\$509,676	\$0	\$688,136	\$0
Total GF/non-GF	\$3,586,457	\$0	\$4,101,743	\$0
Program Total:	\$3,586,457		\$4,10	1,743
Program FTE	31.10	0.00	30.30	0.00

Program Revenues				
Other / Miscellaneous	\$6,411,374	\$0	\$6,845,018	\$0
Total Revenue	\$6,411,374	\$0	\$6,845,018	\$0

Explanation of Revenues

The general fund revenue in this program offer, \$6,845,018 is the amount of department indirect that is charged to federal/state revenue sources.

Significant Program Changes

Last Year this program was: 40040A Business and Quality - Financial Services a

The vacant space charges for the East County teen clinic (moving to Centennial) was placed in Business Services to avoid artificially inflating the cost of the School Based Health Center program. We are working with other County programs to find another tenant for that space.

The size of Business Services has grown over the last few years as new responsibilities are added or moved from other areas. For example, staff and facility costs for the vaccine depot moved from Central Stores to the McCoy Building. We will review and restructure this program offer into several smaller program offers in future years.



Program #40041 - Business Operations - Medical Billing

7/3/2014

Department: Health Department **Program Contact:** Wendy Lear

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Business Operations - Medical Billing Unit is responsible for providing medical billings and cash collection services for the Health Department.

Program Summary

Provides claims processing services and cash collection services for all of the Health Department's Primary Care and specialty clinics. Responsible for all billing and collection from Medicaid, Medicare, and commercial insurance. Medical billing is an essential part of any clinical system. This team is responsible for the collection of all patient fees, insurance payments, Medicare and Medicaid claims processing. The Medical Accounts Receivable Team is responsible for collecting nearly \$40 million in annual medical billing revenue. This represents about 1/3 of the Department's total budget.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of encounters processed for payment	279,000	334,000	275,000	300,000			
Outcome	Percent of Receivables aged (older than 90 days)	24%	23%	23%	21%			
Quality	% of FQHC claims rejected, denied or otherwise unpaid	2.3%	2.3%	2.2%	2.1%			

Performance Measures Descriptions

Number of encounters demonstrates volume of work. % of receivables older than 90% should be a small and declining %, since the older a claim gets the less likely it is to be paid. Finally there are many reasons why a claim might not be paid (e.g. client ineligible for service, didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,172,296	\$0	\$1,200,961	\$0
Contractual Services	\$1,420,673	\$0	\$247,029	\$0
Materials & Supplies	\$588,747	\$0	\$1,540,071	\$0
Internal Services	\$142,310	\$0	\$153,657	\$0
Total GF/non-GF	\$3,324,026	\$0	\$3,141,718	\$0
Program Total:	\$3,324,026		\$3,14	1,718
Program FTE	13.00	0.00	13.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40041 Business and Quality - Medical Billing

County General Fund match is no longer needed for the CAWEM program, resulting in a cost reduction in Medical Billing. The State of Oregon has expanded the program Statewide and is paying the State match rather than requiring the match from Counties.



Program #40045 - Health Equity Initiative (Racial Justice Focus)

7/3/2014

Department:Health DepartmentProgram Contact:Ben Duncan

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

Related Programs:

Program Characteristics:

Executive Summary

The Health Equity Initiative mission is to assure and promote the County's commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions affect health. Overarching goals of Health Equity Initiative include: incorporating equity into all programs, policies, and practices, developing and implementing empowering approaches to address inequities, and increasing awareness of the intersections between societal conditions and health outcomes.

Program Summary

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) advocates addressing racial and ethnic health inequities with an explicit focus on equity and empowerment. To eliminate racial and ethnic health disparities by addressing root causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies and practices.

HEI will focus on increasing awareness by developing training and disseminating case studies that reflect the impacts of societal conditions on health, and the important role that Public Health can play in achieving positive outcomes for racial and ethnic communities most impacted by the burden of illness, poverty and powerlessness. HEI will work within the Health Department on policy analysis and development and partner with programs focusing on the elimination of racial and ethnic health disparities and quality improvement to ensure focus on equity and empowerment in program and practice. HEI will also implement and maintain Health Department ADM.01.08.03 "Cultural Competence Needs Assessment Policy" to advance our work in culturally competent service delivery and reduce inequities in clinical outcomes. Externally, HEI will continue to build relationships with community partners and coordinate with the Office of Diversity and Equity to ensure that best practices are institutionalized throughout the County.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of staff, community members trained on health inequities and the E&E Lens	350	500	500	500		
Outcome	%of staff with increased knowledge of health inequities and Lens after trainings	na	90.0%	90%	90%		
Output	Number of programs, practices and policies applying the lens	4	20	20	20		
Output	Number of case studies developed highlighting health equity success stories	na	6	9	12		

Performance Measures Descriptions

*Program Measures non-applicable represent the change in management occurring October 2012 and revised program measures based on the publication of the Equity and Empowerment Lens, a newly hired staff member, increased focus on evaluation, and a shift in programmatic focus areas reflecting internal workforce development and Lens consultation and technical assistance.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$360,231	\$0	\$398,151	\$0
Materials & Supplies	\$4,179	\$0	\$15,161	\$0
Internal Services	\$23,672	\$0	\$39,349	\$0
Total GF/non-GF	\$388,082	\$0	\$452,661	\$0
Program Total:	\$388,082		\$452	2,661
Program FTE	3.45	0.00	3.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40045 Health Equity Initiative (Racial Justice Foc

This program continues to build capacity internally and externally in the application of the Equity and Empowerment Lens and to better articulate the role of Public Health in addressing inequities for communities most impacted by negative health outcomes.



Department:

Program #40047 - Public Health Community Initiatives

Health Department

Program Contact: Consuelo Saragoza

7/3/2014

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

Related Programs:

Program Characteristics:

Executive Summary

The Public Health Community Initiatives Program helps to develop and implement population-based approaches to prevent chronic disease, improve health equity and improve the health of all Multnomah County residents. The Program coordinates policy, planning, and partnerships to address the leading risk factors for chronic disease such as tobacco use, exposure to secondhand smoke, physical inactivity, and poor nutrition.

Program Summary

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason is the minimal investment we make in preventing diseases. Seventy five percent of our health care costs are related to preventable conditions. The Community Wellness and Prevention Program focuses on community-related activities designed to prevent diseases from occurring at all by coordinating efforts to change the community conditions that contribute to poor health outcomes, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or easy access to tobacco by youth. These activities are carried out in collaboration with a wide, diverse network of community stakeholders through coalition building and formation of strategic organizational partnerships.

The Program builds community-wide efforts to combat obesity and chronic diseases and address health inequities by changing policies, systems, and environments that will create sustainable health promoting changes over time. The Program collaborates to help advance a coordinated public health policy agenda by strengthening linkages with community partners and across Health Department programs. This includes efforts to inform the design of healthy, safe neighborhoods, create strong local food systems, and reduce access to tobacco by youth. The Program supports development and incubation of innovative place-based initiatives such as the Healthy Retail Initiative and the Worksite Wellness Initiative. The Program also develops and implements health promotion campaigns under the "It Starts Here" brand. The Department Communications Team in partnership with the County Communications team provides Health Department coverage through media and social media outlets.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of community partners in Health Active Multnomah County Coalition	30	50	40	45			
Outcome	Number of policies established to slow and reduce rates of chronic disease	14	16	14	16			

Performance Measures Descriptions

1) Number of community partners in Healthy Active Multnomah County coalition. Partners will be tracked by # of partnerships established/strengthened through policy teams. 2) Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy.

Healthy Communities Grant funded by Oregon Public Health Division must comply with required work plans and assurances. Food Access Grant Funded by the Northwest Health Foundation/Kaiser must comply with reporting requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$646,867	\$166,226	\$190,725	\$168,018
Contractual Services	\$15,000	\$11,810	\$0	\$5,082
Materials & Supplies	\$21,427	\$3,315	\$15,867	\$1,105
Internal Services	\$191,214	\$20,867	\$130,354	\$18,205
Total GF/non-GF	\$874,508	\$202,218	\$336,946	\$192,410
Program Total:	\$1,076,726		\$529,356	
Program FTE	6.75	1.80	1.80	1.77

Program Revenues					
Indirect for Dept. Admin	\$12,968	\$0	\$13,105	\$0	
Intergovernmental	\$0	\$115,256	\$0	\$132,451	
Other / Miscellaneous	\$0	\$86,962	\$0	\$59,959	
Total Revenue	\$12,968	\$202,218	\$13,105	\$192,410	

Explanation of Revenues

Public Health Community Initiatives is funded by:

Healthy Communities grant: \$81,250 Kaiser Food Access grant: \$59,959

State Local Public Health Authority tobacco prevention grant: \$51,201

Significant Program Changes

Last Year this program was: 40047A Community Wellness and Prevention

PO 40047A Community Wellness and Prevention and 40047B Public Health Policy and Planning were combined with other community activities to become Public Health & Community Initiatives. This restructuring included moving three positions and cutting four other positions including senior level management positions as a cost saving measure.



Program #40048 - Community Epidemiology

7/3/2014

Department: Health Department **Program Contact:** Robert Johnson

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

Related Programs:

Program Characteristics:

Executive Summary

The Community Epidemiology Services (CES) program provides core public health services to the community. These activities include: epidemiologic surveillance and outbreak response, population health data collection and analysis, application of best and promising evidence-based practices in public health, effective financial management and fiscal accountability, and quality improvement and performance management.

Program Summary

The Community Epidemiology Services (CES) program provides the core governmental public health services to the community--in concert with all public health functions in the Department. Population data are analyzed to assist programs in optimizing quality and accountability to the communities they serve. CHS programs provide clinical, technical, field-based outreach, and community engagement functions across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), entomology (vector control), and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes and ordinances to monitor and control disease. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources on preventing disease and promoting health in vulnerable populations. The CES unit leads CHS programs in implementation of efficient and safe service delivery, coordinated public health data, epidemiologic analysis, and coordinated communication activities.

CES optimizes resources to assure quality and effectiveness of clinical services, data management, and prevention projects. The program provides demographic data for strategic program planning and to assist our community partners in coordinating efforts. Outbreak response is provided through epidemiologic support, statistical modeling, and standardized Investigative Guidelines.

CES also supports the Department with implementation of best practices and coordination with prioritized County initiatives. This program plays a vital role in working toward Public Health Accreditation for the Department. This involves work in community health assessment, community health improvement planning, and assuring that all public health services align with the Multnomah County Health Department Strategic Plan.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of Quality Improvement training and projects for identified priority CHS programs	12	14	10	10			
Outcome	Percent of strategic projects completed successfully*	0	0	94%	95%			
Quality	Internal customers are "satisfied" or "extremely satisfied"	90%	90%	92%	92%			

Performance Measures Descriptions

*New measure--Strategic projects include: epidemiology reports and data asks, quality improvement projects, informatics database improvements, and cross-Departmental collaborations.

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$392,582	\$0	\$519,031	\$0
Contractual Services	\$9,000	\$0	\$21,000	\$0
Materials & Supplies	\$41,055	\$0	\$25,735	\$0
Internal Services	\$56,689	\$0	\$64,467	\$0
Total GF/non-GF	\$499,326	\$0	\$630,233	\$0
Program Total:	\$499,326		\$630	,233
Program FTE	3.50	0.00	4.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40048 Community Epidemiology



Program #40049 - Corrections Health Juvenile Detention

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. Corrections health personnel care for 80 detained youth at any one time (+3,500 per year) from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Program Summary

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	# of clients visits conducted by a CH nurse per yr	3,500	3,500	3,500	3,500			
Outcome	% of detained youth receiving mental health medications monthly	50%	50%	50%	50%			

Performance Measures Descriptions

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs brings harm to individuals entrusted to our care and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$521,405	\$66,489	\$545,738	\$0
Materials & Supplies	\$50,716	\$0	\$16,268	\$0
Internal Services	\$74,493	\$6,090	\$70,048	\$0
Total GF/non-GF	\$646,614	\$72,579	\$632,054	\$0
Program Total:	\$719,193		\$632	2,054
Program FTE	3.40	0.00	3.60	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,654	\$0	\$0	\$0
Service Charges	\$68,132	\$72,579	\$68,132	\$0
Total Revenue	\$72,786	\$72,579	\$68,132	\$0

Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payors, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. Youth in the Alcohol and Drug Treatment Program have Oregon Health Plan (OHP) coverage so some of their clinic appointments with a physician and medications are billed to the Oregon Health Plan.

Corrections Health Juvenile Detention/Admissions and Housing is funded by county general fund which includes \$68,132 in intergovernmental revenue from Washington and Clackamas Counties.

Significant Program Changes

Last Year this program was: 40049 Corrections Health Juvenile Detention, Admis



Program #40050A - Corrections Health Multnomah County Detention Center (MCDC)

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to all detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 120 newly booked individuals each day. Nurses (24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes health history, chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. Suicide symptom inventory and TB screening are vitally important at booking for safety while incarcerated. The Mental Health Team is composed of PMHNP, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. Over 60% of all medications prescribed are for mental health conditions.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Average # of health screenings completed in an 8 hr shift	115	115	115	115			
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	50%	55%	55%			

Performance Measures Descriptions

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,987,918	\$0	\$3,018,090	\$185,009
Contractual Services	\$560,976	\$0	\$561,753	\$25,000
Materials & Supplies	\$213,199	\$0	\$249,259	\$2,600
Internal Services	\$170,543	\$0	\$209,083	\$1,455
Total GF/non-GF	\$3,932,636	\$0	\$4,038,185	\$214,064
Program Total:	\$3,932,636		\$4,252,249	
Program FTE	23.70	0.00	23.00	0.00

Program Revenues						
Intergovernmental	\$0	\$0	\$0	\$214,064		
Service Charges	\$26,789	\$0	\$12,342	\$0		
Total Revenue	\$26,789	\$0	\$12,342	\$214,064		

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MCDC Base Services and Booking Floor is funded with county general fund. The program estimates to collect \$12,342 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050A Corrections Health Multnomah County Detenti

\$214k grant from Oregon Health Authority for jail diversion specifically for people with mental illness will provide additional mental health staffing to do transition planning for inmates being released from jail.



Program #40050B - Corrections Health MCDC Clinical Services and 4th Floor Housing

7/3/2014

Department:

Health Department

Program Contact: Nancy Griffith

Program Offer Type:

Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. Also, a nurses station, chart room and a medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care are provided in the jail instead of a high cost hospital. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Avg # inmate medical requests for care evaluated by nurse monthly	1000	980	980	1000	
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	80	246	240	240	

Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical request evaluations per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,578,355	\$0	\$1,398,934	\$0
Contractual Services	\$466,381	\$0	\$623,567	\$0
Materials & Supplies	\$212,865	\$0	\$230,358	\$0
Internal Services	\$84,332	\$0	\$69,946	\$0
Total GF/non-GF	\$2,341,933	\$0	\$2,322,805	\$0
Program Total:	\$2,341,933		\$2,322,805	
Program FTE	15.00	0.00	13.72	0.00

Program Revenues					
Service Charges	\$14,681	\$0	\$6,697	\$0	
Total Revenue	\$14,681	\$0	\$6,697	\$0	

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostics tests and communicable diseases are at no charge.

Corrections Health MCDC Clinical Services and 4th FIr Housing is funded by county general fund. The program estimates to collect \$6,697 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050B Corrections Health MCDC Clinical Services a



Program #40050C - Corrections Health MCDC Housing Floors 5, 6, 7 & 8

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Average # of inmate medical requests for care evaluated by nurse monthly	1,000	963	980	1,000	
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	80	246	240	240	

Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical evaluation requests per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,226,584	\$0	\$1,422,126	\$0
Contractual Services	\$311,775	\$0	\$596,744	\$0
Materials & Supplies	\$112,378	\$0	\$246,590	\$0
Internal Services	\$71,794	\$0	\$93,591	\$0
Total GF/non-GF	\$1,722,531	\$0	\$2,359,051	\$0
Program Total:	\$1,722,531		\$2,359,051	
Program FTE	11.40	0.00	13.40	0.00

Program Revenues					
Service Charges	\$14,530	\$0	\$8,961	\$0	
Total Revenue	\$14,530	\$0	\$8,961	\$0	

Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by county general fund. The program estimates to collect \$8,961 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050C Corrections Health MCDC Housing Floors 5, 6



Program #40050D - Corrections Health MCDC - Hospital Services for Inmates

7/3/2014

Department: Health Department **Program Contact:** Wendy Lear

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

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

This request for additional County General Fund support will bring the Corrections Health budget in line with the actual hospitalization costs for inmates.

Program Summary

For many years the actual cost of emergency room and hospital costs for inmates exceeded the budget set aside for these services. The Health Department typically had savings in other programs and services to cover this additional cost in Corrections Health. However, as budgets in all areas have become leaner, savings to cover these costs is no longer a guarantee.

In FY 2015, as more inmates become enrolled in Medicaid the cost to the County for hospitalizations should decline. If hospitals are able to bill Medicaid instead of the County for some services it may make this additional funding unnecessary in the future.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output		0	0	0	0	
Outcome		0	0	0	0	

Performance Measures Descriptions

This will enable the program to meet the performance measures outlined in 40050A-C.

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	\$439,000	\$0
Total GF/non-GF	\$0	\$0	\$439,000	\$0
Program Total:	\$0		\$439	,000
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:



Program #40051A - Corrections Health Inverness Jail (MCIJ) Clinical Services

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. This offer represents MCIJ base and clinical services which is administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operatory, one mental health and one triage/treatment room provide office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. X-ray and lab services support diagnosing health problems. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel so health care can be delivered. By providing 24/7 skilled health care on site for this vulnerable, under served population, we minimize the high cost of outside medical care. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse.	950	930	930	930		
Outcome	Avg # of TB tests per month.	70	65	65	65		

Performance Measures Descriptions

Performance measures reflect the entire facility.

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,872,426	\$0	\$1,967,070	\$0
Contractual Services	\$397,358	\$0	\$133,637	\$0
Materials & Supplies	\$130,335	\$0	\$253,396	\$0
Internal Services	\$188,039	\$0	\$205,768	\$0
Total GF/non-GF	\$2,588,158	\$0	\$2,559,871	\$0
Program Total:	\$2,588,158		\$2,55	9,871
Program FTE	14.10	0.00	13.98	0.00

Program Revenues					
Service Charges	\$30,906	\$0	\$15,426	\$0	
Total Revenue	\$30,906	\$0	\$15,426	\$0	

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

Corrections Health MCIJ Base Services and Clinical Services is funded by county general fund. The program estimates to collect \$15,426 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051A Corrections Health Inverness Jail (MCIJ) Ba



Program #40051B - Corrections Health MCIJ General Housing Dorms 4 - 11

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents a variety of health, mental health, and dental services to 430 men and women in Dorms 4-11 at MCIJ (Dorms 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics support in jail care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	930		
Outcome	Avg # of inmate TB tests per month.	70	65	65	65		

Performance Measures Descriptions

Performance measures reflect the entire facility.

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered, is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,048,892	\$0	\$1,149,317	\$0
Contractual Services	\$329,172	\$0	\$67,766	\$0
Materials & Supplies	\$127,945	\$0	\$58,966	\$0
Internal Services	\$110,503	\$0	\$77,726	\$0
Total GF/non-GF	\$1,616,512	\$0	\$1,353,775	\$0
Program Total:	\$1,616,512		\$1,35	3,775
Program FTE	9.30	0.00	10.20	0.00

Program Revenues					
Service Charges	\$20,868	\$0	\$8,372	\$0	
Total Revenue	\$20,868	\$0	\$8,372	\$0	

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MCIJ General Housing Dorms 4 - 11 is funded by county general fund. The program estimates to collect \$8,372 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051B Corrections Health MCIJ General Housing Dor



Program #40051C - Corrections Health MCIJ Dorms 12 - 18 and Infirmary

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

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

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit which provides skilled nursing and protective isolation in house and preventing a stay in a hospital and much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	930			
Outcome	Avg # of TB tests per month.	70	65	65	65			

Performance Measures Descriptions

Performance measures reflect the entire facility.

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health care professional and a right to receive that care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$748,040	\$0	\$887,276	\$0
Contractual Services	\$234,340	\$0	\$90,673	\$0
Materials & Supplies	\$76,863	\$0	\$78,898	\$0
Internal Services	\$92,373	\$0	\$103,999	\$0
Total GF/non-GF	\$1,151,616	\$0	\$1,160,846	\$0
Program Total:	\$1,151,616		\$1,16	0,846
Program FTE	6.90	0.00	7.80	0.00

Program Revenues					
Service Charges	\$18,226	\$0	\$11,202	\$0	
Total Revenue	\$18,226	\$0	\$11,202	\$0	

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

Corrections Health MCIJ Dorms 12-18 including Infirmary, is funded by county general fund. The program estimates to collect \$11,202 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051C Corrections Health MCIJ Dorms 12 - 18 and I



Program #40051E - Corrections Health - Eligibility Screening and Nursing Services

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

Program offer provides additional staff that supports OHP enrollment of jail clients, and provides additional nursing staff to further stabilize the program.

Program Summary

Corrections Health, Multnomah County Detention Center (MCDC) and Inverness (MCIJ) jail houses 1310 adults and is composed of two adult facilities. MCDC (448 beds) houses inmates who are most acute, along with all of the booking and releases. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. MCIJ (860 beds) houses inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses. This program adds additional staff to Corrections Health.

A 1.0 Eligibility Specialist to enroll inmates in the Affordable Care Act. In addition, this person will ensure all inmates who receive care in a hospital more than 24 hours will be enrolled, if eligible, for medicaid reimbursement by the hospital. We anticipate that will save Corrections Health about \$500,000 per year in outside medical costs. The Eligibility Specialist will work at both MCIJ and MCDC. A 1.4 FTE CHN will be hired for the day shift at MCDC. This allows more care to be given to inmates who are booked with increasingly higher medical acuity. Currently, there are only two day shift CHNs and a Lead in the clinic. This is very short staffing for an acute area. The .4 FTE position will also be used to fill vacancies which will decrease the amount of overtime and mandates that occur as significant costs to Corrections Health. The .4 FTE can be scheduled to work up to a 1.0 without incurring any overtime.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	The Eligibility Specialist will screen 100 inmates for OHP (Medicaid) eligibility.	n/a	n/a	n/a	100	
Outcome		0	0	0	0	
Efficiency	The CHN on day shift at MCDC will be able to complete 10 Medical Request Forms per shift.	n/a	n/a	n/a	10	

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	\$203,406	\$0
Materials & Supplies	\$0	\$0	\$7,150	\$0
Total GF/non-GF	\$0	\$0	\$210,556	\$0
Program Total:	\$0		\$210),556
Program FTE	0.00	0.00	2.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Program #40052 - Medical Examiner

7/3/2014

Department: Health Department **Program Contact:** Kathryn Richer

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

Related Programs:

Program Characteristics:

Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when a questionable death occurs in the community. ME staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

Program Summary

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of deaths requiring investigation	2,316	2,200	2,350	2,380			
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	75%	70%	77%	80%			

Performance Measures Descriptions

Output: Number of deaths in Multnomah County that require investigations.

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

The outcome measure was effective FY13.

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$916,997	\$0	\$926,977	\$0
Contractual Services	\$61,400	\$0	\$64,050	\$0
Materials & Supplies	\$12,093	\$0	\$14,731	\$0
Internal Services	\$67,364	\$0	\$89,183	\$0
Total GF/non-GF	\$1,057,854	\$0	\$1,094,941	\$0
Program Total:	\$1,057,854		\$1,09	4,941
Program FTE	9.20	0.00	9.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40052A Medical Examiner



Program #40054 - Nurse Family Partnership

7/3/2014

Department: Health Department Program Contact: Jessica Guernsey

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

Related Programs: 40055, 40056, 40058A

Program Characteristics:

Executive Summary

Multnomah County Health Department is the only organization in the County to provide and support the Nurse Family Partnership Program (NFP). NFP is an evidence-based community healthcare program supported by extensive research documented from 25 years of implementation. NFP supports a partnership between low-income, first time mothers with a home-visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy and provide competent care for their children and families. NFP serves 400 families per year.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and overall life stability. The Nurse Family Partnership Program (NFP) is a nurse home visiting program offered to first-time, low-income pregnant women through two Multnomah County teams, one team located in Northeast Portland, and one team located in East County. Home visiting services begin in early pregnancy and follow families up to their child's second birthday.

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness. Multnomah County has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, and rigorous evaluation support through the NFP National Service Office. In 2013 the two NFP teams served over 400 families. Current NFP teams have the capacity to serve 400 families a year in Multnomah County.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of families served	482	n/a	400	400	
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	52%	50%	52%	60%	
Quality	Client retention in prenatal phase of NFP program	75%	n/a	75%	80%	
Quality	Client satisfaction	98%	95%	98%	98%	

Performance Measures Descriptions

We changed our output performance measure from % of developmental screenings completed to number of families served in the NFP program. We also added a quality measure on prenatal client retention because retaining clients prenatally is an important metric on how well we are doing in the program overall.

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,794,059	\$806,797	\$1,417,622	\$1,294,655
Contractual Services	\$84,919	\$483,129	\$406,847	\$22,756
Materials & Supplies	\$50,493	\$42,136	\$34,870	\$21,011
Internal Services	\$125,572	\$316,387	\$232,871	\$208,646
Total GF/non-GF	\$2,055,043	\$1,648,449	\$2,092,210	\$1,547,068
Program Total:	\$3,703,492		\$3,63	9,278
Program FTE	15.15	6.00	11.92	10.20

Program Revenues				
Indirect for Dept. Admin	\$105,709	\$0	\$105,372	\$0
Intergovernmental	\$0	\$168,767	\$0	\$120,000
Other / Miscellaneous	\$0	\$13,516	\$13,516	\$0
Service Charges	\$0	\$1,466,166	\$0	\$1,427,068
Total Revenue	\$105,709	\$1,648,449	\$118,888	\$1,547,068

Explanation of Revenues

The Nurse Family Partnership Program (NFP) is funded by county general fund, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and 2) Targeted Case Management (TCM) for infants and children up to age 5 years.

Medicaid Target Case Management: \$1,015,868 Medicaid Maternity Case Management: \$411,200

OHSU CaCoon grant: \$120,000

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget details.

In FY14, three Community Health Nurses were re-assigned within Early Childhood Services and trained in the Nurse Family Partnership (NFP) model to begin consolidating home visiting work into existing best practice, outcome based, home-visiting models that MCHD already uses, and are unique in both health transformation and the developing Early Learning Council work. Multnomah County is the only agency in the County that provides NFP in the community.



Program #40055 - CaCoon 7/3/2014

Department: Health Department Program Contact: Jessica Guernsey

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

Related Programs: 40054, 40056, 40058A

Program Characteristics:

Executive Summary

Multnomah County Health Department is the only organization in the County that provides and supports CaCoon home visiting services. CaCoon is a nurse home visiting program providing care coordination for children birth through four years of age with special health needs and for families identified as high medical and social risk. CaCoon serves approximately 300 families a year.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and overall life stability. The Multnomah County CaCoon program serves families with children from birth to age four who have (or are at risk or having) a chronic health condition or disability. CaCoon care coordination services are offered by Community Health Nurses who are specially trained to care for children with special health needs. Since family members have a central role in the care of their child, all services are planned around the desires and concerns of the family. CaCoon children and their families often have very complex health and related needs requiring coordination across multiple systems of care. The CaCoon program helps families coordinate their child's care, develop care management skills, and link to appropriate services through home visiting. Multnomah County has one full CaCoon team located in East County with the ability to serve 300 families a year. Additionally, CaCoon Community Health Nurses provide technical support to all other Multnomah County home visiting programs for families enrolled in non-CaCoon programs in the event a child has a special health care need, and to families enrolled in the Mt Hood Head Start program, LifeWorks NW, and pregnant/parenting women involved in the corrections system as part of a multidisciplinary team including the Department of Community Justice.

Compared to Medicaid children without CaCoon, children that received CaCoon nurse home visits demonstrated significantly higher rates of immunizations, annual well-child visits, and annual dental care visits all resulting in potential Medicaid costs savings. CaCoon is recognized by the Association of Maternal and Child Health Programs as a promising practice and is part of a larger network of training, evaluation, and technical support through the Oregon Center for Children and Youth with Special Health Needs.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of families served by CaCoon	200	NA	300	300	
Outcome	% of participants breastfeeding at 3 months	60%	NA	60%	60%	
Quality	Completion of 6 mandatory assessments as directed by State program for families seen more than 3 times	NA	NA	NA	95%	
Quality	Client satisfaction	98%	NA	98%	98%	

Performance Measures Descriptions

These are new measures and therefore lack figures for several fields. Measures accurately reflect the quality of CaCoon work, and include number of families served by CaCoon staff, the % of participants breastfeeding at three months, completion of mandatory assessments to ensure fidelity to the CaCoon model, and client satisfaction.

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$813,052	\$1,345,198	\$292,573	\$1,074,617
Contractual Services	\$291,998	\$167,671	\$515,396	\$45,611
Materials & Supplies	\$17,923	\$33,284	\$19,943	\$53,329
Internal Services	\$186,350	\$271,402	\$304,581	\$143,075
Total GF/non-GF	\$1,309,323	\$1,817,555	\$1,132,493	\$1,316,632
Program Total:	\$3,126,878		\$2,44	9,125
Program FTE	6.89	10.51	3.12	8.20

Program Revenues				
Indirect for Dept. Admin	\$116,553	\$0	\$89,678	\$0
Intergovernmental	\$0	\$192,850	\$0	\$120,499
Other / Miscellaneous	\$0	\$0	\$6,758	\$3,333
Service Charges	\$0	\$1,624,705	\$0	\$1,192,800
Total Revenue	\$116,553	\$1,817,555	\$96,436	\$1,316,632

Explanation of Revenues

CaCoon is funded by the following:

Medicaid Target Case Management: \$1,192,800

State Local Public Health Authority- Babies First: \$83,500

Mt Hood Community College Head Start: \$37,000

Lifeworks CHN contract: \$3,333

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.



Program #40056 - Healthy Families

7/3/2014

Department: Health Department **Program Contact:** Rachael Banks

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

Related Programs: 40054, 40055, 40058A

Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC; formerly Healthy Start) is an evidence-based early childhood home visiting program that is part of the state-wide Healthy Families of Oregon program serving at-risk families. Overall goals include reducing child abuse and neglect, improving school readiness, and promoting healthy growth and development of young children up to age three. HFMC will screen approximately 2,000 families for eligibility for home visiting services through our Welcome Baby screening program, and serve approximately 600 families through community contracts.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. Healthy Families of Multnomah County (HFMC) serves families with single and subsequent births who screen positive for parenting stress indicators in order to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development of young children up to age three. HFMC uses the Healthy Families America model of home visiting, a best practice model delivered by highly trained staff through community-based agencies. MCHD will serve 500 at-risk families through HFMC community contracts, plus 100 pregnant and parenting teens of color through a continuing Health Resources and Services Administration (HRSA) Maternal Infant and Early Childhood Home Visiting (MIECHV) grant.

Starting in July, partial funding for HFMC will flow from the State to Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs that seeks to coordinate services across the county to ensure all children in the county are kindergarten-ready. ELM has identified two intersecting groups of children at the greatest risk for not entering school ready to learn: those living at or near the poverty level, and children of color, including English language learners. Per agreements with ELM, MCHD will continue to administer the HFMC program.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of families served*	695	NA	600	600			
Outcome	% of participating parents who report reading to/with a child at least 3X/week	94%	94%	94%	94%			
Quality	% of families remaining in intensive services for 12 months or longer	66%	66%	66%	66%			

Performance Measures Descriptions

^{*}This is a new performance measure and therefore lacks a figure for current year purchased.

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$774,484	\$464,574	\$464,570	\$453,829
Contractual Services	\$458,589	\$951,864	\$557,062	\$1,016,456
Materials & Supplies	\$46,027	\$6,444	\$26,083	\$143
Internal Services	\$149,133	\$7,123	\$156,189	\$145,921
Total GF/non-GF	\$1,428,233	\$1,430,005	\$1,203,904	\$1,616,349
Program Total:	\$2,858,238		\$2,82	0,253
Program FTE	6.80	6.10	4.64	5.59

Program Revenues					
Indirect for Dept. Admin	\$5,443	\$0	\$110,091	\$0	
Intergovernmental	\$0	\$1,430,005	\$0	\$1,616,349	
Total Revenue	\$5,443	\$1,430,005	\$110,091	\$1,616,349	

Explanation of Revenues

Healthy Families is funded by:

State Healthy Start: \$1,350,272 Early Home Visiting grant: \$266,077

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics. Healthy Families of Oregon (HFO) is expanding services from first-birth families to include subsequent-birth families, increasing the number of potential families Welcome Baby will screen. To respond to this change, HFMC is adjusting its screening practices to target at-risk families. In addition, MCHD will pursue development of a more culturally adaptable home visiting model to better serve immigrant and refugee families. MCHD will issue an RFP process to identify subcontractors to deliver these services. The reduction in families served reflected in the current year estimate and next year offer (600) compared to previous year actual (695) is due a reduction in funding.



Program #40057 - Future Generations Collaborative

Program Contact: Jessica Guernsey 7/3/2014

Health Department **Department:**

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

Related Programs:

Program Characteristics:

Executive Summary

The Future Generations Collaborative (FGC) is a coalition among American Indian and Alaska Native community members. Native-serving organizations, and government agencies to increase healthy pregnancies and healthy births and strengthen families in American Indian and Alaska Native communities.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to American Indian and Alaska Native women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health outcomes, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally specific effort to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders.

The FGC has adopted a trauma-informed collaborative process that emphasizes partnership among community members, Native-serving organizations, and government agencies. This community-led effort aims to heal the root causes of health inequities experienced by Native communities. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The project consists of four Phases. Phase 1: Initial Planning, Partner Recruitment, and Relationship Building; Phase 2: Partnership Building and Community Engagement; Phase 3: Action Planning; and Phase 4: Organizing Community Commitments. Phases 2-4 were funded by the Northwest Health Foundation through a grant focusing on Community Capacity Building. The project is currently in Phase 3. Since its start in 2011, the FGC has achieved several successes, including securing funding from Health Share of Oregon, preparing for and hosting the Gathering of Native Americans (GONA) in January 2014, and being accepted into the National Leadership Academy for the Public's Health, a training academy funded by the Centers for Disease Control and Prevention. The work of the FGC aligns with all three goals of the first strategic priority of the Health Department's Strategic Plan, to improve health outcomes and health equity.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	3 capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders are conducted	n/a	n/a	3	3		
Outcome	90% of Native community members attending trainings increase awareness of Fetal Alcohol Spectrum Disorders	n/a	n/a	90%	90%		
Quality	50% of local Native serving agencies participate in the collaborative	n/a	n/a	50%	50%		

Performance Measures Descriptions

This is a new program offer and the measures are directly linked to the FGC Collaborative work-plan for the coming year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$9,030	\$60,475	\$5,306
Contractual Services	\$0	\$17,200	\$62,812	\$54,067
Materials & Supplies	\$0	\$10,414	\$3,840	\$1,699
Internal Services	\$0	\$3,356	\$0	\$0
Total GF/non-GF	\$0	\$40,000	\$127,127	\$61,072
Program Total:	\$40,000		\$188	3,199
Program FTE	0.00	0.10	1.00	0.00

Program Revenues					
Indirect for Dept. Admin	\$2,565	\$0	\$0	\$0	
Intergovernmental	\$0	\$0	\$0	\$61,072	
Other / Miscellaneous	\$0	\$40,000	\$0	\$0	
Total Revenue	\$2,565	\$40,000	\$0	\$61,072	

Explanation of Revenues

Future Generations Collaborative is funded by county general fund and \$61,072 grant from Health Share of Oregon.

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.



Program #40058A - Healthy Birth Initiative

7/3/2014

Department: Health Department **Program Contact:** Rachael Banks

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

Related Programs: 40054, 40055, 40056

Program Characteristics:

Executive Summary

The Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 125 families, mothers and fathers in the African American community, helping children get a healthy start in life. For 15 years, the Healthy Birth Initiatives Program (HBI) has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of this problem. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe disparities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health disparities in the county, and therefore MCHD recognizes the work of HBI as part of our core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI uses a tiered case management model to best meet individual families' needs. Case management begins in early pregnancy and continues through the child's second birthday, and includes family planning support and screening/referral for issues such as depression, intimate partner violence, and child development. Home visiting is a key feature of HBI's case management component. Home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, and other outcomes. Health education includes one-on-one interactions, groups, and community-and agency-level education on such topics as breastfeeding and safe sleep, which are shown to improve health. HBI engages the broader African American community through the Community Consortium, a consumer-run group that includes leadership development, community mobilization, and strategic planning for systems-level solutions. Also, HBI provides transportation and childcare to enrolled families to increase access to healthcare and reduce barriers to participating in HBI programming.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of families served	136	120	150	125		
Outcome	% of mothers initiating breastfeeding after delivery*	86%	NA	95%	95%		
Quality	% of participants who remain in program until child is two vears-old**	NA	NA	79%	80%		
Quality	% of participants who express satisfaction with cultural specificity of program**	NA	NA	84%	87%		

Performance Measures Descriptions

^{*}This new measure lacks a figure for current year purchased.

^{**}This new measure lacks figures for current year purchased and previous year actual.

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$511,289	\$2,317	\$988,697	\$104,498
Contractual Services	\$130,061	\$15,000	\$112,530	\$59,106
Materials & Supplies	\$13,362	\$3,000	\$16,058	\$28,811
Internal Services	\$123,105	\$212	\$50,338	\$170,273
Total GF/non-GF	\$777,817	\$20,529	\$1,167,624	\$362,688
Program Total:	\$798,346		\$1,530,312	
Program FTE	5.77	0.03	10.23	1.00

Program Revenues				
Indirect for Dept. Admin	\$162	\$0	\$24,703	\$0
Intergovernmental	\$0	\$5,529	\$0	\$0
Other / Miscellaneous	\$0	\$15,000	\$0	\$0
Service Charges	\$0	\$0	\$0	\$362,688
Total Revenue	\$162	\$20,529	\$24,703	\$362,688

Explanation of Revenues

Healthy Birth Initiative is funded by:

Medicaid Targeted Case Management: \$284,568 Medicaid Maternity Case Management: \$78,120

Significant Program Changes

Last Year this program was: 40013B Early Childhood Home and Community Based Se

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.

Healthy Birth Initiatives (HBI) is at risk of not receiving another year of funding through the Health Resources and Services Administration (HRSA) due to changes in grant guidance that advantage large urban populations. Funding this program offer allows MCHD to continue to provide services to families currently enrolled in HBI.



Program #40059 - Mental Health Pilot - Corrections Health

7/3/2014

Department: Health Department **Program Contact:** Nancy Griffith

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs: 40050-40051

Program Characteristics: One-Time-Only Request

Executive Summary

Corrections Health Mental Health Pilot adds 3 shifts of mental health personnel to provide 24/7 suicide watch coverage. This will improve the quality of care for the mentally ill inmates in jail, reduce Multnomah County Sheriff's Office (MCSO) costs and create efficiency for the court system.

Program Summary

This program offer will allow Corrections Health to have a mental health consultant available for 24/7 suicide watch coverage.

Currently when someone is placed on suicide watch after 10 p.m. there is no Mental Health staff to see them until 9 am or later the next day. This necessitates having two additional shifts of MCSO deputies watching the inmate. Additionally, the person will appear in court the following day for an arraignment but it is difficult for the judges to make a decision about release because the person has not yet had a mental health assessment. This forces the judge to rule on the legal charges, then Corrections Health must see the client before release to assess if they need to be transported to the hospital. This delays release, and generates additional costs for the courts and MCSO.

Finally, having a Mental Health Consultant in booking during the night time hours would allow us to develop transition plans for the many mental health clients that are released during those nighttime hours, helping to improve safety for the client and the community.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Avg number of mental health evaluations per shift.	0	0	0	10			
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	0	0	12	9			

Performance Measures Descriptions

We do not want to discourage staff from placing inmates on suicide watch, but the mental health staffing should allow us to evaluate inmates and appropriately release those who don't need to remain on active suicide watch. Currently we have on average 12 people per day who remained on active suicide watch for longer than 24 hours.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$373,820	\$0
Materials & Supplies	\$0	\$0	\$12,000	\$0
Total GF/non-GF	\$0	\$0	\$385,820	\$0
Program Total:	\$0		\$385	5,820
Program FTE	0.00	0.00	4.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department Overview

A cherished community asset for more than 150 years, Multnomah County Library (MCL) upholds the principles of intellectual freedom and the public's right to know by providing people of all ages with access and guidance to information and collections that reflect all points of view.

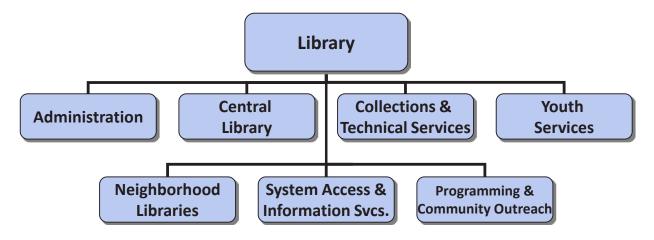
Multnomah County Library serves this community through a rich collection of books, e-books, audio and video materials, through its website, electronic databases, social media, and more. The library offers a wide array of responsive and inclusive programs and services to everyone in the community. Transcending the ongoing evolution of information delivery, there are three unique pillars that define the library's role and value in this community:

- · Free access for all
- · A trusted guide for learning
- · The leading advocate for reading

The service priorities listed below build upon these pillars and guide the decision-making process to ensure that Multnomah County Library is providing this community the best services possible while using its resources wisely. As the economy, the needs of the community, and the ways in which people access information evolve, the library will continue to respond.

- 1. We think yes
- 2. We champion reading for all
- 3. We help the community flourish
- 4. We prepare young minds for success
- 5. We speak your language

These pillars and priorities support Multnomah County's mission, vision, and values. Specifically, the vision statement: "Everyone in our community shares equally in opportunity, regardless of what they look like, where they come from, what they believe in, or who they love" directly correlates with the library's pillar of free access for all. This also ties closely with the social justice value: "Promote equity in the community, include people who have not been included in the past, help those who need help."



Budget Overview

The FY 2015 Adopted Budget for the Library is \$69.3 million, which is \$2.1 million (3.1%) higher than the FY 2014 Adopted Budget. It maintains the level of service provided in FY 2014, along with some targeted additions.

The Multnomah County Library District provides \$69.0 million (99.6%) of the Library's operating budget. FY 2015 is the second year of the recently-formed Library District, which will levy the same rate it did in the previous fiscal year - \$1.18 per \$1,000 of assessed value. Previously, the Library had been funded by a series of local option levies and support from the General Fund. The remaining \$245,000 (0.4%) of the Library's budget comes from prior year property taxes due under the local option levies, interest earnings, and service charges.

Total Library positions have increased by 3.00 FTE, growing from 515.00 FTE in the FY 2014 Adopted Budget to 518.00 FTE in the FY 2015 Adopted Budget.

Budget Trends		FY 2014	FY 2014	FY 2015	
	FY 2013	Current	Adopted	Adopted	
	<u>Actual</u>	Estimate	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	450.75	514.62	515.00	518.00	3.00
Personnel Services	\$36,303,987	\$41,416,849	\$43,188,834	\$43,888,146	699,312
Contractual Services	994,887	\$1,416,836	1,577,160	1,834,995	257,835
Materials & Supplies	19,324,061	\$21,607,880	22,422,585	23,565,299	1,142,714
Capital Outlay	<u>172,237</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$56,795,172	\$64,441,565	\$67,188,579	\$69,288,440	\$2,099,861

^{*}Does not include cash transfers, contingencies or unappropriated balances.

Successes and Challenges

In July, 2014, the library restored hours and services to FY 2012 levels, due to the passage of Measure 26-143 in November, 2012. That measure provided dedicated and stable funding through the formation of a library district at a permanent rate not to exceed \$1.24 per \$1000 of assessed value. The levied rate for FY 2014 was \$1.18, which funded the restoration of reductions in library hours, services, programs and the purchase of books and other materials. The library has adapted its budgetary process to ensure transparency and compliance, working closely with partners in Multnomah County.

Fiscal Year 2014 was a year of many successes for Multnomah County Library. On July 1, 2014, the library restored Monday service and added 61 FTE. Staff completed a coordinated systemwide recruiting, hiring and training effort to meet this demand. More than 200 staff members began new positions simultaneously on July 1, many of those in promotions from previous positions.

Multnomah County Library has continued to expand and enhance the ways in which patrons receive service. Multnomah County Library became a member of the Oregon Library Passport program this year, allowing MCL patrons access to more than 100 libraries across Oregon. The library added its first Somalispeaking employee and began building a Somali collection, better meeting emerging needs of a fast-growing immigrant community.

Patron demand for virtual resources continues to increase and the library responded to that demand in several ways. The library added thousands of new e-book titles through the 3M Cloud Library and more than doubled the allowed number of patron holds and checkouts of e-books. In FY 2014, the library added an offering of 125,000 streaming electronic audio and video titles. The library's website, winner of the 2013 Digital Government Achievement Award from e.Republic's Center for Digital Government, was launched in translated form to patrons who speak Spanish, Vietnamese, Russian and Chinese, placing MCL as a national leader in providing this level of service.

Multnomah County Library continued its role as a champion for reading in FY 2014, engaging nearly 110,000 youth in the Summer Reading program. Everybody Reads 2014 features "My Beloved World" by United State Supreme Court Justice Sonia Sotomayor, generating an invigorating community dialog about the book and bringing Justice Sotomayor to Portland in March, 2014.

In FY 2015, the library faces certain challenges that require ongoing focus and attention. These include:

- Placing training as an ongoing priority to keep pace with shifts in technology
- Remaining vigilant in succession planning to meet future needs
- Responding to patron demand and expectations for e-content and access to digital resources (publishers limit libraries' access to e-books and charge as much as \$84 per copy)

Diversity and Equity

Multnomah County Library has always embraced the concept that a public library must be free and open to all. Libraries are uniquely positioned to support learning and literacy to address the Opportunity Gap that disproportionately affects families in poverty and children of color. Besides residency in the county, there are no membership requirements, no annual fees, and no restrictions based on age, income, gender, race, or creed. Anyone can walk through the library's doors, both physically and virtually, and access all the opportunities it offers.

Recent efforts include:

- Recruitment Recruited for and hired two positions with African-American cultural Knowledge, Skills and Abilities (KSA) requirement (Kenton, Albina). Recruited for and hired a bilingual Somali Library Assistant (Capitol Hill). Hired a Teen Librarian with an African-American cultural KSA (St Johns).
- Community partnerships Partnered with nonprofit agencies to start a summer food program at Rockwood Library to meet the needs of children from low-income families who were hungry. This effort required no additional staff or program costs, met an essential need for these residents, and provided a better experience accessing the other resources at Rockwood Library. The program served a total of 2,125 meals over a 45-day period.

Budget by Division

Division Name	FY 2015 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$8,007,217	\$8,007,217	57.25
Central Library	0	12,838,231	12,838,231	135.50
Collections & Technical Services	0	10,907,450	10,907,450	31.00
Youth Services	0	2,948,127	2,948,127	19.75
Neighborhood Libraries	0	24,391,666	24,391,666	248.75
System Access & Information Services	0	8,068,496	8,068,496	10.00
Programming & Community Outreach	<u>0</u>	2,127,252	2,127,252	<u>15.75</u>
Total Library	\$0	\$69,288,440	\$69,288,440	518.00

Department Administration

Department Administration provides executive leadership and strategic vision for the library system; connects the community with the many services the library offers; manages the library's finance and budget operations; ensures accurate and timely delivery of library materials; coordinates building maintenance; promotes the resource management of highly qualified staff; provides flexible staffing coverage for the system; and provides opportunities for people to contribute their time and talents to Multnomah County Library.

The Director's Office works with elected leaders, stakeholders, citizens and staff to ensure that library services meet the needs of Multnomah County residents; Business Services manages the library's finance and budget operations; Marketing + Online Engagement provides essential services to the 35,000-plus people who use the library each day; Facilities & Logistics ensures that books and materials move quickly and accurately among all 21 locations and coordinates the maintenance of the buildings and grounds to ensure safe, secure and welcoming facilities; Human Resources/Learning Systems provides assistance with all aspects of the employment cycle, and coordinates training for staff and patrons; System Wide Staffing provides flexible staffing coverage across the system; and Volunteer Services oversees the recruitment and placement of volunteers for all libraries, outreach programs and the Title Wave Bookstore.

Significant Changes

There are no significant budget changes that impacted this division.

Central Library

Referred to as "Portland's Crown Jewel," Central Library is a cherished historic building, and is a downtown destination for local residents and tourists. Nearly 3,000 people visit Central Library every day, from all around Multnomah County and the surrounding areas. First opened in September 1913 and extensively renovated in 1994-97, Central Library houses a diverse collection of nearly 800,000 current and historic books and other materials, including the Oregonian newspaper back to the first issue from 1850.

Statistics gathered over the past decade demonstrate the heavy use of the Central Library. On average, staff answer more than 167,000 reference questions on diverse subjects that include students needing homework help and entrepreneurs working to start a new business. Members of the public use more than 500,000 library Internet and wi-fi sessions for a wide variety of activities such as completing job applications, searching for housing or services, applying for student financial aid, or conducting other research. More than 400 school classes and other groups visit the library, conduct research, hear stories, and select materials to check out. Over 15,000 new borrowers sign up for library cards. More than 20,000 people of all ages attend a wide variety of programs and classes.

For FY 2015, Central Library will continue full operation seven days a week (57 open hours per week). The workforce will remain at FY 2014 levels.

Significant Changes

There are no significant budget changes that impacted this division.

Collections & Technical Services

The Collections & Technical Services Division acquires, catalogs, processes and manages the library's collection for all locations. It is organized into four units:

- The Selections Unit works with vendors, publishers and professional review sources to select materials in all formats (print, CDs, DVDs, electronic) for purchase. This unit monitors collection use by location, age group and patron requests to determine current needs.
- The Acquisitions Unit orders, claims, receives and pays for collection materials. This unit monitors use of collection funds, pays invoices and maintains fund accounting records.
- The Cataloging Unit creates database records that show what the library owns, where materials are located, and whether they are available. These records enable patrons to see availability, place holds on copies, and check out materials.
- The Materials Processing Unit prepares materials for use by applying protective labels, jackets and packaging. This unit sorts new materials for direct delivery to library locations.

In FY 2014 the Division added 66,000 new print and electronic titles (344,000 copies, 83,000 of those in electronic format) to the library collection. It also managed approximately 2,500 periodical subscriptions, more than 120 databases and a growing number of online resources. The electronic materials can be accessed 24/7.

Significant Changes

In FY 2014 the Library continued to expand the availability of electronic content in response to changes in the publishing industry and in the way patrons access content.

Library patrons are now able to choose from two e-book platforms, Overdrive and the 3M Cloud Library. Overdrive offers downloadable audio-books and e-books, which patrons download directly to their devices. The 3M Cloud Library is searchable through the library website, offering patrons access to e-books via a cloud-based system.

Hoopla, a Netflix-like service for libraries, was launched to give patrons even more options to view electronic content. Hoopla offers patrons access to streaming music, movies and television series. Items received through Hoopla are always available; patrons never have to wait to check them out.

Youth Services

Youth Services serves children from birth through grade 12 in three areas: Youth Services Management, Every Child, and School-Age Services.

Youth Services Management provides planning and oversight, ensuring adequately trained staff, developmentally appropriate practices and services that support the library's priorities. This includes Teen Services and the library's popular Summer Reading Program, which served nearly 110,000 participants in FY 2014.

Every Child programs support kindergarten readiness by working with children's adult caregivers. In FY 2014, the library presented nearly 6,000 storytimes and circulated 5.1 million picture books. Other programs include Early Words: supporting early childhood care and education providers; Reach Out and Read: a partnership with county health clinics; and New Parent Gifts: (partially funded by The Library Foundation) providing a literacy-focused package to new parents, encouraging them to read with their preschoolers.

School-Age Services works in partnership with school districts and after school programs to improve student success by encouraging pleasure reading, reaching 26,276 students at the 63 schools with the lowest reading scores in the county through Books 2 U; and by providing curriculum support for educators and literacy-focused after school programs.

Significant Changes

School-Age Services is in the midst of a significant grant to help define the public library's role in supporting children who are learning to read. This may result in new technology resources, new partnerships with school districts, and improved service to new readers.

A variety of programs and services are being developed or adjusted to implement the recommendations of the Youth Services Priorities document. These include technology expansion, promotion to targeted populations, and new partnerships with social service agencies.

Neighborhood Libraries

Spread throughout Multnomah County, 18 neighborhood libraries are essential hubs of community life that provide access to books, computers with Internet access, free programs, and meeting spaces for residents who visited these locations over 3.7 million times last year. These libraries range from historic buildings to landmark modern designs. Neighborhood libraries circulate books and other materials, offer educational and engaging programs for all ages, and provide free meeting space for community groups. Libraries give patrons access to nearly two million books and other materials, including rich collections in Spanish, Russian, Vietnamese, and Chinese.

Children and young people participate in storytimes offered in six languages, as well as after-school activities. Last year, nearly 110,000 children took part in the Summer Reading Program; many of them participated through their neighborhood library.

Adults develop essential life skills by attending computer classes, using popular job seekers labs to fill out applications, and participating in book groups. Dedicated volunteers contributed nearly 45,000 hours of service this past year. In FY 2014, neighborhood libraries began offering the innovative Book a Librarian service. All staff are trained, coached and evaluated on customer service principles to ensure that the patron experience is positive and seamless.

Significant Changes

The Neighborhood Libraries division has increased the amount of programming and outreach offered to schools and other community organizations at all neighborhood libraries. Each location evaluates outreach options annually to ensure that neighborhood libraries are responsive and engaged to best meet the needs of their communities.

System Access & Information Services

System Access & Information Services has three areas: Information Technology (IT) Services, System Access Services and System Information Services. Together, these programs ensure that the library's computer systems and online presence are inviting and functional and that patrons receive excellent customer service.

IT Services supports staff computing and maintains 857 computers for public use, children's iPads with education apps, plus wired and wireless networks across all library locations. These networks allow public access to resources such as the library catalog, databases, downloadable books and media, and websites that assist patrons with job hunting, continuing education and access to government services.

Access Services develops policies and procedures to help people use library services, including an estimated 63,000 new cardholders in FY 2014. It manages IT support, develops and trains staff on new policies and procedures, ensures good stewardship of library collections, and manages system-wide and statewide projects.

Information Services trains and supports librarians and library assistants, enabling them to quickly and accurately connect library users with the resources, experiences and information they seek. Librarians and library assistants answer 550,000 information requests annually.

Significant Changes

IT Services (80017) includes \$175,000 for implementation of new digital information strategies, including creation, digitization, hosting and delivery of content created by Multnomah County Library patrons and staff.

Programming & Community Outreach

The Programming & Community Outreach (PCO) division leads the library's public programming, community outreach, public training, reader services and partnership initiatives. The division includes oversight of the Library Outreach Services (LOS) adult outreach section. PCO ensures that activities align with the library's priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work and assists in research and evaluation. Specific responsibilities include scheduling, grant writing, exhibit building, volunteer coordination, staff and public training, event management, creation of website content, publicity and fiscal oversight.

PCO staff oversee more than 4,200 events, public programs and classes at libraries and other community gathering places each year, all designed to enrich and transform the lives of children, families and adults. Library Outreach Services focuses on programs and services to older adults, new immigrants, adult learners, people with disabilities, and people who are institutionalized or homeless. Other outreach includes providing library and information services at community events and presentations to local organizations. Reader Services keeps current the vision of the readers' advisory effort and leads systemwide training, program and service initiatives in this area, working with other divisions to engage the community and generate excitement around reading. Partnerships increase and enhance the library's visibility in the community and maintain goodwill among the library and other organizations and their users.

Significant Changes

Programming and Community Outreach received a grant from the Paul G. Allen Family Foundation (via The Library Foundation) to pilot innovation in Readers' Advisory, the service which helps patrons find their next great read. This challenging and exciting project supports the Library's mission to be a leading advocate for reading and the priority to champion reading for all. The project could have impact on libraries across the country, many of whom are looking for new and improved models for making reading suggestions, long a cornerstone of library service. Work thus far has included convening a meeting of library leaders from around the country to discover emerging trends, opportunities and unexpected issues and challenges around Readers' Advisory; research with library patrons who are avid readers to better understand how readers perceive librarians, how they choose books to read; and preparing to test a personal librarian service.

 $\frac{Multnomah\ County\ Library}{\text{The following table shows the programs\ that\ make\ up\ the\ department's\ total\ budget.\ The\ individual\ programs}$ follow their respective divisions.

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE		
Department Administration							
80007	Library Director's Office	\$0	\$1,026,846	\$1,026,846	6.00		
80008	80008 Marketing + Online Engagement		1,041,755	1,041,755	7.50		
80009	80009 Business Services		1,059,297	1,059,297	5.50		
80010	Volunteer Svcs/Title Wave Book Store	0	508,636	508,636	4.00		
80011	Human Resources/Learning Systems/ System Wide Staffing		2,137,293	2,137,293	19.50		
80018	Facilities & Logistics	0	2,233,390	2,233,390	14.75		
Central Libra	ıry						
80000	Central Library	0	10,534,563	10,534,563	132.75		
80012	Central Director's Office	0	2,303,668	2,303,668	2.75		
Collections & Technical Services							
80013	Library Book Budget	0	7,100,000	7,100,000	0.00		
80014	Library Books-Acquisition & Processing	0	3,807,450	3,807,450	31.00		
Youth Services							
80003	School-Age Services	0	1,271,759	1,271,759	9.00		
80004	Every Child Initiative	0	961,284	961,284	7.50		
80015	Youth Services Management	0	715,084	715,084	3.25		
Neighborhood Libraries							
80001	Regional Libraries	0	10,071,748	10,071,748	105.00		
80002	Neighborhood Libraries	0	13,606,436	13,606,436	139.25		
80016	Neighborhood Libraries Management	0	713,483	713,483	4.50		
System Acce	System Access & Information Services						
80017	IT Services	0	6,376,169	6,376,169	0.00		
80019	System Access Services	0	1,410,498	1,410,498	9.00		
80020	System Information Services	0	281,829	281,829	1.00		
Programmin	g & Community Outreach						
80005	Programming & Community Outreach	0	1,307,429	1,307,429	7.50		
80006	Adult Outreach	<u>0</u>	<u>819,823</u>	<u>819,823</u>	<u>8.25</u>		
	Total Library	\$0	\$69,288,440	\$69,288,440	518.00		



Program #80000 - Central Library

7/3/2014

Department: Library **Program Contact:** David Ratliff

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

Related Programs:

Program Characteristics:

Executive Summary

Central Library offers the public books, informational services, programs, classes, Internet access and meeting space. Central Library serves the diverse people and communities throughout Multnomah County: urban core, suburban neighborhoods, disadvantaged, affluent, preschoolers, students, retirees, job hunters and culture seekers. Central Library serves the patrons who use the building and all the resources it holds. Central Library also serves patrons throughout the county via system-wide services (many online and virtual) provided by Central staff.

Program Summary

Central Library engages citizens with ideas and brings them together for community interaction by providing programs, meeting rooms and public forums as well as books and a vast array of informational materials. More than 850,000 people visit Central Library annually, averaging over 2,700 visits per day. Central Library fosters opportunities and resources for lifelong learning by offering access to more than 735,000 books and other items. Central Library provides 99 public computers with free Internet access used more than 170,000 hours (84.2% utilization rate); provides high speed wireless access in 250,000 wi-fi sessions; answers over 167,000 reference questions; offers 1,033 programs; and contributes to sustainability by sharing resources that would have cost nearly \$30 million annually if purchased by individuals.

This offer provides opportunities for diverse neighbors to interact and engender a sense of community. People attend programs done in partnerships with other organizations, such as the continuing "lunch & learn" series (co-sponsored by PCC) improving work and life skills. Central Library also offers a variety of forums and resource events where people meet and discuss ideas and issues pertinent in the community. Groups use meeting rooms for their own community meetings and events. Central Library provides essential services to those without computers by providing free Internet access through Internet stations, wireless access, and a variety of free computer labs and classes. Central Library provides people from all walks of life with a lifetime of learning through books, magazines, and online resources in an array of subjects—from art and music to small business to car repair, from poetry and philosophy to adult literacy and language learning. Breaking down cultural and economic barriers, Central Library empowers new immigrants, small business owners, seniors, students and the homeless by providing information survival tools to develop life skills.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Books and items checked out or renewed	2,506,479	2,500,000	2,500,000	2,500,000			
Outcome	Patrons who found books and items they wanted	90%	92%	90%	90%			
Efficiency	Books and items checked out per capita	29.4	30	26	26			

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$10,075,128	\$0	\$10,056,314
Contractual Services	\$0	\$80,715	\$0	\$82,300
Materials & Supplies	\$0	\$190,778	\$0	\$153,620
Internal Services	\$0	\$226,522	\$0	\$242,329
Total GF/non-GF	\$0	\$10,573,143	\$0	\$10,534,563
Program Total:	\$10,573,143		\$10,53	34,563
Program FTE	0.00	133.25	0.00	132.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80000 Central Library

Net reduction of 0.50 FTE: 0.25 librarian transferred from 80014; reclassified a 0.75 library page to a 1.0 program technician, a limited duration position.



Program #80001 - Regional Libraries

7/3/2014

Department: Library **Program Contact:** Rita Jimenez

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

Related Programs: 80002

Program Characteristics:

Executive Summary

This program offer is for the five regional libraries: Belmont, Gresham, Hillsdale, Hollywood, and Midland. Regional libraries have more space and larger collections, and offer more services, than the smaller neighborhood libraries. Last year, residents visited regional libraries over 1.6 million times and benefited from diverse learning, cultural, and recreational opportunities.

Program Summary

Multnomah County residents have access seven days a week, including some evenings, to over 544,000 items at the five regional libraries. This includes more than 100,000 e-books, streaming movies, music, and downloadable audiobooks. In the past year, e-book check out increased by 40%.

Children and young people participate in storytimes, Summer Reading, and after school activities (peak hours for juvenile crime). Over 1,350 groups have used free community space for meetings, thereby fostering meaningful citizen involvement and neighborhood interaction. Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement and other library programs. Libraries help bridge the digital divide by providing free basic computer classes and Internet access to those without computers. Language learning and educational programs improve employment opportunities and quality of life for those residents with low English proficiency and limited resources.

The five regional libraries offer a variety of programs that provide opportunities for neighbors to interact. Dedicated volunteers from youth to seniors contributed 15,560 hours of service this past year. In addition, libraries serve as a bridge for the diverse cultures within Multnomah County. Non-English speakers residents enjoyed about 270 bilingual programs and events this past year, such as Dia de Los Ninos, Slavic and Lunar New Year celebrations. Regional libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. The 222 public computers and devices with Internet access, along with patrons' personal devices, were used for a total of nearly 500,000 Internet and wi-fi sessions. More than 320 free computer classes and labs help attendees develop life and job skills. Residents also access information, training and other resources to increase literacy skills and become citizens. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning. Over 109,000 children participated in the 2013 Summer Reading program across the library system, and 56,380 people attended youth programs at regional libraries last year.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Books and items checked out or renewed	7,745,870	7,800,000	7,500,000	7,500,000			
Outcome	Patrons who found books and items they wanted	91%	92%	90%	90%			
Efficiency	Cost per item checked out or renewed	\$2.42	\$2.42	\$2.58	\$3.25			

Performance Measures Descriptions

Efficiency: Cost per item checked out or renewed (total annual expenditures/total circulation). Among the nation's busiest libraries, Multnomah County Library has one of the lowest costs per item checked out. Upward trend is caused by circulation decreasing in FY 13, likely due to reduced hours and Monday closures.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$8,070,844	\$0	\$8,242,570
Contractual Services	\$0	\$9,600	\$0	\$9,300
Materials & Supplies	\$0	\$136,785	\$0	\$164,978
Internal Services	\$0	\$1,595,205	\$0	\$1,654,900
Total GF/non-GF	\$0	\$9,812,434	\$0	\$10,071,748
Program Total:	\$9,812,434		\$10,07	71,748
Program FTE	0.00	101.50	0.00	105.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80001 Regional Libraries

Net increase of 3.5 FTE.



Program #80002 - Neighborhood Libraries

7/3/2014

Department: Library **Program Contact:** Rita Jimenez

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

Related Programs: 80001

Program Characteristics:

Executive Summary

This program offer is for the 13 neighborhood libraries: Albina, Capitol Hill, Fairview-Columbia, Gregory Heights, Holgate, Kenton, North Portland, Northwest, Rockwood, Sellwood-Moreland, St. Johns, Troutdale and Woodstock libraries. Last year residents visited neighborhood libraries over two million times and benefited from diverse learning, cultural, and recreational opportunities.

Program Summary

Neighborhood libraries serve as community facilities where residents can attend classes, programs, and community forums that provide opportunities for neighbors to interact. County residents have access seven days a week, including some evenings, to a collection of 595,263 books. This includes more than 100,000 e-books, streaming movies, music, and downloadable audiobooks. In the past year, e-book check out increased by 40%.

Children and young people participate in storytimes, Summer Reading and after-school activities (peak hours for juvenile crime). Residents develop critical life skills through job training resources, book groups, civic engagement, and other library programs. Libraries help bridge the digital divide by providing free Internet access and basic computer classes to those without computers or an Internet connection. Language learning and educational programs and access to citizenship classes improve employment opportunities and quality of life for residents with low English proficiency and limited resources.

Neighborhood libraries offer a variety of programs that provide opportunities for neighbors to interact. Dedicated volunteers from youth to seniors contributed 30,300 hours of service this past year, and more than 900 groups used free library space for community meetings. In addition, libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoyed 1,396 bilingual programs and events this past year. Neighborhood libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. Neighborhood libraries' 348 public computers and devices with Internet access, along with patron's personal devices, were used for a total of 590,000 Internet and wi-fi sessions. More than 660 free computer classes and labs helped attendees develop life and job skills. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning. More than 109,000 children participated in the 2013 Summer Reading program across the library system, and 106,250 people attended youth programs at neighborhood libraries last year.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Books and items checked out or renewed	8,430,072	8,500,000	8,300,000	8,300,000			
Outcome	Patrons who rated Neighborhood Libraries' public programs good or excellent	92%	97%	95%	95%			
Efficiency	Cost per item checked out or renewed	\$2.42	\$2.42	\$2.58	\$3.25			

Performance Measures Descriptions

Efficiency: Cost per item checked out or renewed (total annual expenditures/total circulation). Among the nation's busiest libraries, Multnomah County Library has one of the lowest costs per item checked out. Upward trend is caused by circulation decreasing in FY 13, likely due to reduced hours and Monday closures.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$10,962,749	\$0	\$11,068,316
Contractual Services	\$0	\$14,200	\$0	\$13,500
Materials & Supplies	\$0	\$175,742	\$0	\$218,659
Internal Services	\$0	\$2,177,750	\$0	\$2,305,961
Total GF/non-GF	\$0	\$13,330,441	\$0	\$13,606,436
Program Total:	\$13,330,441		\$13,60	06,436
Program FTE	0.00	140.00	0.00	139.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80002 Neighborhood Libraries

Net reduction of 0.75 FTE.



Program #80003 - School-Age Services

7/3/2014

Department: Library Program Contact: Katie O'Dell

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

Related Programs:

Program Characteristics: Measure 5 Education

Executive Summary

School-Age Services (SAS) improves kindergarten through high school students' reading and information literacy by training students to effectively use public library online research tools; by connecting students with dynamic book collections and reading motivation programs; and by offering curriculum support, training and resources for their educators, parents and caregivers. Services are targeted toward students at risk of low literacy.

Program Summary

School-Age Services staff, who are trained in research, booktalking, and reading promotion, serve students, educators, parents and caregivers in public and private schools, community agencies, county programs, treatment facilities and other locations serving school-age youth.

Staff provide information, books, training, recreational programs and technical support to increase students' and invested adults' literacy and information skills. Thousands of quality children's books are delivered to schools and community agencies. School Corps (SC) provides direct service to students, parents and educators during the school day, after school, and during the summer. Librarians collaborate with educators to increase students' academic success and literacy in the county's K-12 schools and SUN programs by training students to effectively and efficiently use public library resources for student research and pleasure reading.

BOOKS 2 U (B2U) staff and volunteers introduce students to high interest books through booktalking programs and by providing paperback copies of books they promote. Their goal is to introduce Multnomah County Library as an educational partner and significant resource. To that end, they attend and present at parent and family night programs; provide library cards to children served; and promote the library's Summer Reading program, as well as the neighborhood library and its services.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Youth served in Books 2 U & School Corps (duplicated)	126,545	69,000	75,000	75,000		
Outcome	% of students whose research skills increase after School Corps presentation	92%	90%	90%	90%		
Outcome	% of teachers indicating that they will ask for School Corps services again	100%	95%	90%	90%		
Outcome	% of schools served that show improvement in 3rd and 5th grade reading scores	39%	50%	50%	45%		

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$810,629	\$0	\$1,019,102
Materials & Supplies	\$0	\$140,433	\$0	\$214,573
Internal Services	\$0	\$26,328	\$0	\$38,084
Total GF/non-GF	\$0	\$977,390	\$0	\$1,271,759
Program Total:	\$977,390		\$1,27	1,759
Program FTE	0.00	7.75	0.00	9.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$331,600 comes from The Library Foundation for Books 2 U and Learning to Read programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80003 School-Age Services

Net increase of 1.25 FTE: 0.25 clerk and 1.0 program supervisor added.



Program #80004 - Every Child Initiative

7/3/2014

Department: Library **Program Contact:** Renea Arnold

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

Related Programs:

Program Characteristics: Measure 5 Education

Executive Summary

The Every Child Initiative prepares children for kindergarten by providing 1) education, motivation and support for parents and caregivers to provide meaningful language and literacy experiences that foster children's brain development, and early literacy skills which build the foundation for learning to read, 2) engaging programs and hands-on literacy activities that open up the wonder of stories, music, culture and play, and 3) an enthusiastic and dedicated professional staff eager to help children fall in love with reading. Services are directed toward families living in poverty and those learning English.

Program Summary

The Every Child staff, who are trained in child development, brain development, and early reading research, visit parents and caregivers in social service agencies, childcare centers, Head Start centers, teen parent programs, treatment facilities, and other locations serving adults with children birth to age five. They teach parents and caregivers easy techniques to prepare their preschool children for learning to read. Classes, taught in English, Spanish, Russian, Chinese and Vietnamese, show adults how to read, talk, sing, and rhyme with babies, toddlers, and preschoolers so that children develop the pre-reading skills they need before they enter kindergarten.

From birth to age five, children go through a critical window for brain development that supports literacy. Reading, talking, singing, playing, writing and rhyming with children during this sensitive time determines a child's future as a reader. Many parents and caregivers don't know how early this window opens—and closes—and how tremendous an impact simple actions can have on their children's future ability to read. Children must have early experiences with language, books, and writing tools to become successful readers.

Research shows that children most at risk for being unprepared for kindergarten are those who live in poverty, speak English as a second language, have few books in their homes, and whose mothers have limited education and/or low literacy. These children start kindergarten with significantly lower cognitive skills than their more advantaged peers because they likely lacked the opportunity to have rich language and literacy experiences in the five years BEFORE they went to school. The Every Child Initiative reaches these parents on-site and shows them easy ways to help their children gain prereading skills during these most important years. Program evaluations show that parents and caregivers gain clear knowledge of their role in their children's preparedness for reading.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	The number of parents, caregivers, and adults served in Everv Child Initiative outreach	10,676	14,000	12,532	14,000		
Outcome	% of participants who show an increase in five reading and literacy activities	90%	90%	88%	90%		
Output	The number of books circulated in Every Child Initiative	2,232,207	2,400,000	1,000,000	2,200,000		

Performance Measures Descriptions

Output: The number of parents, caregivers, and adults served in all Every Child Initiative outreach, including those who receive welcome baby gifts in the hospital when their first child is born.

Outcome: The evaluation measures an increase in five behaviors: 1. Encourage child to participate more often; 2. Point out pictures and talk about them; 3. Read the book more than once; 4. Ask or answer questions while reading; 5. Talk about new words.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$745,014	\$0	\$737,532
Contractual Services	\$0	\$11,500	\$0	\$11,000
Materials & Supplies	\$0	\$172,963	\$0	\$182,519
Internal Services	\$0	\$28,163	\$0	\$30,233
Total GF/non-GF	\$0	\$957,640	\$0	\$961,284
Program Total:	\$957,640		\$961	,284
Program FTE	0.00	7.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$258,851 comes from The Library Foundation for Bookbag outreach, Women, Infants, and Children (WIC) Literacy Centers, and an Every Child Library at Earl Boyles Early Learning Initiative, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80004 Early Childhood Services

No significant changes.



Program #80005 - Programming & Community Outreach

7/3/2014

Department: Library **Program Contact:** Terrilyn Chun

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

Related Programs:

Program Characteristics:

Executive Summary

Programming and Community Outreach (PCO) leads the library's public programming, community outreach, public training, Reader Services and partnership initiatives, and includes oversight of Library Outreach Services (LOS). PCO ensures activities align with library priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work, and assists in research and evaluation. Responsibilities include scheduling, grant writing, exhibit building, volunteer coordination, staff and public training, event management, website content creation, publicity and fiscal oversight.

Program Summary

Programming meets the informational, educational and entertainment needs of library users by providing a wide array of inperson and virtual activities, experiences, learning opportunities and exhibitions that complement library materials and services. Programs include arts and cultural programming for all ages, author and literature programs and book discussions. Public technology training ensures all members of the community have an opportunity to learn how to use technology to navigate our world—everything from filling out job applications online to keeping in contact with friends and family both near and far. Programming and Community Outreach staff provide the professional and technical expertise to make more than 4,200 programs possible each year and help nearly 57,400 people learn about and interact with their community.

Community outreach extends library services and programs to a broader section of the population by taking them out of the library and into the particular environment of a patron or group of patrons. This work ranges from programs and services to older adults, new immigrants and adult learners through Library Outreach Services, to promoting the library and providing information services and community events and presentations to local organizations.

Reader Services is responsible for establishing, implementing and keeping current the vision of the reader's advisory as part of Information Services. Staff lead systemwide training, program and service initiatives in this area, working with other divisions to engage the community and generate excitement around reading.

Community partnerships result in programs and services that leverage the unique strengths and resources of each organization. Partnerships increase and enhance the library's visibility in the community and establish good will between the library and other organizations and their users. Partnerships make programs like Everybody Reads possible. Partners include Oregon Humanities, Portland State University, Portland Community College, Delta Society, OASIS, Portland Opera, Oregon Symphony and Multnomah County's Aging and Disability Services.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of financial literacy programs offered	108	30	19	50		
Outcome	Attendees who say library programs connect them to their community	40%	50%	46%	50%		
Outcome	Attendees who say they learned something new at a library program	77%	80%	82%	80%		
Quality	Attendees of library programs who rate them as good or excellent	91%	95%	96%	95%		

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$805,405	\$0	\$765,848
Contractual Services	\$0	\$316,053	\$0	\$324,912
Materials & Supplies	\$0	\$192,431	\$0	\$185,600
Internal Services	\$0	\$26,320	\$0	\$31,069
Total GF/non-GF	\$0	\$1,340,209	\$0	\$1,307,429
Program Total:	\$1,340,209		\$1,30	7,429
Program FTE	0.00	7.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$82,000 comes from The Library Foundation for Readers' Advisory, Everybody Reads, a 150th anniversary celebration, and programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80005 Programming & Community Outreach

No significant changes.



Program #80006 - Adult Outreach

7/3/2014

Department: Library **Program Contact:** Jane Salisbury

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

Related Programs:

Program Characteristics:

Executive Summary

Adult Outreach provides library services and programs to Multnomah County residents underserved by traditional library means, including older and homebound adults, new immigrants, people with disabilities, adult learners, and those who are institutionalized or homeless. Adult Outreach delivers books and other materials to people who are homebound; provides resources and conducts classes and other programs for immigrants, new readers, older adults and GED seekers; and partners with community agencies.

Program Summary

Adult Outreach delivers books and other library materials and services to Multnomah County residents who are homebound, or who live in assisted living facilities, retirement homes, adult care homes, shelters, transition homes, or jails (the last in partnership with the Multnomah County Sheriff's Office).

Adult Outreach connects these people with their community by providing library services and programs, such as book discussion groups and instruction. Adult Outreach, in partnership with literacy organizations, also supports people whose first language is not English—or who may not read or write well in English—by providing assistance, referrals, resources, and library programs, including citizenship classes, GED labs, literacy tutoring and Talk Time sessions (English conversation practice).

Delivering books, reading to residents of assisted living units, leading book discussion groups for seniors, teaching citizenship classes, leading book groups in the jails, connecting patrons with computer and e-reader classes and leading English conversation practice in neighborhood libraries provide meaningful opportunities for volunteers, working with outreach staff, to contribute significantly to the lives of vulnerable citizens.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Book discussion groups for seniors	184	200	240	240			
Outcome	Attendees who say book discussion groups connect them to their community	80%	80%	80%	80%			
Output	Facilitated English conversation practice groups (Talk Time)	180	180	180	180			

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$705,601	\$0	\$769,550
Materials & Supplies	\$0	\$24,983	\$0	\$18,100
Internal Services	\$0	\$32,952	\$0	\$32,173
Total GF/non-GF	\$0	\$763,536	\$0	\$819,823
Program Total:	\$763	\$763,536),823
Program FTE	0.00	7.75	0.00	8.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80006 Adult Outreach

Net increase of 0.5 FTE.



Program #80007 - Library Director's Office

7/3/2014

Department: Library **Program Contact:** Vailey Oehlke

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Library Director's Office provides executive leadership and strategic vision for the library system by working with the Board of County Commissioners (BCC), the Multnomah County Library District Board, the Library Advisory Board (LAB), community organizations, businesses, private citizens and staff to ensure that library services are responsive to the evolving needs of Multnomah County residents.

Program Summary

The Library Director's Office envisions the library's role and future in the community; translates that vision into strategic direction in partnership with the BCC, Library District Board, the community, and the Library Advisory Board; represents Multnomah County Library on local, regional, and national levels, working with other libraries and library organizations; partners with The Library Foundation and Friends of the Library to enhance citizen support and fundraising efforts; executes policy development and implementation with the senior management team; and with county peers, leads in achieving enterprise-wide objectives.

Since voter approval in November, 2012, to form a library district to fund library programs and services, the Library Director's Office has coordinated with key stakeholders and partners to establish and maintain governance, budgeting and operational practices that comply with applicable statutes and policies. The Library Director's Office will continue this work to ensure that the library is best utilizing public resources to serve the community. This office is directly responsible to Multnomah County residents for the effectiveness and efficiency of the library system.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Customer comments received and processed (electronic and paper)	2,103	1,350	1,500	1,500		
Outcome	Conversations with the Library Director	34	30	28	30		

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$779,132	\$0	\$891,457
Contractual Services	\$0	\$45,000	\$0	\$46,500
Materials & Supplies	\$0	\$57,807	\$0	\$56,445
Internal Services	\$0	\$29,426	\$0	\$32,444
Total GF/non-GF	\$0	\$911,365	\$0	\$1,026,846
Program Total:	\$911	,365	\$1,02	6,846
Program FTE	0.00	6.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$66,282,054	\$0	\$69,043,439
Taxes	\$0	\$837,964	\$0	\$200,000
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Interest	\$0	\$33,561	\$0	\$10,000
Total Revenue	\$0	\$67,188,579	\$0	\$69,288,439

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$294,000 comes from the Oregon State Library for the Library to serve as fiscal agent for Answerland, Oregon's 24/7 virtual reference service. \$811,446 (\$5,000 for this offer) comes from The Library Foundation for program and collection enhancements, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80007 Library Director's Office

Net significant changes. Transferred 1.0 administrative specialist to Acquisition & Processing (offer 80014); added 1.0 library safety & security manager.



Program #80008 - Marketing + Online Engagement

7/3/2014

Department: Library **Program Contact:** Jeremy Graybill

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Marketing + Online Engagement connects the community to library services, resources, programs and collections. As the library's in-house creative and digital strategies team, the section serves the public by maintaining an effective web portal to library services; creating helpful, effective and compelling informational and promotional materials; analyzing and deploying emerging digital strategies; and developing and leveraging the library's brand into more powerful connections with the community.

Program Summary

Marketing + Online Engagement provides essential services to the library and the 35,000-plus people who use it each day, either online or in person. The section creates integrated strategies to create lasting, meaningful relationships with the community; performs ongoing activities to promote library use; works to deliver rewarding experience in person and online; creates mechanisms to gather patron feedback, comments, and input; oversees the library's public website, online presence in social media and email marketing, and the library's intranet; maintains the library's mobile app; and provides critical input into strategic decisions on how to best meet the emerging needs of the public.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Visits to the library's website	8,020,170	7,000,000	8,000,000	8,000,000		
Outcome	% of customers satisfied with library communications	85%	95%	95%	95%		

Performance Measures Descriptions

The above performance measures were gathered via Google Analytics and an online survey.

Output: The visits to the library's website are an indicator of value and use, as well as of usability and return visits.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$880,590	\$0	\$808,593
Contractual Services	\$0	\$75,921	\$0	\$116,200
Materials & Supplies	\$0	\$106,817	\$0	\$89,769
Internal Services	\$0	\$26,766	\$0	\$27,193
Total GF/non-GF	\$0	\$1,090,094	\$0	\$1,041,755
Program Total:	\$1,090,094		\$1,04	1,755
Program FTE	0.00	8.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$11,995 comes from The Library Foundation for enhancements to the Library's mobile app functions, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80008 Marketing & Communications

Net decrease of 1.0 FTE: reduced a 1.0 vacant program communications specialist position.



Program #80009 - Business Services

7/3/2014

Department: Library Program Contact: Chung Fun Leung

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Business Services manages and provides accounts payable, accounts receivable, fiscal reporting, budget preparation, grant reporting, purchasing and contracts for the entire library system.

Program Summary

Business Services manages the annual budget preparation and submittal process; monitors and adjusts the budget throughout the fiscal year; manages contracts, procurements, and grants; processes and oversees accounts payable/receivable; administers purchasing cards and cash management for the library system. This program ensures that library funds are budgeted, received, accounted for, and spent appropriately.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of vendor invoices processed	6,858	6,500	6,939	6,939			
Outcome	Vendor invoices paid within 30 days of invoice date	88%	90%	89%	90%			
Outcome	Customer payments posted within 5 business days of receipt	99.99%	0	99.99%	99.99%			

Performance Measures Descriptions

Removed output "Customer invoices processed": with all library locations open 7 days a week, these numbers should remain largely unchanged from year to year.

Changed output "Customer payments processed" to outcome measure "Customer payments posted within 5 business days of receipt".

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$764,191	\$0	\$830,958
Contractual Services	\$0	\$22,000	\$0	\$20,500
Materials & Supplies	\$0	\$59,499	\$0	\$40,982
Internal Services	\$0	\$175,535	\$0	\$166,857
Total GF/non-GF	\$0	\$1,021,225	\$0	\$1,059,297
Program Total:	\$1,02	\$1,021,225		9,297
Program FTE	0.00	4.75	0.00	5.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80009 Business Services

Net increase of 0.75 FTE: increase an existing finance specialist 1 position from .75 to 1.0 FTE; 0.5 office assistant, sr. position transferred from Human Resources (offer 80011).



Program #80010 - Volunteer Svcs/Title Wave Book Store

7/3/2014

Department:LibraryProgram Contact:June BassProgram Offer Type:SupportProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Volunteer Services provides opportunities for 1,800 people annually who contribute their time and talents to Multnomah County Library. Volunteers are active in all locations, including Central Library, the 18 neighborhood libraries, Library Administration, and the Title Wave Used Bookstore, as well as various outreach programs. The Title Wave Used Bookstore is a retail outlet that generates revenue for the library through the sale of discarded books and other materials. Opened in 1988, the Title Wave provides an effective means of recycling the library's collection back into the community.

Program Summary

Volunteer Services oversees the recruitment, screening, placement, performance management, position creation, and recognition of 1,800 volunteers. Volunteers enhance the services that the library can provide at all library locations in the community. The scope of volunteer opportunities includes booktalking with Books 2 U, conducting citizenship classes through Adult Literacy, delivering library materials to shelters through Adult Outreach, teaching basic computer skills, and searching for reserved items at all library locations. Volunteers share their skills and are given responsibilities that engage them in their libraries and neighborhoods. About 40% of library volunteers are students 10-18 years old. Students are given an experience that provides life skills and engages them in their community. Last year, volunteers contributed over 66,000 hours of time to the library.

The Title Wave Used Bookstore recycles and sells discarded library books and materials to the community. The store is open 40 hours per week and is staffed by 65 volunteers with the support of one paid staff person. Because the used books are sold at reasonable prices, many of the Title Wave's regular customers are teachers/media specialists buying books for their classrooms and libraries. Many home-school families buy books for educational purposes as well. Last year, the Title Wave generated over \$200,000 in revenue.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Hours contributed by volunteers	66,443	74,000	67,000	70,000			
Outcome	Student volunteers who report using their service for school/community requirement	50%	42%	50%	50%			

Performance Measures Descriptions

Outcome: All library volunteers under the age of 18 years old were surveyed to see if their volunteer hours were eligible for school or community service requirements. 50% of the responding volunteers reported that their volunteer hours counted toward school or community service requirements.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$436,342	\$0	\$445,275
Contractual Services	\$0	\$9,675	\$0	\$9,075
Materials & Supplies	\$0	\$34,735	\$0	\$38,973
Internal Services	\$0	\$15,711	\$0	\$15,313
Total GF/non-GF	\$0	\$496,463	\$0	\$508,636
Program Total:	\$496,463		\$508	,636
Program FTE	0.00	4.00	0.00	4.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80010 Volunteer Svcs/Title Wave Book Store

No significant changes.



Program #80011 - Human Resources/Learning Systems/System Wide Staffing

7/3/2014

Department:LibraryProgram Contact:Shelly KentProgram Offer Type:AdministrationProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Human Resources/Learning Systems (HR/LS) promotes the resource management of highly qualified staff by providing management consultation and technical assistance with the employment life cycle through recruiting, hiring and retaining staff; time entry; staff training and development; and consulting with employees and managers, including planning for future workforce needs. System Wide Staffing provides flexible staffing coverage through the use of regular and on-call staff. The Administrative Support unit provides clerical and special project support to the Administration Building staff.

Program Summary

Human Resources/Learning Systems supports the library's mission and goals by ensuring HR systems are collaboratively implemented; assisting and consulting with over 536 regular and 103 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. Human Resources/Learning Systems provides internal consultation to managers and employees on a wide range of HR, employee and labor relations issues, including performance management to ensure a highly functioning workforce; recruitment to attract highly qualified, diverse applicants to serve the changing needs of county residents; legal, contractual and policy compliance to reduce liability and the costs of unlawful employment actions; and accurate time entry to ensure that employees are paid correctly for hours worked.

The HR division works with staff and managers to assess organizational needs; provide strategic direction, succession and workforce planning; and provide learning opportunities to ensure highly qualified and competent staff who have the requisite skills to serve their customers. Human Resources/Learning Systems partners with Central HR/Labor Relations to develop and implement integrated HR initiatives and solutions.

System Wide Staffing supports the library's mission and goals by providing flexible staffing for temporary projects, workload increases and absences.

The Administrative Support unit staff answer the main phone number for the library system and assist people by explaining policies, answering questions and referring people to the appropriate library service, while also completing clerical tasks and projects for management and program staff, and responding to patron comments and questions.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Staff training sessions offered by Learning Systems	137	190	190	200			
Outcome	Increase in bilingual/bicultural FTEs	-11%	5%	52%	5%			

Performance Measures Descriptions

Outcome: The library made budget reductions in FY13, including an overall reduction in staff; staff were added back for FY14, including bilingual/bicultural FTEs.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,788,940	\$0	\$1,960,833
Contractual Services	\$0	\$14,000	\$0	\$17,700
Materials & Supplies	\$0	\$77,179	\$0	\$96,880
Internal Services	\$0	\$49,021	\$0	\$61,880
Total GF/non-GF	\$0	\$1,929,140	\$0	\$2,137,293
Program Total:	\$1,929,140		\$2,13	7,293
Program FTE	0.00	20.00	0.00	19.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80011 Human Resources/Learning Systems/System Wide

Net decrease of 0.5 FTE: transferred 0.5 office assistant, sr. to Business Services (offer 80009).



Program #80012 - Central Director's Office

7/3/2014

Department: Library **Program Contact:** David Ratliff

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Central Library Director's Office (CDO) sets overall direction for Central Library; directs, develops, and evaluates services, programs and staff; and administers the Central Library budget.

Program Summary

The CDO consists of the Central Library Director, an administrative specialist and a senior office assistant. In collaboration with the Library Director's Office, the CDO determines service, policy, and fiscal priorities for Central Library. This office oversees and supports the Central Management Team; coordinates priorities/needs with those of the 18 other public service locations; communicates with the public regarding issues related to Central; helps manage public and county use of meeting space; and maintains an active connection with the downtown business and civic communities. Administrative staff provide building-wide administrative and scheduling support. This office is responsible for the effectiveness and efficiency of Central Library services and the related expenditure of funds. The CDO proactively engages with the downtown community and is responsive to the concerns and needs of all Central Library users.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Visits to Central Library	853,119	865,000	875,000	865,000			
Outcome	Patrons who rated Central Library's programs good or excellent	88%	98%	90%	90%			

Performance Measures Descriptions

Output: Central Library is a popular destination for area residents. Every day, thousands of people walk through its doors to borrow materials, attend a program, conduct research, use the Internet and more.

Outcome: From patron evaluations of Central Library programs.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$278,560	\$0	\$290,872
Contractual Services	\$0	\$9,000	\$0	\$9,000
Materials & Supplies	\$0	\$44,193	\$0	\$69,968
Internal Services	\$0	\$1,848,581	\$0	\$1,933,828
Total GF/non-GF	\$0	\$2,180,334	\$0	\$2,303,668
Program Total:	\$2,180,334		\$2,30	3,668
Program FTE	0.00	2.75	0.00	2.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80012 Central Director's Office

No significant changes.



Program #80013 - Library Book Budget

7/3/2014

Department: Library **Program Contact:** Javier Gutierrez

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs: 80014

Program Characteristics:

Executive Summary

The Library Book Budget provides funds to add new materials in all formats to the library collection. It purchases new books, music CDs, DVDs, audiobooks, maps, sheet music, periodicals and electronic content. It also funds subscriptions to a growing variety of full-text databases, journals and reference sources in electronic form, in downloadable or web-based formats. This is the materials budget only; personnel and related processing costs are in the linked program offer.

Program Summary

Approximately 39% of the book budget is spent on new books in English for children, teens and adults. Nearly 5% is spent on materials in four "We Speak Your Language" collections (Spanish, Chinese, Vietnamese and Russian). The remaining funds are spent on other formats, including 17% on media (DVDs, CDs and audiobooks), 30% on electronic resources (e-books, online periodicals, full-text databases and electronic reference sources) and 3% on print periodicals.

The demand for traditional materials in print or on disc remains high and purchasing for these materials continues at the same level. Multiple copies of each new title are purchased to ensure that people find what they want when they visit or access the library online.

Demand for electronic content and downloadable materials is growing significantly and adding more of these materials is a primary goal for FY 2015. The total collection size in June 2012 was 1,875,362 physical items. The library collection gives the community access to a rich selection of current recreational and education materials that support personal and career development, enrich civic involvement, support lifelong learning and literacy, reflect cultural diversity and serves as a resource for vulnerable members of the community. The collection also provides materials for preparing to read and succeed in school.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	New titles added to the library collection	81,952	95,000	66,286	85,000	
Outcome	Turnover rate	11.5	11	10.5	10.5	

Performance Measures Descriptions

Output: Count of new titles include electronic titles acquired from vendors.

Outcome: Turnover rate is a measure of how heavily the library collection is used (defined as circulation/holdings). Nationally, the average for public libraries serving a similar population is 4.0; MCL's rate is the highest in the country for libraries serving 500,000 or more. (Source: Public Library Data Service Statistical Report).

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Materials & Supplies	\$0	\$6,795,000	\$0	\$7,100,000
Total GF/non-GF	\$0	\$6,795,000	\$0	\$7,100,000
Program Total:	\$6,795,000		\$7,10	0,000
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$50,000 comes from The Library Foundation for books & library materials and for the John Wilson Special Collection, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80013 Library Book Budget

No significant changes.



Program #80014 - Library Books-Acquisition & Processing

7/3/2014

Department: Library **Program Contact:** Javier Gutierrez

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs: 80013

Program Characteristics:

Executive Summary

Library Books - Acquisition & Processing provides the staff necessary to select, purchase, catalog and process books and other materials added to the library materials collection in order to meet the informational, recreational and cultural needs of Multnomah County residents.

Program Summary

Selection librarians decide what materials to buy using professional reviews, customer suggestions and staff input, along with established criteria. Their purchasing decisions reflect the diverse interests and needs of Multnomah County residents.

Acquisitions staff place orders with vendors, receive shipments, approve invoices for payment and monitor the various funds that make up the library materials budget. Cataloging staff create bibliographic description records and assign classification numbers to enable searching in the online catalog and to ensure logical shelving locations that enable browsing. The online catalog currently lists titles with a total collection of nearly 1.9 million physical items. Processing staff prepare each item/volume for shelving and checkout. This includes applying property stamps and barcodes, repackaging materials to stand up to heavy patron use and creating inventory records. Staff members visit a neighborhood library each month to remove out-of-date and damaged materials to keep the collection current, accurate and attractive.

Program staff are responsible for accurate accounting and expenditure of public funds and private donations. They are also accountable for ensuring that the library collection reflects the needs and interests of Multnomah County residents. Effective management of the library materials collection allows residents to enjoy recreational reading, research specific topics, stay current on local, national and global events and continue to learn at all ages.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Items added to the collection	261,661	330,000	344,258	330,000			
Outcome	Patrons who found books and items they wanted	90%	92%	90%	90%			

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$2,746,419	\$0	\$2,723,703
Contractual Services	\$0	\$697,412	\$0	\$813,198
Materials & Supplies	\$0	\$221,156	\$0	\$174,220
Internal Services	\$0	\$89,337	\$0	\$96,329
Total GF/non-GF	\$0	\$3,754,324	\$0	\$3,807,450
Program Total:	\$3,75	\$3,754,324		7,450
Program FTE	0.00	30.25	0.00	31.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80014 Library Books-Acquisition & Processing

Net increase of 0.75 FTE: added 1.0 administrative specialist from the Director's Office (offer 80007), transferred 0.25 librarian to Central Library (offer 80000).



Program #80015 - Youth Services Management

7/3/2014

Department: Library Program Contact: Katie O'Dell

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Youth Services Management ensures that library staff receive training to work with children and teens, birth through age 17; offers reading promotion initiatives; and sets overall direction for services to this age group and their adult caregivers.

Program Summary

Youth Services Management is provided systemwide through four main elements: staff training; youth reading initiatives; coordination, partnerships and advocacy; and program development and evaluation.

The office plans systemwide services; develops and evaluates programs; oversees development and education for staff; advocates in the community for increased use of libraries by children and teens and their parents and caregivers; and explores and engages in community partnerships to increase youth library use, support other organizations' literacy objectives, and improve students' reading scores.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	County children and teens who have library cards	54%	50%	54%	54%		
Outcome	Staff who report improved/reinforced skills after Youth Services training	95%	90%	95%	90%		
Output	Card-holding children and teens who use their library card	70%	60%	70%	70%		

Performance Measures Descriptions

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$530,014	\$0	\$414,237
Contractual Services	\$0	\$10,000	\$0	\$49,000
Materials & Supplies	\$0	\$250,490	\$0	\$233,390
Internal Services	\$0	\$21,354	\$0	\$18,457
Total GF/non-GF	\$0	\$811,858	\$0	\$715,084
Program Total:	\$811	,858	\$715	,084
Program FTE	0.00	3.25	0.00	3.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). \$72,000 comes from The Library Foundation for Summer Reading, the annual Teen Author Visit, and Early Learning & Play Centers, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80015 Youth Services Management

No significant changes.



Program #80016 - Neighborhood Libraries Management

7/3/2014

Department: Library Program Contact: Don Allgeier

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Neighborhood Libraries Management (NLM) sets overall direction for 18 regional and neighborhood libraries. Neighborhood Libraries Management plans services; develops and evaluates programs and staff; and administers the budget for all locations. Neighborhood Libraries Management also manages systemwide library services to the county's largest immigrant communities (Chinese, Russian, Spanish, Vietnamese and Somali), with 71 bilingual staff in 14 locations.

Program Summary

Neighborhood Libraries Management consists of the Neighborhood Libraries Director, Neighborhood Libraries Assistant Director, two Spanish bilingual Outreach Specialists (1.5 FTE), and a Senior Office Assistant. In collaboration with the Library Director, the NLM provides general support and oversight to 18 libraries and continual communication with staff at all levels of the organization; develops collaborative relationships with community and governmental organizations to maximize the impact of library services; sets priorities and policies for libraries to best address community needs and county priorities; implements best practices; and provides resources to individual managers, staff, and work groups to improve their performance through ongoing training, coaching, leadership development, and assessments.

Neighborhood Libraries Management supports and directs the work of regional and neighborhood libraries, which were visited 3.7 million times by county residents last year. These 18 libraries provide learning, cultural and recreational opportunities to all county residents, as well as community space for civic engagement.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of front line staff who are bilingual or possess cultural knowledge, skills, and abilities	58	0	87	89	
Outcome	Patron satisfaction with Book-a-Librarian service	0	0	90%	90%	

Performance Measures Descriptions

Both measures are new for FY15.

Outcome measure: previous year actual data is unavailable because the Book-a-Librarian service is brand new this year.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$490,241	\$0	\$535,733
Contractual Services	\$0	\$11,900	\$0	\$21,000
Materials & Supplies	\$0	\$47,092	\$0	\$61,400
Internal Services	\$0	\$17,391	\$0	\$95,350
Total GF/non-GF	\$0	\$566,624	\$0	\$713,483
Program Total:	\$566,624		\$713,483	
Program FTE	0.00	4.50	0.00	4.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80016 Neighborhood Libraries Management

No significant changes.



Program #80017 - IT Services

7/3/2014

Department: Library **Program Contact:** Cindy Gibbon

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

IT Services maintains 897 public computers, related software and servers, high-speed Internet access, and a wireless network in library facilities for use by the general public. Library users can search the catalog of books and other materials, view and manage their library accounts, download e-books, use research databases and other electronic resources, and access the Internet for educational, business and personal use. IT services also maintains more than 600 computers, related software, equipment, servers and networks for library staff use.

Program Summary

IT Services procures, installs, configures, and maintains software, computers, printers, adaptive technology for those with special needs, electronic self-service equipment, servers and related equipment for library patrons and staff.

Children and adults use library computers to do personal and business research, complete homework assignments, apply for jobs, find recreational reading, communicate with government agencies, manage their library accounts, and participate in the social web.

Public computers also provide office automation software, such as word processing, to accomplish personal, business or school work. The library has computers and software in training rooms, teen after-school homework lounges, and for checkout to be used in-house with the library's public wireless network. Many public computer users have no access to a computer or the Internet at home, so the library is their only window to the world of 21st century technology, communication and information.

IT services also maintains equipment and software for library staff, supporting general office computing and library systems such as the library catalog, patron database, circulation system, materials acquisition system, website, provision of electronic resources, and other internal operations.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of public computers	897	888	857	857		
Outcome	% of time wired public internet computers are in use	79%	75%	75%	75%		
Output	Wi-fi sessions	725,867	725,000	750,000	750,000		

Performance Measures Descriptions

Output: During FY14, some public computers for children were converted to iPads with educational apps. Outcome: This measure is trending downward with the installation of wireless access in all library locations and the addition of loaner laptops. Output: The library's public wi-fi network is accessed by people using their own devices as well as those using library loaner laptops; library wi-fi is an important service to bridge the digital divide.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$100,000	\$0	\$100,000
Materials & Supplies	\$0	\$943,255	\$0	\$797,522
Internal Services	\$0	\$5,354,761	\$0	\$5,478,647
Total GF/non-GF	\$0	\$6,398,016	\$0	\$6,376,169
Program Total:	\$6,39	\$6,398,016		6,169
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80017 IT Services

This budget includes \$175,000 for implementation of new digital information strategies, including creation, digitization, hosting and delivery of content created by Multnomah County Library patrons and staff.



Program #80018 - Facilities & Logistics

7/3/2014

Department:LibraryProgram Contact:Lisa CanavanProgram Offer Type:SupportProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Logistics ensures that library books and materials move quickly and accurately among all 21 library locations, including 19 libraries, Library Administration and The Title Wave Used Bookstore. Library Facilities coordinates the maintenance of the buildings and grounds to ensure safe, secure and welcoming facilities.

Program Summary

Logistics operates the centralized sort center and delivery operations that move library materials to and among library locations, enabling residents to have quick access throughout Multnomah County. This program operates a seven-day-perweek delivery system that provides delivery to 42 service points each week day, delivering and receiving all library books and materials, interoffice mail, U.S. mail, library supplies and bank deposits.

Library Facilities provides central coordination and direction of repair and maintenance activities among county facilities staff, telecommunications, contractors and vendors for 21 library locations. This program serves all library staff and the public as expert resources on ADA-compliant building access, ergonomics, workflow management, security policy, and safety management.

Performance Measures								
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Crates of books, mail and supplies moved annually	272,000	270,000	275,000	275,000			
Outcome	Staff satisfaction with delivery system	99%	95%	95%	95%			

Performance Measures Descriptions

Output: A crate is the library's unit of measurement for transporting library materials, mail, supplies and other items.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,075,806	\$0	\$1,082,928
Contractual Services	\$0	\$2,100	\$0	\$1,000
Materials & Supplies	\$0	\$43,472	\$0	\$79,191
Internal Services	\$0	\$721,363	\$0	\$1,070,271
Total GF/non-GF	\$0	\$1,842,741	\$0	\$2,233,390
Program Total:	\$1,842,741		\$2,23	3,390
Program FTE	0.00	14.75	0.00	14.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80018 Facilities & Logistics

No significant changes.



Program #80019 - System Access Services

7/3/2014

Department: Library Program Contact: Cindy Gibbon

Program Offer Type: Support Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

System Access Services facilitates the public's use of library physical and electronic collections and services and supports staff delivering library services. Staff develop and implement policies and procedures; coordinate IT support for all library operations; manage the integrated library computer system (ILS) and the ILS discovery layer; assist front line staff and managers with process improvement; develop and deliver systemwide training on electronic resources and research tools, circulation procedures and customer service; steward the library's collections; and manage special projects.

Program Summary

This program develops library policies and procedures that ensure equitable and safe access to library services; works with IT management to ensure adequate IT support for library services; manages the ILS and its discovery layer for patrons and staff; trains and coaches staff and monitors uniform implementation of policies and procedures systemwide; handles escalated customer service issues; oversees the collection of overdue library materials; protects patron privacy; ensures the library's compliance with applicable federal, state and local law; and manages special projects.

The program ensures that Multnomah County Library users have equitable access to library services; that the public's investment in the library's collection is protected; and that processes are efficient and effective to meet the public's demand for library resources at best value for taxpayer dollars. Policies and procedures are designed to balance the public values of access and stewardship.

Performance Measures								
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Total new library cards/welcome notices issued annually	57,592	60,000	63,000	60,000			
Outcome	Average \$ value of customer accounts sent to collection agency	\$128	\$133	\$130	\$130			
Efficiency	Cost per item checked out or renewed	\$2.42	\$2.42	\$2.58	\$3.25			
Output	% of checkouts done by self-checkout	79%	79%	78%	78%			

Performance Measures Descriptions

Efficiency: Cost per item checked out or renewed (total annual expenditures/total circulation). Among the nation's busiest libraries, Multnomah County Library has one of the lowest costs per item checked out. Upward trend is caused by circulation decreasing in FY 13, likely due to reduced hours and Monday closures.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$1,015,006	\$0	\$1,034,900
Contractual Services	\$0	\$147,084	\$0	\$139,810
Materials & Supplies	\$0	\$170,109	\$0	\$178,316
Internal Services	\$0	\$52,967	\$0	\$57,472
Total GF/non-GF	\$0	\$1,385,166	\$0	\$1,410,498
Program Total:	\$1,385,166		\$1,41	0,498
Program FTE	0.00	9.00	0.00	9.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%). This program will receive \$294,000 from the Oregon State Library for the statewide online reference service, Answerland. This money will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: 80019 System Access Services

No significant changes.



Program #80020 - System Information Services

7/3/2014

Department: Library Program Contact: Cindy Gibbon

Program Offer Type: Administration Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

System Information Services provides coordination, training, support, information and resources to Multnomah County Library's Information Services librarians and library assistants so they can quickly and accurately connect Multnomah County residents with the resources, experiences and information they seek.

Program Summary

System Information Services is responsible for the training and support of Information Services staff through classes, virtual micro-trainings and professional development forums. Staff in this section coordinate with Human Resources/Learning Systems, IT and other work groups to ensure that Information Services staff throughout the system are up to date with the latest technology trends and tools, have print and electronic resources that help them serve patrons, and are trained to use those resources.

Performan	Performance Measures								
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer				
Output	Number of reference questions answered	637,474	750,000	550,000	550,000				
Outcome	% of reference training participants who said they gained skills that will help them perform their jobs better	100%	87%	99%	87%				

Performance Measures Descriptions

Output: The overall trend is a reduction in the number of reference questions answered. New methodology may account for the decrease as the library switched to a new software system and method for counting reference statistics.

Outcome: This is a new measure based on staff evaluations of classes offered by System Information Services.

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2014	2014	2015	2015	
Personnel	\$0	\$228,223	\$0	\$209,425	
Contractual Services	\$0	\$1,000	\$0	\$51,000	
Materials & Supplies	\$0	\$14,065	\$0	\$14,960	
Internal Services	\$0	\$8,148	\$0	\$6,444	
Total GF/non-GF	\$0	\$251,436	\$0	\$281,829	
Program Total:	\$251,436		otal: \$251,436 \$281,		,829
Program FTE	0.00	2.00	0.00	1.00	

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.4%). It represents a pro-rated share of property taxes (94.5%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (5.5%).

Significant Program Changes

Last Year this program was: 80020 System Information Services

Net decrease of 1.0 FTE. This corrects the allocation of a Program Specialist Sr. position from a permanent position to a limited duration position.

Department Overview

The Nondepartmental budget accounts for those programs and countywide functions that do not belong to particular departments. Programs include the Board of County Commissioners and its Chair; the Auditor's Office; the County Attorney's Office; the Communications Office; the offices of Emergency Management, Sustainability, and Diversity and Equity; independent County organizations such as the Local Public Safety Coordinating Council and the Citizen Involvement Committee; non-County agencies such as the Regional Arts and Culture Council and the Oregon Historical Society; and entities that account for corporate debt service. Fund-level transactions are also budgeted here.

The Board of County Commissioners provides corporate leadership, policy direction, and strategic direction for Multnomah County. The elected Auditor and his staff promote efficient, effective, accountable government. The County Attorney's Office provides legal guidance, advice, and other services. The Communications Office provides information and access to County government for the news media and the public. The County's Office of Emergency Management coordinates countywide emergency disaster preparedness, response, and mitigation activities. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and its citizens. The Citizen Involvement Committee involves citizens in County policy and decision-making processes. The Local Public Safety Coordinating Council coordinates public safety plans, policies, operations, and strategies of local government agencies in Multnomah County; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The FY 2015 budget is \$108 million and 94.63 FTE. The year over year increase is due to increased contractual services, in particular an increase of nearly \$2.6 million of pass thru funding for the Convention Center Fund (10025).

The Proposed Budget contains the following changes:

- \$126,055 in additional General Fund for a Language Communications Coordinator (10007B) who will coordinate with County departments to improve communication between the county and its growing communities that have limited English proficiency.
- \$205,336 in one-time General Funds to fully fund the Decision Support System-Justice (10009B).
- \$71,225 in one-time General Funds to provide Emergency Management Kits for all County employees (10013).
- \$33,500 in one-time General Funds for the annual Food Justice Summit and the Intertwine Alliance (10018B).
- \$38,200 in one-time General Funds for the County's contribution to the Regional Disaster Preparedness Organization .
- \$40,000 in one-time General Funds to purchase updated radios for Animal Services (10031).
- \$370,000 in one-time funding for the SummerWorks internship program (10029).
- The Office of Economic Development moved to the Department of County Management for FY 2015.

Budget Trends *		FY 2014	FY 2014	FY 2015	
	FY 2013	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	99.66	100.24	100.24	94.63	(5.61)
Personnel Services	\$10,718,259	\$12,484,122	\$12,459,883	\$12,634,712	\$174,829
Contractual Services	34,922,657	38,092,129	38,049,424	40,795,833	2,746,409
Materials & Supplies	8,064,869	8,649,196	8,671,140	9,267,763	596,623
Debt Service	37,230,397	46,950,082	46,950,082	45,383,865	(1,566,217)
Capital Outlay	<u>16,536</u>	<u>0</u>	<u>0</u>	<u>4,000</u>	<u>4,000</u>
Total Costs	\$90,952,718	\$106,175,529	\$106,130,529	\$108,086,173	\$1,955,644

^{*}Does not include cash transfers, contingencies or unappropriated balances. Program Offers DO contain cash transfers, contingencies, and unappropriated balances.

Successes and Challenges

A selection of successes from Nondepartmental agencies includes:

- The Office of Diversity & Equity continues to champion the Equity & Empowerment Lens, a set of reflective actions, materials and tools designed to provide information for discussion, planning and decision making leading to more equitable policies and programs. The Lens is a quality improvement tool comprised of a set of questions and processes designed to focus on equity at the individual, organizational and community level.
- The Citizen Involvement Committee provides direct citizen voice into program development and direction and conveys citizen input to officials and departments through reports, recommendations and meetings. This maximizes the value of citizen input, giving citizens a greater sense of ownership in the County decision-making process.
- The County Attorney's Office demonstrates continued success in resolving cases through zealous advocacy, motions practice, and at trial.
- The Office of Emergency Management coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and some departments as well as coordination with cities, special districts and non-governmental organizations. By developing relationships with community partners, Emergency Management bolsters citizen preparedness community resilience.
- Reports by the Auditor's Office in 2014 include several new and followup audits on County Facilities & Property Management operations; an Overtime usage audit; an audit of the Auditor's own Good Government Hotline; and a Financial Condition Report.
- In the third year of its five-year local option tax levy, the Oregon Historical Society has maximized its resources by opening a new permanent exhibit, "Oregon Voices," which has doubled its capacity for school groups. In calendar year 2013, OHS saw a 17% increase in visits from Multnomah County residents, with total attendance increase of 26% over calendar year 2012.

Diversity and Equity

Nondepartmental is the "home" of the County's Office of Diversity and Equity (ODE), a hub for countywide diversity and equity initiatives. The office provides data analysis, training and consulting; policy, practice, and procedures review; coordination of diversity and equity initiatives; equal employment opportunity (EEO) and affirmative action compliance; recruitment outreach audits; and coordination and oversight for the County's Employee Network Groups.

The Office of Diversity and Equity in partnership with the Multnomah County's Chair's Office launched the Equity and Empowerment Lens which has a Racial Justice focus to address inequities in County services, policies, practices and procedures. The Equity and Equality Lens is a set of reflective actions, materials and tools designed to provide information for discussion, planning and decision making leading to more equitable policies and programs. The Office works with all county employees to begin integrating the Lens questions and educational information into their daily work.

Additionally, the Office of Diversity & Equity provides resources to the County in the form of the Equity Council, Employee Resource Groups, and the upcoming "Governing for Racial Equality" and Employee Diversity conferences.

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

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,464,280	\$0	\$1,464,280	9.00
10001	BCC District 1	560,221	0	560,221	3.85
10002	BCC District 2	560,221	0	560,221	3.00
10003	BCC District 3	560,221	0	560,221	4.00
10004	BCC District 4	560,221	0	560,221	4.00
10005	Auditor's Office	1,435,992	0	1,435,992	8.78
10006	Tax Supervising and Conservation Commission	315,329	0	315,329	1.90
10007A	Communications Office	998,852	0	998,852	6.50
10007B	Language Communications Coordinator	126,055	0	126,055	1.00
10008	County Attorney's Office	0	4,201,962	4,201,962	22.80
10009A	Local Public Safety Coordinating Council	543,376	575,062	1,118,438	3.00
10009B	DSS-Justice Funding	205,336	0	205,336	0.00
10010	Citizen Involvement Committee	238,039	0	238,039	2.00
10011	Office of the Board Clerk	909,720	0	909,720	2.00
10012A	Office of Emergency Management	1,027,752	441,430	1,469,182	7.00
10012B	EM - Vulnerable Populations Specialist	107,971	0	107,971	1.00
10013	Emergency Management Kits	71,225	0	71,225	0.00
10016	Government Relations Office	756,309	0	756,309	4.00
10017A	Office of Diversity and Equity	855,349	0	855,349	5.40
10017B	Multnomah Youth Commission Support	135,382	147,001	282,383	1.00
10018A	Office of Sustainability	591,001	33,000	624,001	4.40
10018B	Office of Sustainability - Summit/Intertwine	33,500	0	33,500	0.00
10020	Regional Arts & Culture Council	167,008	0	167,008	0.00
10021	State Mandated Expenses	5,479,765	392,088	5,871,853	0.00
10022	Pass-Through Payments to East County Cities	6,890,709	0	6,890,709	0.00
10023	OHS Local Option Levy	0	1,829,324	1,829,324	0.00
10024	County School Fund	0	20,275	20,275	0.00
10025	Convention Center Fund	0	30,756,130	30,756,130	0.00
10026	Capital Debt Retirement Fund	0	19,886,987	19,886,987	0.00

Prog.	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
10027	GO Bond Sinking Fund	0	12,668,075	12,668,075	0.00
10028	PERS Pension Bond Sinking Fund	0	88,317,930	88,317,930	0.00
10029	SummerWorks Internship Program	120,000	250,000	370,000	0.00
10030	RDPO - Multnomah County Matching Contribution for our Regional Disaster Preparedness Organization	38,200	0	38,200	0.00
10031	Emergency Management - Radios	40,000	<u>0</u>	40,000	<u>0.00</u>
	Total Nondepartmental	\$24,792,036	\$159,519,264	\$184,311,300	94.63

^{*}Does include cash transfers, contingencies or unappropriated balances.

 $Fund\ Level\ Programs$ The following program offers account for General Fund revenues, the beginning balance in the Behavioral Health Care Fund, and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE	
25101	Mental Health Beginning Working Capital	0	20,005,367	20,005,367	0.00	
	This beginning fund balance is not shown in	the Nondepartme	ental detail budge	t.		
95000	Fund Level Transactions	53,838,877	76,826,494	130,665,371	0.00	
	This beginning fund balance is not shown in the Nondepartmental detail budget.					
95001	General Fund Revenues	398,812,083	0	398,812,083	0.00	
This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.						



Program #10000 - Chair's Office

7/7/2014

Department: Nondepartmental Program Contact: Marissa Madrigal

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

Related Programs:

Program Characteristics:

Executive Summary

The Chair is the Chief Executive Officer of Multnomah County. With both legislative and executive responsibilities, the Chair works closely with the Board of County Commissioners to set the policy direction of Multnomah County and implements that direction as mandated by the Home Rule Charter. All departments and non-departmental offices report to the Chair, including the Office of Diversity and Equity, Office of Sustainability, Communications Office, Board Clerk's Office and Government Affairs.

Program Summary

The Chair oversees a \$1.5 billion budget and more than 4,400 Full Time Employees. The Chair and her staff are focused on policies and programs that create positive outcomes for all of Multnomah County's 748,000 residents. The Chair develops the Executive Budget; appoints department directors; has authority over litigation, contracts and financial instruments; manages the Board agenda; presides over regular meetings of the Board of County Commissioners; and executes policies of the board as well as ordinances. The Chair is also the Chief Personnel Officer for the County.

Chair Madrigal is committed to working with our jurisdictional partners in supporting evidence based practices designed to prevent negative and costly outcomes. In Fiscal Year 2015, Chair Madrigal is making investments to improve access and cultural competency throughout Multnomah County's many programs.

Chair Madrigal is serving in this role following the resignation of former Chair Jeff Cogen. Chapter 4.50(3) of the Multnomah County Home Rule Charter requires elected officials to designate an interim designee for their office in the event of a vacancy. Multnomah County Code Chapter 5, Section 5.005, requires that each elected official designate a person to perform his or her responsibilities in the event of a vacancy, and that designation must be approved by the Board of County Commissioners. Marissa Madrigal was approved as the Chair's interim designee by resolution in June 2010. Chair Madrigal will serve in this capacity until the election to fill the remainder of the existing term certified.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Local Government Access Workshops	n/a	4	4	4	
Outcome	Constituents have better access to local government, and thereby better inform the Chair's budget decisions	-	-	-	-	

Performance Measures Descriptions

In FY 2015 a new Chairperson will take office and may choose and track different performance measures than those listed here.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,076,013	\$0	\$1,104,901	\$0
Contractual Services	\$38,829	\$0	\$30,000	\$0
Materials & Supplies	\$52,789	\$0	\$47,054	\$0
Internal Services	\$249,169	\$0	\$282,325	\$0
Total GF/non-GF	\$1,416,800	\$0	\$1,464,280	\$0
Program Total:	\$1,416,800		\$1,46	4,280
Program FTE	9.00	0.00	9.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10000 Chair's Office

No significant changes.



Program #10001 - BCC District 1

7/7/2014

Department: Nondepartmental **Program Contact:** Liesl Wendt

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

Related Programs:

Program Characteristics:

Executive Summary

Commissioner Wendt was appointed to the Board of County Commissioners in October 2013 and will serve as Interim Commissioner until the May 20th primary election. The winner of the primary election will serve the remainder of the unexpired term of former Commissioner Deborah Kafoury which expires December 2016.

Program Summary

Commissioner Wendt represents the residents of District 1 and responds to questions and concerns about county services and policies. Her priorities include creating a governance committee to oversee the county homeless plan; strengthening collaboration between the county and that state programs that impact poverty and family self-sufficiency; continuing to over see the Sellwood Bridge Construction project, the County Courthouse replacement project and the new county health department headquarters.

She will participate in the FY14-15 Budget process and will advocate for programs that will prevent homelessness and rehouse homeless families and individuals in Multnomah County; support efforts to establish a shared governance structure to oversee and implement a comprehensive, integrated approach to services to people who are homeless or at risk of homelessness. She also supports programs that address student absenteeism. She will engage with the State of Oregon to strengthen collaboration and align services to move families out of poverty. Commissioner Wendt will continue to oversee and collaborate with her colleagues on the major construction projects in her district, including the Sellwood Bridge Construction project, the County Courthouse replacement project and the new health department headquarters construction. In addition, the Sauvie Island/Multnomah Channel Rural Area & Transportation System Plan will be updated. Her office will monitor the Community Advisory Committee process and its recommendations will be presented to the Board of County Commissioners.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Creating a governance committee to oversee the county homeless plan	N/A	100%	40%	100%		
Outcome	Sellwood Bridge Replacement Project - new bridge construction completed	40%	40%	40%	100%		
Outcome	Downtown Courthouse site selection and design construction RFQ completed	20%	50%	100%	100%		
Output	Sauvie Island/Multnomah Channel Rural Area & Transportation Plan update	-	-	90%	100%		

Performance Measures Descriptions

By the fall of FY14, the newly appointed governance committee will have met to oversee the federal homeless funds and begin to make recommendations for the entire homeless system in the county. By the end of FY 14-15, the Sellwood Bridge Replacement Bridge will be built. The entire project will be completed in FY15-16. In FY 15, the design construction RFQ for the new downtown Courthouse will be completed and a site will be selected for the Courthouse, and the Citizen's Advisory Council for the Sauvie Island RATP will have completed their recommendations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$443,466	\$0	\$455,679	\$0
Contractual Services	\$0	\$0	\$4,331	\$0
Materials & Supplies	\$27,399	\$0	\$27,399	\$0
Internal Services	\$69,591	\$0	\$72,812	\$0
Total GF/non-GF	\$540,456	\$0	\$560,221	\$0
Program Total:	\$540,456		\$560),221
Program FTE	3.80	0.00	3.85	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10001 BCC District 1

Commissioner Wendt was appointed Interim Commissioner on October 22, 2013. She will serve as Commissioner until the May 20th primary election. A new commissioner will be elected to serve out the unexpired term of former Commissioner Deborah Kafoury, which expires December 2016



Program #10002 - BCC District 2

7/7/2014

Department: Nondepartmental **Program Contact:** Loretta Smith

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

Related Programs:

Program Characteristics:

Executive Summary

Commissioner Loretta Smith is the District 2 representative to the Board of County Commissioners. She sits as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and budget support the work of County Departments in the delivery of services to County residents, businesses, Regional Government Partners, key stakeholders in the academic community, the faith community and the system of community-based non-profits.

Program Summary

Commissioner Smith works to ensure that County services are oriented to protect the most vulnerable community members accessing public health, mental health and homelessness programs; promoting public safety through policing services, County jails, Adult and Juvenile Probation and Parole services, broad community justice initiatives and services for families and high-risk youth. Providing cost-effective services in the County's infrastructure of roads, bridges, while focusing on Emergency Management and Disaster Preparedness, animal services and Library services, and managed through the lens of equity, transparency, and sustainability ensures a continuing connection to Multnomah County values, its mission, goals, objectives and outcomes.

Community engagement, transparent and open governments are core values in the duties performed via the District 2 Office and Commissioner. Commissioner Smith continues to utilize a broad-based approach that includes group and individual meetings with constituents, tours of facilities, speaking engagements, resolution and proclamation development, newsletter, website, social media connections and telephonic communication. Program and community highlights for Fiscal Year 2013-2014 include the following activity: 1) Budget development for the SummerWorks Program (\$100,000 in County General Fund dollars and \$395,000 in partnership resources with the City of Portland and Worksystems, Inc.); 2) Multnomah County funding for Janus Programs, "Village Market" \$75,000; 3) Sponsorship of the African American HIV/AIDS Training Session and HIV/AIDS Proclamation, celebrated the historic March on Washington, DC, hosting a proclamation declaring August 23-30 "Civil Rights Week in Multnomah County": 4) Conducted senior town halls throughout Multnomah County to educate seniors about the dangers of elder financial fraud and abuse. Priorities for FY 2014-2015 will include: maintaining Multnomah County's commitment to summer youth employment through SummerWorks; engaging in key Regional Policy activity through the Regional Disaster Preparedness Organization and the "Working Waterfront Coalition", focusing on Multnomah County infrastructure, bridges and roads and promoting fiscal accountability while ensuring the development of an effective Capital Improvement Program, and ensuring the mechanism for enrolling vulnerable populations, including elders, adults, children and families in the Affordable Care Act are in place and functioning well in Multnomah County.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Respond to constituent inquiries, emails and information requests	100	200	250	275		
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks Program	100,000	100,000	100,000	150,000		
Output	Participate in Regional Disaster Planning Organization and Emergency Preparedness Activity	0	0	0	12		

Performance Measures Descriptions

The Commissioner's office will continue involvement in regional planning and advisory committee activity such as the Regional Disaster Planning Organization, focusing on emergency preparedness, in support of Multnomah County planning efforts that seek to improve the transportation, quality of life and economic fortunes of County residents and local businesses, especially vulnerable populations identified as elders, adults, children, families, differently abled and communities of color.

The Multnomah County Board of Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$428,060	\$0	\$426,167	\$0
Contractual Services	\$10,170	\$0	\$13,500	\$0
Materials & Supplies	\$29,564	\$0	\$44,200	\$0
Internal Services	\$72,662	\$0	\$76,354	\$0
Total GF/non-GF	\$540,456	\$0	\$560,221	\$0
Program Total:	\$540,456		\$560),221
Program FTE	4.00	0.00	3.00	0.00

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

Explanation of Revenues

The District 2 office is funded through County General Fund.

Significant Program Changes

Last Year this program was: 10002A BCC District 2

No significant changes anticipated within the District 2 budget request for FY 2014-15.



Program #10003 - BCC District 3

7/7/2014

Department: Nondepartmental Program Contact: Judy Shiprack

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

Related Programs:

Program Characteristics:

Executive Summary

Multnomah County Commissioner Judy Shiprack is one of five elected officials who are the governing body of Multnomah County. She represents District 3, in Portland's East side. Commissioner Shiprack focuses on her constituents and the needs of East Portland while embracing the county's mission, vision and values of social justice, health, public safety, integrity, stewardship, innovation and sustainability. To learn more please visit www.multco/d3/us.

Program Summary

Commissioner Shiprack works with the community to create a county budget that is equitable, transparent, and responsible. She will continue to provide leadership and engage the community to create county services that honor ethnic and cultural diversity and recognize the complexity of community need. Promoting evidence-based programs and services are a high priority.

Replacement of the Multnomah County Central Courthouse building is moving forward. District 3 will continue to work with stakeholders to provide energy, leadership and momentum to this critical project. By the end of the calendar year, the Board of Commissioners will decide on a site and financing method to deliver the new courthouse with a target of breaking ground in 2016. Serving as Co-Chair of the Local Public Safety Coordinating Council (LPSCC), Commissioner Shiprack continues to work with this nationally recognized collaborative group to deliver a just and efficient public safety system. Current focal issues for LPSCC include jail population management, juvenile justice, mental health/public safety alignment and service improvements, youth and gang violence prevention, and information-sharing across jurisdictions. Commissioner Shiprack promotes elder issues by serving as liaison to Elders in Action. She supports arts in school by her liaison role to the Regional Arts and Culture Coalition (RACC) and participation with the Right Brain Initiative. Oregon continues to be one of the hungriest states in the nation. Commissioner Shiprack recognizes the importance of a thriving regional food system to access local produce, create local jobs and increase the health and quality of life for the community. She will continue to provide leadership on the Multnomah Food Initiative, the Food Action Plan and the Institutional Food Buyers' Alliance. Commissioner Shiprack seeks and invites input from her district and is dedicated to community-building. The East Portland Action Plan has sparked a renaissance of community empowerment and has the support and advocacy of Commissioner Shiprack.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Local Public Safety Coordinating Council's (LPSCC) What Works Conference	1	1	1	1	
Outcome	Multnomah County Downtown Courthouse - Building Planning and Business Case Analysis Phase	20%	50%	100%	100%	
Input	Community Meetings	135	40	50	90	
Output	Multnomah County Food Summit	1	1	1	1	

Performance Measures Descriptions

LPSCC's conference was on 12/6/13. The theme was, "Leveraging health care transformation to improve behavioral health and public safety outcomes." The event brought together nearly two hundred policy makers and practitioners; Multnomah Food Summit was on 10/18/13. Stakeholders, organizations, and individuals committed to creating a healthy, equitable and prosperous local food system convened to further implement the Multnomah Food Action Plan. Both events received high marks from participants for content and as essential in advancing issues.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$442,685	\$0	\$434,812	\$0
Contractual Services	\$0	\$0	\$14,000	\$0
Materials & Supplies	\$27,270	\$0	\$40,847	\$0
Internal Services	\$70,501	\$0	\$70,562	\$0
Total GF/non-GF	\$540,456	\$0	\$560,221	\$0
Program Total:	\$540,456		\$560),221
Program FTE	3.60	0.00	4.00	0.00

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

Explanation of Revenues

General Fund Program

Significant Program Changes

Last Year this program was: 10003 BCC District 3



Program #10004 - BCC District 4

7/7/2014

Department: Nondepartmental Program Contact: Diane McKeel

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

Related Programs:

Program Characteristics:

Executive Summary

Commissioner Diane McKeel is one of five elected members that comprise the governing body of Multnomah County, representing District 4. As a member of the Board of County Commissioners, Commissioner McKeel is responsible for adopting a balanced budget, setting policy, and effectively representing her district. Commissioner McKeel is committed to engaging the community, operating in an open and transparent manner, and responding to the needs of constituents in a timely manner. To learn more about Commissioner McKeel's office visit the website at www.multco.us/ds4.

Program Summary

In FY14-15, Commissioner McKeel will strengthen the effect of the Veterans and Military Task Force to ensure that Multnomah County is adapting to and reflecting the changing demographics of veterans in our community. Commissioner McKeel will develop policy and programs to engage in the fight against human trafficking by decreasing the high rate of demand in the community for the purchase of sex. She commits to ensuring that our community maintains the support and programs for the victims of human trafficking. Commissioner McKeel believes that opportunities in STEM can provide the workforce development that our community and businesses need. Through the East Metro STEM Partnership, Commissioner McKeel is committed to bringing STEM opportunities to school districts and businesses in east Multnomah County. Commissioner McKeel is committed to implementing the County's Equity and Empowerment Lens in all that we do throughout our community, to ensure that we utilize and champion diversity.

Commissioner McKeel will continue to represent the County on important issues at the local, state and federal level.

- 1) Transportation Chair the East Multnomah County Transportation Committee and the County representative on the Joint Policy Advisory Committee on Transportation (JPACT).
- 2) Veterans Chair of the Multnomah County Veterans and Military Task Force, Chair of the Association of Oregon Counties (AOC) Veterans Service Committee, Member of the National Association of Counties (NACo) Veterans and Military Service Subcommittee.
- 3) Health Care Member of the NACo Health Steering Committee.
- 4) Economic Development Member of the Great Portland Economic Development District, Member of the Portland Metro Regional Solutions Advisory Committee.
- 5) ČSEC Chair of the Local Public Safety Coordinating Council's Subcommittee on the Commercial Sexual Exploitation of Children

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Respond to constituent communications within a reasonable time: provide/receive guidance, input	90%	90%	95%	95%			
Outcome	Develop the Veterans Affairs Advisory Committee	0	0	1	1			
Output	Apply County's Equity and Empowerment Lens in office initiatives	50%	50%	50%	75%			
Outcome	Wednesday Walker Series, district staff will host weekly during late spring/summer/early autumn	100%	100%	100%	100%			

Performance Measures Descriptions

- 1) VETERANS outreach to younger veterans, decrease stigma of post-traumatic stress injuries, increase access to benefits, decrease incidents of veteran family domestic violence
- 2) CSEC Maintain current services for victims of human trafficking, increase policies to deter the demand
- 3) YOUTH host interns, encourage mentoring, enhance STEM partnerships
- 4) WORKPLACE WELLNESS Continue the summer Wednesday Walkers series to encourage work site wellness

The Board of County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III,3.10 (3).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$447,426	\$0	\$463,504	\$0
Materials & Supplies	\$20,515	\$0	\$26,104	\$0
Internal Services	\$72,515	\$0	\$70,613	\$0
Total GF/non-GF	\$540,456	\$0	\$560,221	\$0
Program Total:	\$540,456		\$560	,221
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Commissioner McKeel's office is funded by the County General Fund.

Significant Program Changes

Last Year this program was: 10004 BCC District 4



Program #10005 - Auditor's Office

7/7/2014

Department: Nondepartmental **Program Contact:** Steve March

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

Related Programs:

Program Characteristics:

Executive Summary

The Auditor's Office promotes efficient, effective, equitable and accountable government. Per the County Charter the elected Auditor conducts independent & objective performance audits and special studies of county operations. We examine program performance, outcomes, management processes, and general operations, providing the public and elected officials information to assess the quality, effectiveness and value of county services and opportunities for improvement.

Program Summary

Audit reports and special studies are our primary means to provide internal and external accountability for the County. Our audits supply analyses and recommendations for improvement to county managers and leaders, inform the public about how tax dollars are spent, and ensure that county operations are independently reviewed and held accountable.

Audits & reports released since the start of 2013 include: Financial Condition; Multnomah County Business Income Tax; SAP Identity & Access follow-up; Facilities Project Management; Facilities Deferred Maintenance; Overtime; Good Government Hotline; and, Facilities Inventory Management follow-up. To be released before the end of the FY: Mental Health & Addiction Services budgeting & operation; and, Fleet Fuel Management. Other audits started include: DCHS - Community Services, affordable housing (a special cooperative project with GAO, Oregon Audits Division, & Portland Audit Services); Property Tax assessment and equitably treatment.

Per the County Charter the Auditor appointed and convened a Salary Commission starting in January 2014 to set the salaries for the Chair, Sheriff, Commissioners, and to set the supplement for the District Attorney (the Auditor's salary is set in the Charter at 80% of a judge's salary). Per the County Code the Auditor's Office supports the an Audit Committee that includes citizen members and helps oversee the contract with our external auditors. We also manage a Good Government Hotline to accept reports of fraud, waste or abuse.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of reports issued	7	8	8	8			
Outcome	Recommendation implementation rate - within 5 years	89%	90%	89%	90%			

Performance Measures Descriptions

County Charter 8.10 states, "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted auditing standards. The auditor may also conduct studies intended to improve the performance of county efforts." Government auditing standards outline our practices, including ongoing training and peer reviews; we will be peer reviewed this year. Other Charter duties include the Salary Commission and every ten years redistricting after the census. The County Code establishes the Audit Committee and our work in supporting that function and contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,068,433	\$0	\$1,109,718	\$0
Contractual Services	\$150,000	\$0	\$145,000	\$0
Materials & Supplies	\$13,595	\$0	\$9,558	\$0
Internal Services	\$160,998	\$0	\$171,716	\$0
Total GF/non-GF	\$1,393,026	\$0	\$1,435,992	\$0
Program Total:	\$1,393,026		\$1,43	5,992
Program FTE	8.78	0.00	8.78	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10005 Auditor's Office

No significant changes.



Program #10006 - Tax Supervising and Conservation Commission

7/7/2014

Department: Nondepartmental Program Contact: Craig Gibons

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

Related Programs:

Program Characteristics:

Executive Summary

The Tax Supervising and Conservation Commission's 2014-15 program budget is a status-quo budget with the exception of a new line item for \$15,000 for software.

Program Summary

The Commission carries out statutory mandates to oversee budget, debt, and property tax issues of local governments in Multnomah County.

The Commission is responsible for oversight of its 26 member taxing districts in Multnomah County. The member districts account for 90% of the budgeted expenses of local governments in Multnomah County.

The Commission is also statutorily responsible for producing a report, annually, that compiles and analyzes the budgets, property taxes, and debt of all 41 local governments in Multnomah County. The Commission has produced this report every year since 1922.

In addition to its legal mandates (below), the Commission offers training and consulting services to member jurisdictions. Commission staff is active state-wide on budget and property tax issues in both a practitioner role and a legislative advisory role.

The Commission is governed by five volunteer commissioners, appointed by the Governor.

The Commission ensures that violations of local budget law are minimized, especially if the error results in a property tax levy that exceeds authority. Commission staff works closely with the county assessor's office as a double check that property tax levies are requested and calculated accurately.

The Commission considers the citizens to be its primary customers and seeks to make the financial affairs of local governments more transparent and accountable to those citizens.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Provide training and advisory services to member iurisdictions	11	15	15	20		
Outcome	Reduce number of objections and recommendations in certification letters	15	10	18	10		
Output	Public Hearings Conducted	16	15	15	16		

Performance Measures Descriptions

ORS 294.625 (1) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations exceeding 200,000 and are subject to local budget law. (12 Distrcts)

ORS 294.625 (2) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations not exceeding 200,000 that are subject to local budget law and have not formally opted out of TSCC's jurisdiction. (29 Districts of which 15 have opted out)

Jurisdiction includes: holding hearings for large districts; reviewing and certifying all budgets for member districts: and compiling and publishing and annual report including all budget, property tax and indebtedness information by district.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$290,025	\$0	\$276,458	\$0
Contractual Services	\$2,000	\$0	\$500	\$0
Materials & Supplies	\$8,050	\$0	\$33,947	\$0
Internal Services	\$4,613	\$0	\$4,424	\$0
Total GF/non-GF	\$304,688	\$0	\$315,329	\$0
Program Total:	\$304	,688	\$315	i,329
Program FTE	2.40	0.00	1.90	0.00

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

Explanation of Revenues

The Commission has no direct revenue sources. Funding to support the Commission is derived from two sources: Member districts (\$213,000 for FY13-14) and the state's County Assessment Function Funding Assistance (CAFFA) Grant (\$69,700 for FY13-14). The County also provides office space for the Commission (valued at \$25,500 for FY13-14).

Member districts contribute on a pro-rata share per a statutory formula (ORS 294.632). Contributions range from \$250 to \$ \$109,000. Prior to 2009-10 the County was solely responsible for funding the Commission. Statutory changes in 20009-10 distributed costs to all member jurisdictions and has saved the County an average of \$102,000 annually. The contribution from each district is deducted from the district's property tax receipts before they are turned over to the districts. The Assessors Office increases the County's tax receipts by those amounts.

Significant Program Changes

Last Year this program was: 10006 Tax Supervising & Conservation Commission

Budget expenditures have been re-prioritized to provide \$15,000 this year for the purchase of software to automate the Commission's data compilation and analysis functions. The Commission currently uses excel spreadsheets to track, consolidate, and analyze 41 budgets totaling to \$11 billion and all the associated property tax and debt for the jurisdiction. A data base system will be more efficient and expedient and it will broaden the Commissions analysis and reporting capabilities.



Program #10007A - Communications Office

7/7/2014

Department: Nondepartmental **Program Contact:** Dave Austin

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

Related Programs: 10007B

Program Characteristics:

Executive Summary

The Communications Office is the central distribution voice to and point of information for taxpayers, the public and the news media, communicating what Multnomah County does and how employees work in the community to provide services. The office – using targeted communications strategies – works directly with the Chair's Office, the Board, elected officials, and County staff to promote transparency and demonstrate how effectively local government officials use taxpayer dollars to support all residents.

Program Summary

This office will aggressively and consistently inform the public of stories and events that provide a high level of understanding of what the county does with taxpayer dollars and how local government makes a difference in people's lives. The office will employ a wide range of media - television, newspapers, radio and digital media, as well as direct communications to the public, including appearances and community meetings - to reach a diverse audience and proactively increase the visibility of Multnomah County and the services it provides to all residents. The office will be the lead on ensuring the public that Multnomah County government is efficient, transparent and open to dialogue with its residents. Also, the office will continue to work with the Chief Operating Officer to handle internal advisory communication for the Chair when it comes to critical information, including - but not limited to - county business, labor practices and negotiations, budget strategies and relevant political issues around labor practices, negotiations and other sensitive topics. Top goals include: providing taxpayers, the public and the media with stories and information about critical county programs; responding to public records requests; responding with urgency and immediacy to the public and media inquiries about the county; strongly carrying and promoting the values of the Board of Commissioners, both internally and externally; advising the Chair, the Board, elected officials, and County staff on the best approaches with taxpayers, the public and the media; creating materials that increase the county's visibility; committing to and working with the highest standard of transparency for the sake of the public; and developing new ways to reach out to county residents by inviting them to participate in local government.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Amount of news stories generated by Communications Office in all media TV, print, radio and blogs	250	300	330	375		
Outcome	Number of multi-media videos/projects produced by the office	25	50	53	65		
Output	Increase in the number of Twitter users for the county compared to the previous year	2,531	2,572	3,772	7,372		
Output	Increase in the number of FaceBook followers for the county compared to the previous year	0	280	440	920		

Performance Measures Descriptions

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$711,543	\$0	\$844,926	\$0
Contractual Services	\$16,000	\$0	\$26,166	\$0
Materials & Supplies	\$8,550	\$0	\$20,600	\$0
Internal Services	\$104,903	\$0	\$107,160	\$0
Total GF/non-GF	\$840,996	\$0	\$998,852	\$0
Program Total:	\$840,996		\$998	3,852
Program FTE	6.46	0.00	6.50	0.00

Program Revenues					
Other / Miscellaneous	\$0	\$0	\$130,219	\$0	
Total Revenue	\$0	\$0	\$130,219	\$0	

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10007 Communications Office

None



Program #10007B - Language Communications Coordinator

7/7/2014

Department: Nondepartmental **Program Contact:** Dave Austin

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs: 10007A

Program Characteristics:

Executive Summary

The Communications Office strives to reflect the diversity of Multnomah County's residents and employees. Core to the office's mission is to promote County programs to all residents. This office receives an increasing number of requests from Spanish, Chinese, Vietnamese and other different language communities each month, but doesn't have capacity to fully engage them as it pertains to communications. We are adding a Language Communications Coordinator to provide better access to information about health care, behavioral health, housing issues and other county services.

Program Summary

The Language Communications Coordinator will coordinate with County departments to improve communication between the county and its growing communities that have limited English proficiency. The coordinator will focus first on making inroads to the Latino/Hispanic community, which makes up 10.9 percent of the County's population. Using advanced language skills, the coordinator will help make better connections within these communities about County services. The coordinator will make important contacts within the Chinese, Vietnamese, Laotian, Russian and other communities where language creates a barrier between residents and the County. The idea would be that the coordinator, working with the departments and County staff, will increase access to important services. This initiative is part of the ongoing County equity work and complements the initiatives coming out of the Chair's Office on reaching underserved communities.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of contacts with communities that lack proficiency in English language	-	-	-	50-100		
Outcome	Number of coordination meetings between County departments and those communities	-	-	-	30		

Performance Measures Descriptions

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$118,316	\$0
Materials & Supplies	\$0	\$0	\$3,939	\$0
Internal Services	\$0	\$0	\$3,800	\$0
Total GF/non-GF	\$0	\$0	\$126,055	\$0
Program Total:	\$	\$0		,055
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was:

This is a new program for FY 2015.



Program #10008 - County Attorney's Office

7/7/2014

Department: Nondepartmental **Program Contact:** Jenny Madkour

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

Related Programs:

Program Characteristics:

Executive Summary

The mission of the Office of County Attorney is to provide the highest quality and cost effective legal advice and representation. The Office reviews and advises on the legal aspects of County government operation, defends claims against the County and its employees, and assists with Federal, State, and County legal requirements. The County Attorney collaborates with risk management, provides legal training and strives to provide clients with appropriate advice before legal issues become legal problems.

Program Summary

The Office of County Attorney prepares and reviews legal documents including contracts, Ordinances, Resolutions, Board Orders, Executive Rules, Administrative Procedures, and others. It provides legal advice and counsel to the Board of County Commissioners, the Chair, the Sheriff, the Auditor, the District Attorney, County Departments, Offices, Advisory Boards, Districts, Commissions and Committees. It prepares formal written opinions deemed necessary by the County Attorney regarding significant interpretations of federal and state laws, the Charter, County Code and other legal requirements. The Office controls and supervises all civil actions and legal proceedings where the County is a party or has a legal interest. The Office represents and defends any legal action, matter or proceeding in any court or tribunal and as requested by the Board.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Attorney Direct Service Hours	21.432	19,000	20,000	20,000		
Outcome	Percentage of attorney time dedicated to direct client services	89%	90%	89%	90%		
Input	Number of tort claims received	291	140	160	160		

Performance Measures Descriptions

The number of attorney direct service hours represents attorney time dedicated to litigation, legal consultation, legal document preparation and review, and client training. Direct service hours exclude time spent on professional development and administrative tasks. A tort claim is a notice of intent to bring a lawsuit for damages against the County or its employees. Upward and downward trends in these claims indicates future workload and is used for risk management.

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$3,413,100	\$0	\$3,513,505
Contractual Services	\$0	\$30,000	\$0	\$30,000
Materials & Supplies	\$0	\$119,500	\$0	\$114,764
Internal Services	\$0	\$530,135	\$0	\$543,693
Total GF/non-GF	\$0	\$4,092,735	\$0	\$4,201,962
Program Total:	\$4,092,735		\$4,20	1,962
Program FTE	0.00	23.00	0.00	22.80

Program Revenues				
Other / Miscellaneous	\$0	\$4,092,735	\$0	\$4,201,962
Total Revenue	\$0	\$4,092,735	\$0	\$4,201,962

Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

Significant Program Changes

Last Year this program was: 10008 County Attorney's Office

No significant changes.



Program #10009A - Local Public Safety Coordinating Council

7/7/2014

Department: Nondepartmental **Program Contact:** Abbey Stamp

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

Related Programs:

Program Characteristics:

Executive Summary

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations and strategies of local government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. Since 1995, LPSCC has convened leaders from local governments; public safety, social service and education agencies; private service providers and local communities throughout the County to collaborate on and improve public safety system outcomes.

Program Summary

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies, and strategies. The Executive Committee is co-chaired by Multnomah County District 3 Commissioner Judy Shiprack and City of Portland Mayor Charlie Hales.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety system, (b) coordinated policies to improve that system and (c) evidence-based strategies that address issues important to community safety. The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system. It also oversees the operation of Decision Support System-Justice (DSS-J), the County's public safety data warehouse, which is a repository for all public safety related data.

LPSCC also directs the work of several subcommittees and smaller work groups that focus on key issues within the public safety system, such as youth and gang violence prevention, coordination between the public safety and mental health systems, decreasing Disproportionate Minority Contact and implementing House Bill 3194 (2013).

In its FY 2010 adopted budget, Multnomah County's Board of Commissioners formally transferred responsibility for the administration of DSS-J to the County's Local Public Safety Coordinating Council (LPSCC), which agreed to oversee the development and maintenance of DSS-J and ensure data accuracy and security through a Policy Committee.

In FY 2015, LPSCC will fund the following staff: a full-time Executive Director, who directs and coordinates inter-agency public safety policy discussions; a full-time Public Safety System Analyst, who examines cross-agency data and relevant policies to identify improvements to the public safety system, a full-time Executive Assistant, who provides organizational and communications support, and a full-time Limited Duration Assignment Project Manager who manages implementation of HB 3194.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Number of LPSCC Executive Committee Meetings	10	10	10	10	
Outcome	Percentage of Executive Committee Members satisfied with the results/outcomes of meeting	85	85	85	85	
Output	New measure: Number of LPSCC subcommittee and workgroup meetings	-	-	81	93	

Performance Measures Descriptions

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities (ORS 423.560). As part of House bill 3194, beginning on July 1, 2015, counties will apply for justice reinvestment grant funds. The State Criminal Justice Commission, which is overseeing statewide implementation of House Bill 3194, stated these applications "must be submitted by a local public safety coordinating council."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$394,220	\$0	\$441,116
Contractual Services	\$0	\$5,000	\$0	\$38,690
Materials & Supplies	\$0	\$17,568	\$0	\$53,365
Internal Services	\$531,315	\$140,687	\$543,376	\$41,891
Total GF/non-GF	\$531,315	\$557,475	\$543,376	\$575,062
Program Total:	\$1,088,790		\$1,11	8,438
Program FTE	0.00	3.20	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$557,475	\$0	\$552,062
Beginning Working Capital	\$0	\$0	\$0	\$23,000
Total Revenue	\$0	\$557,475	\$0	\$575,062

Explanation of Revenues

LPSCC is funded by the State Department of Corrections through SB 1145 at \$425,171. One position, the limited duration Project Manager, is funded through HB 3194 at \$126,891. LPSCC will also receive \$5,000 to provide research support for a grant administered by the District Attorney's Office.

DSS-Justice is a General Fund program.

Significant Program Changes

Last Year this program was: 10009 Local Public Safety Coordinating Council



Program #10009B - DSS-Justice Funding

7/7/2014

Department: Nondepartmental Program Contact: Abbey Stamp

Program Offer Type: Program Alternative/Reconstruction Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

This program offer requests General Fund support to fully fund Decision Support System-Justice (DSS-J), a multijurisdictional public safety system database used by many local governments in Multnomah County.

Program Summary

DSS-Justice provides data and reporting on the local public safety system across jurisdictions, using data from Multnomah County, the circuit courts, and municipal governments. The database is operated and maintained by the Department of County Assets' Information Technology organization, and its business owner is the Local Public Safety Coordinating Council (LPSCC).

For the past several years, LPSCC has provided financial support for DSS-Justice with grant dollars, which will be fully spent at the end of FY 2014. This one-time General Fund request will fund the database through FY 2015, during which time LPSCC and the County can evaluate its ongoing value and operating cost.

DSS-J is the only local database that allows for analysis of multi-jurisdictional data. The analyses helps elected officials, public safety leaders, and LPSCC make evidenced-based policy decisions, perform quality assurance and monitor utilization of the public safety system and related services.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output		0	0	0	0	
Outcome		0	0	0	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
Internal Services	\$0	\$0	\$205,336	\$0
Total GF/non-GF	\$0	\$0	\$205,336	\$0
Program Total:	\$0		\$205	,336
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a General Fund request.

Significant Program Changes

Last Year this program was:



Program #10010 - Citizen Involvement Committee

Program Contact: Kathleen Todd 7/7/2014

Nondepartmental **Department:**

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

Related Programs:

Program Characteristics:

Executive Summary

A community of involved citizens is fundamental to building trust and accountability in Multnomah County governance. This offer provides the resources for the Citizen Involvement Committee (CIC), through its Office of Citizen Involvement (OCI), to energetically pursue this goal.

Program Summary

The CIC maintains a publicly-accessible office providing a clearinghouse for information about and entry into a bevy of county citizen opportunities. The CIC provides ongoing independent assessment of citizen participation opportunities; identifies and works to remove barriers to participation through live forums, Departmental Reviews, and Diversity Outreach trainings; advocates in partnership with other governmental and non-governmental organizations for citizen involvement in policy and decision-making; coordinates independent Citizen Budget Advisory Committees (CBACs); implements the citizen-driven Dedicated Fund Review; educates the public about the county and recruits new volunteers during its Education and Recruitment Campaign; and recognizes the dedication of county's volunteers by hosting the annual Volunteer Awards Ceremony for all county departments. The CIC and OCI provide direct citizen voice into program development and direction early in decision-making processes and convey citizen input to officials and departments through reports, recommendations, and meetings. This maximizes the value of citizen input, giving citizens a greater sense of ownership in the process.

This offer supports county accountability strategies in multiple ways by:1) Fostering and supporting actively engaged communities of citizens working with the county; 2) Enhancing the public's awareness of county operations and providing venues for citizen contribution to program development and direction, including live forums and online surveys; 3) Focusing efforts on seeking out and engaging underrepresented communities, including maintaining a Spanish-language version of the CIC website; 4) Providing citizens a single entry point for involvement information; 5) Regularly updating its websites, database & publications with current volunteer opportunities; and 6) Creating consistent protocol for citizen involvement activities. This offer ensures the resources necessary to: maintain a centralized and current database of volunteers and interested citizens; maintain an up-to-date bilingual website describing county services and listing opportunities to be engaged with decision-making; create consistent expectations and processes for citizen involvement activities; expand training and support of county volunteers and staff; and increase community outreach, especially to underrepresented communities who do not normally participate in county government, through online and real-time opportunities.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Database of volunteers is current and available at all times	100%	100%	98%	95%	
Outcome	Percentage of participants in activities who felt time was well spent	95%	90%	98%	90%	
Output	Outreach & recruitment events attended	-	-	-	10	
Output	New citizen involvement opportunities are publicized within 3 working days	98%	90%	95%	90%	

Performance Measures Descriptions

The performance measures for this program offer essential measurements of efforts to notify and educate the public about the county and citizen involvement opportunities. OCI's enhanced use of our webpages, social media accounts, online volunteer database, and live recruitment in the community increases the public's knowledge of and likely participation with county citizen involvement opportunities.

Chapter Re: Chapter 3.75 Multnomah County Home Rule Charter; Resolution 8-86, Resolution 95-245, Multnomah County Code 2.30.640; 3.30-3.306 1. The County Charter states that the commission "shall appropriate sufficient funds for the operation of the office and the committee".

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$177,345	\$0	\$183,169	\$0
Contractual Services	\$0	\$0	\$1,500	\$0
Materials & Supplies	\$10,851	\$0	\$8,251	\$0
Internal Services	\$41,785	\$0	\$45,119	\$0
Total GF/non-GF	\$229,981	\$0	\$238,039	\$0
Program Total:	\$229,981		\$238	3,039
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10010 Citizen Involvement Committee

No significant changes as the CIC, through the Office of Citizen Involvement, continues to be engaged in pro-active work with county officers, county employees and the larger community to enhance the understanding and acceptance of the value of active citizen participation in county governance. This has been and remains the core mission of CIC. Activities such as live topical forums, online surveys, the Spanish website, Education and Recruitment Campaign, a sub committee focused on outreach and diversity issues, and the development of additional resources for advisory committee staff have expanded CIC partnerships throughout the county community.



Program #10011 - Office of the Board Clerk

7/7/2014

Department: Nondepartmental **Program Contact**: Lynda Grow

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

Related Programs:

Program Characteristics:

Executive Summary

The Office of the Board accounts for all functions and expenditures necessary for efficient operation of the Board of County Commissioners, who work on behalf of citizens individually and as members of the Board. The Office of the Board supports the Board as a body by providing those things necessary for the Board to function effectively and collectively and provide information on items brought before the Board and public.

Program Summary

The Office of the Board manages all Board meetings, agendas, records, indices and schedules. It maintains and disseminates information pertaining to adopted resolutions, orders, ordinances and proclamations.

Board Clerks act to maintain the integrity of all Multnomah County processes and procedures pertaining to the Board of County Commissioners. They uphold the Board of Commissioners' Vision and support its Mission in their work.

Board Clerks serve as parliamentarians at all meetings, take minutes, prepare meeting records and notices and provide internal and external customer service, information and referral. They perform responsible clerical and research work associated with the proceedings of the meetings, the Board's actions and records; provide information on upcoming board items, post public notices, provide information and referral to the public; and, schedule meetings space and equipment.

Board Clerks are responsible for notifying internal and external customers of scheduled meetings and cancellations; processing, posting and distributing all agenda submissions and official documents that result from board action and directives of those documents and ensure ease of access for future internal and external inquiries. Board clerks provide members of the public with agendas, notices of public hearings, and access to public records. They provide custody of the records, books and documents of the Board and protect and preserve the official County records both electronically and on paper for perpetuity.

The Office pays for the County's memberships in advocacy organizations including the National Association of Counties, Association of Oregon Counties and Leader's Round Table.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of Board Meetings Scheduled	90	104	100	110		
Outcome	Number of Board Meetings Held	90	100	90	100		

Performance Measures Descriptions

Regular board meetings are held on Thursdays throughout the year. The Board meetings in Board Briefings and Executive Sessions on Tuesdays. Public Hearings, Budget Work Sessions and Special Meetings are scheduled as needed. Each of these meetings is individually convened and adjourned.

Commissioners affirm to support the Constitutions of the United States, the State of Oregon, the Multnomah County Home Rule Charter, and Multnomah County Laws. The Board adopts and publishes rules for the conduct of Board meetings, they serve as the governing body for Dunthorpe-Riverdale Sanitary and Service District No. 1; Mid-County Street Lighting Service District No. 14; sit as the Coutny Budget Committee; The Hospital Facilities Authority; Public Contract Review Board:

Multnomah County Board of Health and Multnomah County Library District Board.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$223,807	\$0	\$222,687	\$0
Contractual Services	\$5,000	\$0	\$5,000	\$0
Materials & Supplies	\$241,359	\$0	\$228,638	\$0
Internal Services	\$417,973	\$0	\$453,395	\$0
Total GF/non-GF	\$888,139	\$0	\$909,720	\$0
Program Total:	\$888,139		\$909	,720
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10011 Office of the Board Clerk

No significant changes.



Program #10012A - Office of Emergency Management

7/7/2014

Department: Nondepartmental **Program Contact:** Joe Rizzi

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

Related Programs:

Program Characteristics:

Executive Summary

Emergency Management coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and some departments as well as coordination with cities, special districts and non-governmental organizations. By developing relationships with community partners, Emergency Management bolsters citizen preparedness community resilience.

Program Summary

This is the core Multnomah County Office of Emergency Management (MCEM) Program offer. Program focus includes: 1) County general and departmental preparedness; 2) Intergovernmental preparedness; and 3) Citizen and community preparedness and resilience. This work is done with strategic and policy guidance from the Operations Council. MCEM also receives input from local jurisdictions, districts and agencies engaged in emergency planning.

MCEM understands that a resilient community can potentially reduce the burden on limited emergency response capacity in a severe emergency. For that reason, MCEM works with businesses, non-governmental organizations, faith based groups, volunteer organizations and directly with community members to encourage disaster resilience and create a coordinated response to disasters.

MCEM contributes to Climate Action Plan Objectives 17-1 to assess climate-related vulnerabilities, strengths and resiliency; and 17-5 to collaborate with Metro and state agencies to update hazard mapping and inventories.

During an emergency, MCEM activates and manages the County Emergency Coordination Center (ECC) which is staffed by employees from various County departments to provide a single location where strategic direction, response coordination and resource support for incident response is carried out.

Overall program activity is informed by the Emergency Management Performance Grant work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, state and federal partners.

In an disaster, Emergency Management functions as the state-mandated conduit for obtaining state and federal resources to support local emergency response for the County, cities and districts, and coordinates emergency and disaster declarations.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Annual exercise performance objectives successfully tested.	100%	100%	100%	100%			
Outcome	Oregon Emergency Management requirements met for annual performance grant.	100%	100%	100%	100%			

Performance Measures Descriptions

ORS 401 requires Multnomah County to develop and maintain an effective emergency management program and Multnomah County Ordinance 1138 establishes the County's Office of Emergency Management. ORS 401 requires resource requests and emergency/disaster declarations be submitted by the County Emergency Management Director to the Director of Oregon Emergency Management.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$541,379	\$622,307	\$469,064	\$411,430
Contractual Services	\$21,455	\$1,011,161	\$30,000	\$0
Materials & Supplies	\$72,504	\$76,105	\$124,579	\$30,000
Internal Services	\$471,413	\$0	\$400,109	\$0
Capital Outlay	\$0	\$0	\$4,000	\$0
Total GF/non-GF	\$1,106,751	\$1,709,573	\$1,027,752	\$441,430
Program Total:	\$2,810	\$2,816,324		9,182
Program FTE	4.50	5.50	3.50	3.50

Program Revenues				
Intergovernmental	\$0	\$1,709,573	\$0	\$441,430
Total Revenue	\$0	\$1,709,573	\$0	\$441,430

Explanation of Revenues

In addition to General Fund, MCEM also receives Emergency Management Performance Grant monies which provide a 50% match to eligible program costs paid for by the County general fund up to approximately \$400,000 for FFY 14. MCEM also applies for and receives State Homeland Security Grant Program funds on behalf of the County and to pass through to other jurisdictions with the County. Additionally, MCEM applies for and receives FEMA Flood Hazard Mitigation Plan funding. Urban Area Security Initiative (UASI) funds, which are primarily for regional planning staff and related planning costs, have sunset and are not budgeted for FY 2015. The County's UASI grant paid for 2.0 FTE to coordinate these activities, which have ended as of June 30, 2014.

Significant Program Changes

Last Year this program was: 10012A Office of Emergency Management

The Emergency Kits (reference OTO program offer #10013-15) will need to be maintained at a cost of \$11,000 per year. This money will be used to replace items as they reach their expiration date to keep the kits current and in a condition that county employees can use if/when an incident requires.



Program #10012B - EM - Vulnerable Populations Specialist

7/7/2014

Department: Nondepartmental **Program Contact:** Joe Rizzi

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer will build on a regional vulnerable populations emergency planning framework to integrate the needs of populations with physical, sensory, mental health, cognitive or developmental conditions into the County's disaster planning. The project funded by this offer will tie vulnerable population needs into the County Emergency Operations Plan, and include building mapped information into Emergency Management's web-based mapping tool used for planning and response coordination.

Program Summary

A Regional Vulnerable Populations Emergency Annex was developed in 2010 to assist counties in our region in understanding the functional needs of individuals in an emergency. This document provides a framework for integrating vulnerable populations into the County's disaster planning. These individuals can be challenged by rapid onset events, isolating events, power failure or large-scale and prolonged events. Issues such as appropriate alert and notification, transportation, evacuation, shelter requirements, durable medical needs and behavioral health issues in shelter populations will be addressed by this offer.

Using the framework document and subsequent analysis based on RAND Institute and National Council on Disability reports, this offer will fund a project to build vulnerable population needs into the current County Emergency Operations Plan (EOP). The project will work with departments including Department of County Human Services and Health as well as community stakeholders to integrate departmental planning with the EOP.

Additionally the project will work with IT/GIS to facilitate the use of geo-coded information including demographics, service sites, and transportation routes into planning and response tools. Requirements for a vulnerable populations registry that would more readily integrate with alert and notification systems and 911 call/data system will be identified.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Documented planning sessions with stakeholders	0	24	22	24	
Outcome	Vulnerable Populations plans reviewed or enhanced	0	12	12	12	

Performance Measures Descriptions

Output: Measure documents processes, data and agreements used to inform written planning annexes.

Outcome: EOP annexes provide guidance to Departments, agencies and emergency coordinators who are activated in a disaster situation.

The Older Americans Act requires emergency/disaster preparedness planning for older adults in Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$101,971	\$0
Materials & Supplies	\$0	\$0	\$6,000	\$0
Total GF/non-GF	\$0	\$0	\$107,971	\$0
Program Total:	\$0		\$107	7,971
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

This is a General fund program.

Significant Program Changes

Last Year this program was: 10015 Office of Emergency Management - Vulnerable

No significant changes. For the past three fiscal years, this program has been funded with one-time General Fund dollars.



Program #10013 - Emergency Management Kits

7/7/2014

Department: Nondepartmental **Program Contact:** Joe Rizzi

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

This program offer would provide one-time funding for Multnomah County's Emergency Management program to purchase emergency kits for all County employees to keep in their work spaces. In the event of an emergency, all employees would be sure to have basic survival gear available to them.

Program Summary

Multnomah County Emergency Management (MCEM) coordinates disaster preparedness activity in Multnomah County. It is often impossible to determine when a disaster will occur, and since county employees may be in the work place when a disaster occurs, MCEM will provide emergency kits for employees to keep in their work spaces to use in case of an emergency. MCEM will purchase the items for 5,500 emergency kits. Based on comparison research, MCEM determined that the "Grab and Glow Safety Kit" fits the needs of county employees with the best price (\$12.95 per kit). Unit Price of $$12.95 \times 5500 = $71,225$. The kits will be purchased with the funds requested in this program offer and maintained at a minimal cost using ongoing funding, which is included as an ongoing cost in program offer #10012-15. Kit contents are listed below.

Each Grab and Glow Safety Kit in a drawstring bag includes:

- 1 (one) drawstring bag reflective Red Blank
- 1 (one) N95 Niosh Respirator/Dust Mask Folded/Wrapped
- 1 (one) metal whistle
- 10 (ten) water pouches 4.227 oz.
- 1 (one) personal pouch first aid kit
- 1 (one) light stick green 12 hour
- 1 (one) SOS Ration IMO 2400 Kcal
- 1 (one) par of large disposable nitrile gloves
- 1 (one) emergency poncho
- 1 (one) emergency survival blanket 84" x 52"

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Emergency Kits purchased for Multnomah County employees.	-	-	-	5,500		
Outcome	Emergency Kits provided to Multnomah County employees.	-	-	-	5,500		

Performance Measures Descriptions

None.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Materials & Supplies	\$0	\$0	\$71,225	\$0
Total GF/non-GF	\$0	\$0	\$71,225	\$0
Program Total:	\$0		\$71	225
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

One-time General Fund request.

Significant Program Changes

Last Year this program was:

This is a new OTO program offer.



Program #10016 - Government Relations Office

7/7/2014

Department: Nondepartmental **Program Contact:** Nancy Bennett

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

Related Programs:

Program Characteristics:

Executive Summary

The Office of Government Relations represents the Board of Commissioners and county departments before the United State Congress, the Oregon Legislature and local governing bodies to advance Multnomah County's annual state and federal legislative agenda. This function is vital in protecting the interests of Multnomah County.

Program Summary

The Office of Government Relations is managed by two Co-Directors of Government Relations. They are responsible for managing the federal and state legislative agenda set by the Board of Commissioners. The Co-Directors serve as the state lobbyists for the county, manage budget and compliance issues, manage the federal government relations contract, lead stakeholder and coalition meetings and provide regular updates to the Board of Commissioners, departments and other staff. The office also includes two additional positions --- a Policy Manager who is responsible for tracking state and federal legislation and managing a bill tracking service, working with county department staff on legislative coordination, and providing analysis on key policy issues; and a Senior Grants Coordinator who is responsible for tracking grants across departments and providing technical assistance on applications.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Develop and pass a comprehensive state and federal agenda	1	1	1	1			
Outcome	Provide an annual report that details bill outcomes and progress on county priorities	0	1	1	1			

Performance Measures Descriptions

The Office of Government Relations will focus on the following performance measures: 1) produce a comprehensive state and federal legislative agenda that is consistent with the county's budget and policy priorities and produce an annual report on state and federal legislative outcomes; and 2) Support state and federal legislation that protects local authority.

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$570,906	\$0	\$591,342	\$0
Contractual Services	\$100,000	\$0	\$110,000	\$0
Materials & Supplies	\$15,907	\$0	\$14,500	\$0
Internal Services	\$31,424	\$0	\$40,467	\$0
Total GF/non-GF	\$718,237	\$0	\$756,309	\$0
Program Total:	\$718,237		\$756	,309
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

This is a General Fund Program.

Significant Program Changes

Last Year this program was: 10016 Government Relations Office

No significant changes.



Program #10017A - Office of Diversity and Equity

Program Contact: Kalissa Canyon-Scopes

7/7/2014

Department: Nondepartmental

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

Related Programs:

Program Characteristics:

Executive Summary

The Office of Diversity and Equity (ODE) is a team of professional resource experts and a partner in making the county a better place to live and work for everyone by providing programming and tangible resources, expertise, best and promising practices, technical support, data and data analysis.

Program Summary

ODE provides leadership and resources for advancing organizational equity and inclusion change efforts that support the business of the county.

ODE works with and within departments to lead, support or complement equity and social justice work throughout the County. Projects and resources include: Equity Council, Employee Resource Groups, AA/EEO Compliance, Workforce Equity with Department Action Plans, Dignity& Respect campaign activities and 100 D&R Change Agents, Data visualization technical assistance and training, Equity and Empowerment Lens technical assistance, Lunch and Learns, ad hoc brown bags, interactive actionable workforce data and analysis for Department Directors and HR Managers, and resources from local, regional and national networks. ODE is a Governing for Racial Equity conference host and planning partner for the Governing for Racial Equity Network NW Public Employee Diversity Conference.

This offer funds one FTE for the ongoing rollout of the Equity and Empowerment Lens with a Racial Justice focus .20 support for the College to County mentorship program, the staffing and County contributions to the Public Employee Diversity Conference and the Governing for Regional Equity Network, fiscal and project oversight and budgets for 10 Employee Resource Groups, staffing for the Equity Council and the Dignity & Respect Campaign and 100 Change Agents, and ongoing AA/EEO certification requirements.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	# Employee Resource Groups	6	7	8	10	
Outcome	NW Public Employee Diversity and Governing for Racial Equity conference planning participants	1	2	2	2	
Outcome	# Unique Data Dashboards	3	6	10	15	
Output	Department Workforce Equity Action Plans	0	0	0	7	

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	\$782,043	\$0	\$717,671	\$0
Contractual Services	\$22,000	\$0	\$28,000	\$0
Materials & Supplies	\$42,884	\$0	\$57,000	\$0
Internal Services	\$69,366	\$0	\$52,678	\$0
Total GF/non-GF	\$916,293	\$0	\$855,349	\$0
Program Total:	\$916,293		\$855	5,349
Program FTE	7.00	0.00	5.40	0.00

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

Explanation of Revenues

General Fund

Significant Program Changes

Last Year this program was: 10017A Office of Diversity & Equity

was 10017A and 10017B and 10017C last year



Program #10017B - Multnomah Youth Commission Support

7/7/2014

Department: Nondepartmental Program Contact: Kalissa Canyon-Scopes

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

Related Programs:

Program Characteristics:

Executive Summary

The Multnomah Youth Commission, the official youth policy body for Multnomah County is a group of 24 young people, ages 13-21, that strives to provide a voice for youth in the County's work. In addition to its advisory role within local government, the MYC works to improve the community through service projects. The work of MYC is guided by "Our Bill of Rights: Children + Youth," the nation's first Bill of Rights written by and for young people and adopted by a local government.

Program Summary

The Multnomah Youth Commission (MYC) serves the County in several ways. The Elected Official Liaison Program, training and technical assistance for community organizations, government agencies, and businesses. The MYC advises and make recommendations on policies and programs to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities while obtaining the opportunities, necessary to become healthy, productive adults. MYC assists in the coordination of policies and actions creating more youth friendly communities. The Multnomah Youth Commission is working with youth and adults throughout our community to change the way violence is viewed and dealt with through the Youth Against Violence Committee and the Rob Ingram Youth Summit Against Violence. MYC educates youth and adults about "Our Bill of Rights: Children + Youth" and the importance of its implementation into all decision making arenas in the community; brings diverse youth from across the region together to share ideas and experiences regarding violence and build a youth movement for social change.

The Office of Diversity and Equity provides leadership and resources for advancing organizational equity and inclusion change efforts. ODE works in collaboration with departments and offices and serves and an equity, inclusion and social justice resource at Multnomah County. The Multnomah Youth Commission (MYC) sits within the Office of Diversity and Equity.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	#Youth Commission Meetings	22	22	22	22			
Outcome	Rob Ingram Youth Summit Against Violence	1	1	1	1			

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	\$131,264	\$0	\$120,150	\$32,301
Contractual Services	\$0	\$0	\$1,000	\$75,000
Materials & Supplies	\$11,387	\$0	\$14,232	\$39,700
Internal Services	\$11,830	\$0	\$0	\$0
Total GF/non-GF	\$154,481	\$0	\$135,382	\$147,001
Program Total:	\$154,481		\$282	2,383
Program FTE	1.00	0.00	1.00	0.00

Program Revenues						
Other / Miscellaneous	\$0	\$0	\$0	\$110,801		
Beginning Working Capital	\$0	\$0	\$0	\$36,200		
Total Revenue	\$0	\$0	\$0	\$147,001		

Explanation of Revenues

State Farm Grant estimate \$100,801 for FY 2015 and \$35,000 of Beginning Working Capital Penney Family Foundation grant estimate \$10,000 for FY 2015 and \$1,200 of Beginning Working Capital

Significant Program Changes

Last Year this program was: 10017D ODE Multnomah Youth Commission Support

No significant changes. The State Farm and Penney Family Foundation grants were awarded to the MYC during FY 2014, and the program intends to apply for them again for FY 2015.



Program #10018A - Office of Sustainability

7/7/2014

Department: Nondepartmental **Program Contact:** Kim Powe

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

Related Programs:

Program Characteristics:

Executive Summary

The Office of Sustainability uses sustainability principles and practices to further the mission of the County, by considering the impacts on our most vulnerable residents first and supporting the County in improving our economic efficiency and addressing local environmental inequities.

Program Summary

Given the fact that Multnomah County is first and foremost a service organization addressing the needs of the region's most vulnerable residents, the Office of Sustainability seeks to support Multnomah County's continuing ability to provide critical services to residents by (1) creating an organizational culture that promotes and celebrates innovation in addressing disparities in the environment that contribute to the root causes of residents seeking our services such as toxins, heat island effects, and lack of access to healthy food, and reducing that need, (2) supporting departments in developing and implementing strategies to address these root causes through policy, program design and implementation, and strategic partnerships, (3) supporting operational efficiency to reduce costs and/or improve outcomes, and (4) developing shared metrics that account for both the quantitative and qualitative benefits of operating sustainably.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Servings of fresh appropriate produce donated	-	-	-	50,000		
Outcome	% increase in participant diversity in programs over FY13	-	-	5%	20%		
Output	County programs on which the Office is asked to provide strategic support	-	-	10	15		

Performance Measures Descriptions

Output: Donation of healthy, culturally appropriate food from the CROPS program, as identified by our community partners Outcome: The work of the Office is to advance the quality of life for the entire community by addressing environmental ills Output: The Office of Sustainability is an enterprise wide office that exists to support the work of the County by directly supporting the work of departments. This is accomplished by supporting the programs and projects of departments with expertise, resources and connections to strategic partners.

None.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$516,116	\$0	\$482,823	\$18,000
Contractual Services	\$0	\$15,000	\$22,500	\$7,000
Materials & Supplies	\$7,800	\$29,568	\$19,940	\$8,000
Internal Services	\$70,420	\$432	\$65,738	\$0
Total GF/non-GF	\$594,336	\$45,000	\$591,001	\$33,000
Program Total:	\$639	\$639,336		,001
Program FTE	5.00	0.00	4.40	0.00

Program Revenues						
Intergovernmental	\$0	\$45,000	\$0	\$0		
Beginning Working Capital	\$0	\$0	\$0	\$33,000		
Total Revenue	\$0	\$45,000	\$0	\$33,000		

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10018A Office of Sustainability

Restructuring of program activities resulted in the reduction of 1.0 FTE for FY 2015.



Program #10018B - Office of Sustainability - Summit/Intertwine

7/7/2014

Department:NondepartmentalProgram Contact:Kim PoweProgram Offer Type:Program Alternative/ReconstructionProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

The Food Justice Summit is an annual event that brings together food and nutrition stakeholders to advance the year Food Action Plan with a shared vision and shared goals.

The Intertwine Alliance is a coalition dedicated to promoting equity and access to open spaces and healthy living throughout our region.

Program Summary

At the first Multnomah Food Summit in FY 2011 we imagined what we could accomplish by working together. From that beginning, our community created a 15-year Food Action Plan with a shared vision and shared goals. At the FY 2012 Multnomah Food Summit, our community focused on turning shared goals into action. At the FY 2013 Multnomah Food Summit, we focused on Growing Food Justice by cultivating a shared and broad understanding of how we are all affected by a food system that contributes to crises such as chronic health conditions, food insecurity and hunger, climate change and environmental degradation, economic injustice, loss of farmland and undermining of the local economy.

The FY 2014 Food Justice Summit convened our community to revisit where we've been, evaluate the new and changing landscape, and make adjustments to the course that we set in FY 2011. It had 3 main goals: exploring "food justice", convening and networking, and driving action. We will open our Summit by laying a foundation of what food justice means to our community. Throughout the day we brought together food justice leaders and advocates, food systems businesses and stakeholders to share information, deepen connections and define/refine what we mean by food justice. In the coming year's Summit we hope to build upon the updated foundation we created in FY 2014.

The Intertwine Alliance is a coalition of private firms, public agencies and nonprofit organizations working together to tap new sources of funding, better leverage existing investments, and more fully engage residents with the outdoors and nature. Participation will augment the county's mission, vision and values of sustainability, equity to open spaces and healthy eating, active living.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	% New presenters at the Food Justice Summit	-	-	61%	50%			
Outcome	New equity focused projects at the Intertwine	-	-	-	3			

Performance Measures Descriptions

Output: The Food Justice Summit seeks to expand the reach and value of the Summit, having new presenters illustrates interest and value in the event.

Outcomes: The County serves all residents, increase in equity activities benefit our clients

None.

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	\$5,500	\$0
Materials & Supplies	\$0	\$0	\$28,000	\$0
Total GF/non-GF	\$0	\$0	\$33,500	\$0
Program Total:	\$0		\$33	500
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:

Last year this was part of the Office of Sustainability's, Commissioner Shiprack's and the Health Department's program offers.



Program #10020 - Regional Arts & Culture Council

7/7/2014

Department: Nondepartmental **Program Contact:** Julie Neburka

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

Related Programs:

Program Characteristics:

Executive Summary

The Regional Arts & Culture Council (RACC) provides contract services to Multnomah County and its residents. Formerly a county bureau (the Metropolitan Arts Commission), RACC became an independent 501(c)(3) organization in 1995 in order to leverage support from other regional government partners and private donors, ultimately investing much more in arts and culture than the County alone can afford. These investments create vibrant neighborhoods, enhance our children's education, and fuel the creative economy with measurable economic benefits for Multnomah County.

Program Summary

RACC plays a vital role in the county's economic and community development efforts. Specifically, RACC provides services in five key areas: (1) Through Advocacy, RACC helps build support and resource for arts and culture. (2) RACC Grants provide artists and arts organizations with the base financial support they need to continue serving our community. (3) RACC's nationally acclaimed Public Art program, including the Multnomah County 2% for Art Ordinance, integrates a wide range of art into public spaces. (4) RACC provides other Community Services including workshops for artists, consulting for arts organizations, and a variety of printed and electronic resources; and (5) RACC is developing comprehensive Arts Education solutions for our community.

Arts and culture activities add measurable value to our region's economy and to our quality of life. Artists and arts organizations bring residents together for shared cultural experiences that stimulate creativity which in turn supports more innovative businesses and a richer educational experience for our children. A vibrant arts community serves as a magnet for young creatives, and Multnomah County's investment in the arts contributes to the competitive advantage we have over other regions in the country that are all competing to attract sustainable businesses and a creative, well-educated workforce. Multnomah County is home to a vast majority of the region's artists and arts and culture organizations, which together generate more than \$253.5 million for the local economy, and \$21 million for state and local coffers, every year.

Proposed program allocations for FY15 County dollars include allotments to the following RACC programs: Advocacy and Development; Grants, \$103,146; Community Services; Arts Education, and Management/General, which covers expanded outreach to communities of color and geographically underserved communities.

Performan	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Multnomah County dollars invested in arts & culture	161,748	163,733	163,733	\$167,008			
Outcome	Multnomah County children engaged in creative learning of standard curricula	5,609	6,500	6,500	6,500			

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	\$163,733	\$0	\$167,008	\$0
Total GF/non-GF	\$163,733	\$0	\$167,008	\$0
Program Total:	\$163,733		\$167	7,008
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$41,923	\$0	\$0	\$0
Total Revenue	\$41,923	\$0	\$0	\$0

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: 10020 Regional Arts & Culture Council

LAST YEAR'S RESULTS, AND EXPECTED RESULTS THIS YEAR:

ADVOCACY AND DEVELOPMENT. County dollars help RACC build more support from both the public and private sectors. The county's contribution last year to Work for Art's matching challenge fund leveraged more than \$475,000 through workplace giving and other contributions from the private sector – money that gets re-invested in a wide variety of arts organizations in our community.



Program #10021 - State Mandated Expenses

7/7/2014

Department: Nondepartmental **Program Contact:** Michael Crank

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer accounts for Facilities charges for the State Courts and for the Tax Supervising & Conservation Commission. It also accounts for debt service on the new East County Courthouse, for pass-through payments to the Multnomah Law Library, and for maintaining the never-opened Wapato Jail.

Program Summary

ORS 1.185 requires that counties provide court space for the operation of the state circuit courts. Multnomah County operates courts at the downtown Courthouse, the Multnomah County Justice Center, the Donald E. Long Juvenile Justice Center, and at the new East County Courthouse, opened in FY 2013. County-provided courtroom space is a key resource in the County's criminal justice system. Multnomah County courts' central locations allow easy access to the court system, provide visibility to the community of the public safety system at work, and allow the justice system to hold offenders accountable.

The County's Facilities Division is responsible for operating and maintaining County courtrooms, and for maintaining the Wapato Jail facility. The Facilities Division provides services ranging from planning, construction, and building operations and maintenance to cleaning the buildings and maintaining the grounds for courtrooms located in Multnomah County's owned and leased facilities. Facilities maintains the grounds, interior, and exterior of the Wapato Jail, and incurs costs for this maintenance and for utilities in order to minimize deterioration of the building.

The 2011 Legislature passed several bills that changed the way court fees are allocated among local programs. One local program, the Multnomah Law Library, is a recipient of an allocation of fees through Multnomah County to the Law Library. FY 2015 is the fourth year of this pass-through payment of about \$995,000 annually.

Performa	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	All customer service requests are begun within 10 days of receipt	92%	95%	95%	95%			
Outcome	Customer Service satisfaction rating	90%	92%	92%	92%			

Performance Measures Descriptions

These performance measures are the same as those used for the County's other building operations. Facilities customers are emailed a link for a Zoomerang customer service satisfaction survey. Replies and results are reviewed and used for continuous quality improvement.

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms."

- (1) The county in which a circuit court is located or holds court shall:
- (a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.
- (b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.
- (2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$995,000	\$0	\$1,000,000	\$0
Materials & Supplies	\$296,560	\$0	\$161,054	\$0
Internal Services	\$3,965,730	\$392,088	\$4,318,711	\$392,088
Total GF/non-GF	\$5,257,290	\$392,088	\$5,479,765	\$392,088
Program Total:	\$5,649,378		\$5,87	1,853
Program FTE	0.00	0.00	0.00	0.00

Program Revenues					
Fees, Permits & Charges	\$995,000	\$0	\$995,000	\$0	
Total Revenue	\$995,000	\$0	\$995,000	\$0	

Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County. The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs are \$321,000 per year (net) from FY 2012 through FY 2020, and will be \$1.7 million per year from 2020 through 2030.

Significant Program Changes

Last Year this program was: 10021 State Mandated Expenses

No significant changes.



Program #10022 - Pass-Through Payments to East County Cities

7/7/2014

Department: Nondepartmental **Program Contact:** Mike Jaspin

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer accounts for Business Income Tax (BIT) collected on behalf of and passed through to the east county cities of Gresham, Troutdale, Fairview, and Wood Village. These payments are prescribed in an intergovernmental agreement (IGA) that shares revenue from the BIT. Under the terms of this agreement, the four cities share 25% of the first 0.6% of BIT collections. This offer also includes the County's obligation to share Community Service Fee revenues generated through the Strategic Investment Program (SIP) with the City of Gresham.

Program Summary

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities. The County entered into a SIP agreement with Microchip Technologies, Inc., in FY 2004. Under terms of that agreement, the company agrees to pay 25% of property tax abated in the form of a Community Service Fee. State statutes direct that the County share that revenue with the City in which the company receiving the SIP exemption is located.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output		0	0	0	0	
Outcome		0	0	0	0	

Performance Measures Descriptions

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$5,937,323	\$0	\$6,890,709	\$0
Total GF/non-GF	\$5,937,323	\$0	\$6,890,709	\$0
Program Total:	\$5,937,323		\$6,89	0,709
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$319,612	\$0	\$329,200	\$0
Total Revenue	\$319,612	\$0	\$329,200	\$0

Explanation of Revenues

The BIT pass-through is 25% of the first 0.6% of BIT collections. Community Service Fee is 25% of the taxes abated under the Strategic Investment Program.

Significant Program Changes

Last Year this program was: 10022 Pass-Through Payments to East County Cities

No significant changes.



Program #10023 - OHS Local Option Levy

7/7/2014

Department: Nondepartmental Program Contact: Julie Neburka

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

Related Programs:

Program Characteristics:

Executive Summary

The Oregon Historical Society (OHS) is a private not-for-profit entity founded in 1898. Since 1899, it has received appropriations from (1) state government (except 2002-6) in recognition of its operation of the state history museum and a large Oregon history research library; and (2) Multnomah County (\$335k per year, 1999-2003) as a participant in the county library levy. Passage of special purpose levy 26-118 in November 2010 provides for levy support at the rate of \$0.05 per thousand of assessed value.

Program Summary

OHS operates the Oregon history museum, the Davies Family Research Library (Oregon and Oregon Territory), and educational programs for adults, families and school groups (also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding is providing basic operational support, as well as funding to underwrite the improved hours of service in the library, free admission to residents of Multnomah County and all school groups, improved collections development and care, and new and exciting programming. OHS is committed to serving the diverse communities of the region and the state, and reflects that commitment in its programs and collections.

Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale and Crown Point Country) will together receive \$150,000 per year from the levy proceeds. The levy allocates the balance to the Oregon Historical Society for its programs and operations.

The levy has provided basic operational support and has certainly increased OHS's public services. The library has been open 32 hours a week since the levy funding went into effect in July 2011, and has served an additional 38% of patrons. Due to the levy funding, the increased public programs are reaching more Oregonians than ever and OHS has had the ability to enhance collections care and display more of Oregon's treasures.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Multnomah County citizens admitted free of charge.	16,988	10,000	21,100	21,100	
Outcome	Improved library hours per week	32	32	32	32	
Output	Increased number of public programs	152	35	155	155	
Quality	Care of Collections through additional curator/registrar	0	1	1	1	

Performance Measures Descriptions

In June of 2012, OHS was able to open their new permanent exhibit "Oregon Voices" which has doubled their capacity for school groups. For calendar year 2013, OHS has seen a 17% increase in Multnomah County residence visits with total attendance increase of 26% compared to 2012.

Measure 26-118 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$150,000 per year from the levy proceeds.

FY 2015 is the fourth year of the five-year local option levy.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$1,744,253	\$0	\$1,821,824
Internal Services	\$0	\$0	\$0	\$7,500
Total GF/non-GF	\$0	\$1,744,253	\$0	\$1,829,324
Program Total:	\$1,744,253		\$1,82	9,324
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$1,727,530	\$0	\$1,807,922
Interest	\$0	\$7,262	\$0	\$3,000
Beginning Working Capital	\$0	\$9,461	\$0	\$18,402
Total Revenue	\$0	\$1,744,253	\$0	\$1,829,324

Explanation of Revenues

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

Significant Program Changes

Last Year this program was: 10023 OHS Local Option Levy

No significant changes.



Program #10024 - County School Fund

7/7/2014

Department:NondepartmentalProgram Contact:Mike JaspinProgram Offer Type:Existing Operating ProgramProgram Offer Stage:As Adopted

Related Programs:

Program Characteristics:

Executive Summary

This program offer distributes revenues received from property taxes associated with railroad cars to local school districts. This is a statutory responsibility of Oregon counties (ORS 308.505 to ORS 308.665) and these revenues are dedicated to a County School Fund. Formerly, revenues dedicated to the County School Fund included revenues received from the sale of timber cut on federal forest land. Federal legislation governing these payments has sunset as of FY 2012.

Program Summary

Since 1908, all counties in Oregon had received payments from the US government from revenue generated by the sale of timber cut on federal forest lands. State law specified how the revenue was to be allocated.

The federal law authorizing federal timber payments to counties, PL 106-393, sunset as of September 30, 2006. It was reauthorized by Congress for one year in 2007, and was renewed in 2008 for a four-year period, during which time the amount received declined each year. FY 2012 was to have been the last year in this 4-year extension. Congress reauthorized this legislation for one year in FY 2013, and again in FY 2014. This legislation was not renewed for FY 2015.

The County School Fund also receives a portion of the ad valorem tax that is assessed on the value of rail cars as outlined by state statute.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output		0	0	0	0	
Outcome		0	0	0	0	

Performance Measures Descriptions

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$20,000	\$0	\$20,275
Total GF/non-GF	\$0	\$20,000	\$0	\$20,275
Program Total:	\$20,000		\$20,	275
Program FTE	0.00	0.00	0.00	0.00

Program Revenues					
Intergovernmental	\$0	\$20,000	\$0	\$20,000	
Interest	\$0	\$0	\$0	\$25	
Beginning Working Capital	\$0	\$0	\$0	\$250	
Total Revenue	\$0	\$20,000	\$0	\$20,275	

Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$15,000-\$20,000 over the past several years.

Significant Program Changes

Last Year this program was: 10024 County School Fund

No significant changes.



Program #10025 - Convention Center Fund

7/7/2014

Department: Nondepartmental Program Contact: Mark Campbell

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer budgets the revenue and expenditures associated with the County's commitment to fund the Oregon Convention Center and the Visitors Development Initiative. This program operates under intergovernmental agreements (IGAs) between Multnomah County, the City of Portland, and METRO. The program accounts for proceeds of the Transient Lodging Tax and Motor Vehicle Rental Tax that are passed through to METRO for operation of the Oregon Convention Center and other tourism related entities.

Program Summary

This program accounts for a portion of taxes collected from area hotels, motels, and vehicle rental agencies. The Transient Lodging Tax has supported the Oregon Convention Center since 1986. The tax is set at 11.5% on all hotel and motel room rentals in Multnomah County. Cities retain 5% of the tax generated within their boundaries. Another 1% supports regional tourism promotion. The remaining 5.5% supports programs associated with the Oregon Convention Center, the Regional Arts & Culture Council (RACC), and the Visitors Development Board. The Motor Vehicle Rental Tax was increased by the Board of County Commissioners in April, 2000. This 2.5% increment is entirely dedicated to support of the activities noted above.

This program supports the Oregon Convention Center which hosts programs, conferences, and events that bring visitors and business groups to Portland. The tourism and travel industry is among the leading private sector employers in Oregon. Large conventions generate significant activity for local hotels, restaurants, and retail establishments. Travel Portland has estimated that a typical out-of-town convention delegate will spend between \$600-\$700 during a three-day stay in the region. A report prepared in 2013 by Crossroads Consulting Services documents the dollar impact of the visitors facilities managed by METRO. The report estimates the economic impact at just less than \$660 million per year.

The Visitors Facilities Intergovernmental Agreement (VDI) was amended in FY 2014 and has established a Multnomah County Fund "County Visitor Facilities and Operations Support". The funding will support operations and capital improvements related to the established purposes of the VDI. The VDI supports regional visitor facilities and visitor industry development in the Portland-Multnomah County area. The VDI agreement is between the City of Portland, Multnomah County, and Metro. The Visitors trust will allocate \$250,000 to Multnomah County in FY 2014, \$500,000 annually FY15-17, \$750,000 annually FY18-21, and \$1,000,000 annually FY 22-forward.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	\$ (In Millions) Impact of Convention Center Visitors to County Economy	482	470	480	490		
Outcome	# of Employees in Travel/Tourism Industry (Est.)	4,830	4,500	4,800	4,900		

Performance Measures Descriptions

The Oregon Convention Center (OCC) generates significant economic activity to metropolitan Portland and the State. Multnomah County accounts for 2/3rds of tourism related activity. Travel/tourism accounts for approximately 10% of metropolitan area employment.

Metro provides data analysis on total annual spending in millions of dollars (output) which is estimated to support the total number of people employed (outcome) in the travel/tourism industry.

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated.

There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$27,329,500	\$0	\$29,991,130
Cash Transfers	\$0	\$0	\$0	\$765,000
Total GF/non-GF	\$0	\$27,329,500	\$0	\$30,756,130
Program Total:	\$27,329,500		\$30,7	56,130
Program FTE	0.00	0.00	0.00	0.00

Program Revenues					
Taxes	\$0	\$27,000,000	\$0	\$30,176,630	
Interest	\$0	\$4,500	\$0	\$4,500	
Beginning Working Capital	\$0	\$325,000	\$0	\$575,000	
Total Revenue	\$0	\$27,329,500	\$0	\$30,756,130	

Explanation of Revenues

The transient Lodging Tax was originally established in 1972. A supplemental Countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the Visitors Development Initiative.

The Motor Vehicle Rental Tax was originally established in 1976. The tax was increased to 12.5% in April 2000, with the additional 2.5% dedicated to the Visitors Development Initiative.

Significant Program Changes

Last Year this program was: 10025 Convention Center Fund

No significant changes.



Program #10026 - Capital Debt Retirement Fund

7/7/2014

Department: Nondepartmental **Program Contact:** Mark Campbell

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer accounts for principal and interest payments on various full faith and credit obligation bonds, capital leases, and intergovernmental agreements that were entered into in order to finance various capital improvements or capital acquisitions.

Program Summary

Multnomah County is currently making payments on the following obligations:

Series 2004 Advance Refunding (\$54.2 million) - Full Faith & Credit

Series 2010A (\$9.8 million) - Full Faith & Credit

Series 2010B (\$15 million) - Full Faith & Credit

Oregon Investment Transportation Bank (OTIB)(\$3.2 million)

Sellwood Library 2002 (\$1.1 million)

Capital Lease Sheriff's Office Warehouse 2010 (\$815,000) - Capital Lease

Series 2012 (\$128 million) - Full Faith & Credit

The outstanding debt issues have funded a number of capital improvements and acquisitions. These include, among others, purchase of the Multnomah, McCoy, and Mead buildings, health clinic equipment and improvements, deferred capital maintenance, construction of the East County Courthouse, road improvements to 223rd Street, Sellwood Bridge replacement project and various computer applications. All binding obligations were approved by the Board of County Commissioners. The facilities and equipment purchased with these bond issues support many of the County's direct service programs. Careful management of debt obligations contributes to sound financial management practices. Debt payments are recovered from departments who benefit from specific projects via internal service reimbursements.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Moody's Rating of Aa3 or Better	1	1	1	1	
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%	

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. (1)-indicates Moody's Aa2 or Aa3 rating, (0)-represents a rating lower than Aa2 or Aa3.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Principal and interest on the full faith and credit obligations, capital leases and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$3,000	\$0	\$4,000
Debt Service	\$0	\$20,752,682	\$0	\$19,525,590
Cash Transfers	\$0	\$250,000	\$0	\$250,000
Unappropriated & Contingency	\$0	\$1,452,487	\$0	\$107,397
Total GF/non-GF	\$0	\$22,458,169	\$0	\$19,886,987
Program Total:	\$22,458,169		\$19,886,987	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues					
Intergovernmental	\$0	\$320,800	\$0	\$320,800	
Other / Miscellaneous	\$0	\$17,303,844	\$0	\$16,670,465	
Financing Sources	\$0	\$0	\$0	\$1,800,000	
Interest	\$0	\$30,000	\$0	\$10,000	
Beginning Working Capital	\$0	\$4,803,525	\$0	\$1,085,722	
Total Revenue	\$0	\$22,458,169	\$0	\$19,886,987	

Explanation of Revenues

Debt service payments are collected from departments in their facilities charges and passed through to the Capital Lease Retirement Fund.

Significant Program Changes

Last Year this program was: 10026 Capital Debt Retirement Fund

Series 2003 Refunding (\$9.6 million) - Full Faith & Credit-Payment completion in Fiscal Year 2014



Program #10027 - GO Bond Sinking Fund

7/7/2014

Department: Nondepartmental **Program Contact:** Mark Campbell

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

Related Programs:

Program Characteristics:

Executive Summary

The GO Bond Sinking Fund program accounts for the payment of General Obligation Bond principal and interest approved by the voters in May 1993 and May 1996. The 1993 GO Bond (issued in February 1994) to restore the historic Central Library and build the Midland Library. The 1996 GO Bond was issued in October 1996 to remodel, construct, or purchase various Library and Public Safety facilities and equipment. Revenue to pay the debt is derived from property taxes and interest earned on the cash balances.

Program Summary

Multnomah County's General Obligation debt was refinanced in FY 2010 to take advantage of historically low interest rates.

The 1994 and 1996 debt issues were rolled into one debt payment with the Series 2010 Refunding General Obligation Bonds. The savings to taxpayers as a result of this refinancing is estimated at \$5.2 million. Bond payments are made on time to maintain an investment grade rating on the bond issue. The careful management of debt has been noted as a key component in the County's most recent rating reviews.

Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer	
Output	Moody's Rating of Aa1 or Better	1	1	1	1	
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%	

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. Moody's recently upgraded the rating on the County's General Obligation debt to Aaa. This is the highest rating assigned to municipal debt issues. (1)-indicates Moody's Aa1 rating, (0)-represents rating lower than Aa1. All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997. Multnomah County has never defaulted on any debt issues.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Debt Service	\$0	\$8,160,800	\$0	\$6,771,675
Unappropriated & Contingency	\$0	\$6,540,275	\$0	\$5,896,400
Total GF/non-GF	\$0	\$14,701,075	\$0	\$12,668,075
Program Total:	\$14,701,075		\$12,668,075	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$6,978,128	\$0	\$6,094,322
Interest	\$0	\$40,000	\$0	\$35,000
Beginning Working Capital	\$0	\$7,682,947	\$0	\$6,538,753
Total Revenue	\$0	\$14,701,075	\$0	\$12,668,075

Explanation of Revenues

Revenue to pay the debt is derived from property taxes and interest earned on the cash balances.

Significant Program Changes

Last Year this program was: 10027 GO Bond Sinking Fund



Program #10028 - PERS Pension Bond Sinking Fund

7/7/2014

Department: Nondepartmental **Program Contact:** Mark Campbell

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

Related Programs:

Program Characteristics:

Executive Summary

The PERS Pension Obligation Bond Sinking Program accounts for principal and interest payments on pension obligation revenue bonds issued December 1, 1999 in the amount of \$184,548,160 to retire the County's PERS unfunded actuarial accrued liability. Revenues that support debt payments are derived from charge backs to departments based on their departmental personnel cost.

Program Summary

The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds to finance the estimated unfunded accrued actuarial liability of the County to the Oregon Public Employees Retirement System. Senate Bill 198-B, effective October 23, 1999, authorized the County to pledge taxes that the County may levy within the limitations of sections 11 and 11b, Article XI of the Oregon Constitution not subject to annual appropriation. On December 1, 1999 the County issued \$184,548,160 in Pension Obligation Bonds to fund its PERS unfunded liability.

Debt service payments are supported by a surcharge against payroll. The surcharge rate has fluctuated, on average, between 6% and 7% of payroll. A reserve has been established to support future escalating debt payments in order to maintain the surcharge at a constant level.

Performar	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Moody's Rating of Aa2 or Better	1	1	1	1		
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%		

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. (1)-indicates Moody's Aa2 rating, (0)-represents rating lower than Aa2.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$25,000	\$0	\$25,000
Debt Service	\$0	\$18,036,600	\$0	\$19,086,600
Unappropriated & Contingency	\$0	\$60,108,400	\$0	\$69,206,330
Total GF/non-GF	\$0	\$78,170,000	\$0	\$88,317,930
Program Total:	\$78,170,000		\$88,3	17,930
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$18,392,240	\$0	\$18,050,922
Interest	\$0	\$375,000	\$0	\$340,000
Beginning Working Capital	\$0	\$59,402,760	\$0	\$69,927,008
Total Revenue	\$0	\$78,170,000	\$0	\$88,317,930

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2015, departments will pay 6.25% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: 10028 PERS Pension Bond Sinking Fund



Program #10029 - SummerWorks Internship Program

7/7/2014

Department: Nondepartmental **Program Contact:** Loretta Smith

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

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

SummerWorks is a paid summer internship program that supports key interventions to prevent student dropout rates by connecting youth to career pathways. The program is part of a regional workforce development program with public and private partnerships.

Program Summary

SummerWorks is part of the County's broader Economic Development Program that seeks to drive countywide economic development policy, expand relationships with Multnomah County businesses, and promote job creation and a competitive workforce. This program will ensure that 125 youth gain valuable summer work experience at either County or external work sites. Through the program, youth ages 16-21 from diverse backgrounds participate in internships lasting from six to ten weeks for a total of 180 hours.

In addition to the internship experience, youth will receive work-readiness training and case management. County departments participating in the program and the County staff supervising the interns will receive a program orientation, planning assistance, and ongoing program support.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of participating youth.	50	100	100	125		
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks program.	100,000	100,000	100,000	150,000		
Outcome	Number of community partners	8	10	11	15		

Performance Measures Descriptions

OUTCOME - Number of community partners: In Fiscal Year 2013, this outcome was measured as number of corporate numbers. With the increase in internship placements, the County SummerWorks program increased the number and type of external partners with whom interns are hosted. A more general measure reflects both private and public partnerships.

None.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$35,000	\$95,000	\$0
Contractual Services	\$0	\$200,000	\$0	\$250,000
Materials & Supplies	\$0	\$10,000	\$25,000	\$0
Total GF/non-GF	\$0	\$245,000	\$120,000	\$250,000
Program Total:	\$245	\$245,000		0,000
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This program is paid for with Video Lottery Fund resources.

Significant Program Changes

Last Year this program was: 10029 SummerWorks Internship Program

In Fiscal Year 2014, the program doubled the number of slots funded from 50 to 100. In Fiscal Year 2015, the program will grow from 100 placements to 125 placements. Temporary personnel costs for positions that supported this program were previously funded in the Chair's Office. In FY 2015, these costs are now funded in this program.



Program #10030 - RDPO - Multnomah County Matching Contribution for our

7/7/2014

Regional Disaster Preparedness Organization

Department: Nondepartmental **Program Contact:** Joe Rizzi

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, One-Time-Only Request

Executive Summary

Emergency Management coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and some departments as well as coordination with cities, special districts and non-governmental organizations. One critical component of emergency preparedness if regional coordination. This program offer details Multnomah County's contribution to the Regional Disaster Preparedness Organization (RDPO).

Program Summary

Funding will be contributed from 4 counties and the City of Portland to maintain the regional administrator to better allow regional project coordination and the ability to expand and contract as grant funds become available. Multnomah County's match to continue the Regional Disaster Preparedness Organization (RDPO) coordination and collaboration is \$38,180. This funding will maintain the core structure of the regional disaster preparedness organization to continue regional work.

Performa	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Number of RDPO Meetings coordinated by the RDPO Administrator.	0	0	0	12		
Outcome	Percentage of RDPO Meetings with regional cooperation.	0	0	0	100%		

None

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	\$38,200	\$0
Total GF/non-GF	\$0	\$0	\$38,200	\$0
Program Total:	\$0		\$38	200
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was:

Previously, the region received Urban Area Security Initiative (UASI) funds for regional work in our urban area. Emergency Management expects to secure the grant in the future to fund this project.



Program #10031 - Emergency Management - Radios

7/7/2014

Department: Nondepartmental Program Contact: Joe Rizzi

Program Offer Type: Innovative/New Program Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

Emergency Management coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and some departments as well as coordination with cities, special districts and non-governmental organizations. By developing relationships with community partners, Emergency Management bolsters citizen preparedness and community resilience. This program offer details an important need in our county: 800mhz radios for Animal Services in the Department of Community Services (DCS).

Program Summary

This funding will help DCS Animal Services move their radio communications to the public safety radio network. Funds will purchase 800MHz radios that can operate on the public safety radio network.

Moving Animal Services off of the County's VHF system will free up a paired frequency that can be used by all county departments to coordinate and remain in contact even if phone and/or internet lines are functioning properly. This will meet communications needs set out in the County's emergency communications plan. It will allow for a better distribution of the County's existing radios to programs operating in all County facilities.

Animal Services will benefit by having a more robust radio system that will allow staff to talk directly to public safety officers and to Dispatch to allow for better communications for their services.

Performan	Performance Measures						
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output	Purchase and provide twelve (12) radios to Animal Services.	-	-	-	12		
Outcome	% increase in Animal Services employees' ability to communicate on the 800mhz radio communications syst	-	-	-	100%		

None.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$40,000	\$0
Total GF/non-GF	\$0	\$0	\$40,000	\$0
Program Total:	\$0		\$40	000
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a one-time request for General Fund dollars.

Significant Program Changes

Last Year this program was:

None.



Program #25101 - Mental Health Beginning Working Capital

7/3/2014

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

The funds in the county's Behavioral Health Fund, which are maintained by the county, represent the accumulation of any unspent Medicaid dollars annually and interest earned on the fund balance throughout the fiscal year. The use of these funds is restricted by the federal government. The money can be used only for those individuals who are Medicaid eligible and are in need of mental health services authorized by the county according to Center for Medicaid and Medicare Systems (CMS) definition of medical necessity.

Program Summary

This program offer is only for budgeting and accounting purposes. The state requires the MHO to have a primary reserve of \$250,000 and secondary reserve of up to 4 months of Operations Cost. Given the mental health responsibilities in our county and the number of Multnomah Health Share - Oregon Health Plan (OHP) members Multnomah County is responsible for (according to new ACA membership), it would be prudent to maintain a secondary reserve level under \$19M (which is about 4 months of operating cost projections). This would cover any reasonable but unexpected cost increases within our system or the need to transition existing business to another entity.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output		0	0	0	0		
Outcome		0	0	0	0		

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Unappropriated & Contingency	\$0	\$14,017,238	\$0	\$20,005,367
Total GF/non-GF	\$0	\$14,017,238	\$0	\$20,005,367
Program Total:	\$14,01	17,238	\$20,00	05,367
Program FTE	0.00	0.00	0.00	0.00

Program Revenues						
Interest	\$0	\$66,020	\$0	\$108,568		
Beginning Working Capital	\$0	\$13,951,218	\$0	\$19,896,799		
Total Revenue	\$0	\$14,017,238	\$0	\$20,005,367		

Explanation of Revenues

\$19,896,799 Beginning Working Capital as of 7/1/14 \$108,568 Estimate of interest earned during FY15

Significant Program Changes

Last Year this program was: 25101 Mental Health Beginning Working Capital

In FY14 program offer 25055B Behavioral Health Crisis Services included \$720,000 of the total beginning working capital.



Program #95000 - Fund Level Transactions

7/8/2014

Department: Overall County **Program Contact:** Mike Jaspin

Program Offer Type: Revenue/Fund Level/Tech Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

This program offer budgets a number of "fund level" transactions. These include transfers between funds, fund contingencies, and reserves.

Program Summary

This offer includes the following cash transfers:

General Fund to Capital Improvement Fund - \$800,000

General Fund to Health Headquarters Capital Fund - \$1,000,000

General Fund to Downtown Courthouse Capital Fund - \$2,300,000

General Fund to Financed Projects Fund - \$1,500,000

General Fund to Information Technology Fund - \$1,739,000

General Fund to Capital Debt Retirement Fund - \$1,800,000

Capital Improvement Fund to Library Capital Construction Fund - \$1,295,000

Capital Improvement Fund to Health Headquarters Capital Construction Fund - \$4,869,000

Capital Improvement Fund to Downtown Courthouse Capital Fund - \$10,194,600

This offer accounts for the General Fund contingency, which is established at \$2,518,872. The General Fund contingency also contains \$6,298,702 for a Business Income Tax reserve set at 10% of anticipated revenues, and \$1,560,000 for various Board earmarks. Additionally, this offer accounts for the 10% General Fund revenue reserve as described in the Financial & Budget Policies. The Library Fund contingency (\$6,500,000) and the Risk Fund contingency (\$17,500,000) and unappropriated balance are recorded here.

Video Lottery Fund resources of \$5,306,067 and contingency of \$467,894 are recorded in this offer, while expenditures are reported in departmental program offers where they are spent.

Performar	Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	% of reserve goal met	100%	100%	100%	100%			
Outcome	Moody's Bond Rating	0	0	0	0			

Performance Measures Descriptions

Change in bond rating: (0) = no change, (1) = upgraded rating, (-1) = downgraded rating.

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investors Service uses as a benchmark. The goal in developing the reserve policy was to shield the County from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the Board takes affirmative action to transfer it. Conditions under which the the contingency can be used are limited, in most cases, to one-time-only expenditures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Cash Transfers	\$11,791,604	\$1,103,294	\$9,139,000	\$16,358,600
Unappropriated & Contingency	\$43,158,882	\$51,633,446	\$44,699,877	\$60,467,894
Total GF/non-GF	\$54,950,486	\$52,736,740	\$53,838,877	\$76,826,494
Program Total:	\$107,6	87,226	\$130,6	65,371
Program FTE	0.00	0.00	0.00	0.00

Program Revenues						
Intergovernmental	\$0	\$5,229,915	\$0	\$4,678,943		
Interest	\$0	\$256,000	\$0	\$0		
Beginning Working Capital	\$0	\$52,516,802	\$0	\$60,627,124		
Total Revenue	\$0	\$58,002,717	\$0	\$65,306,067		

Explanation of Revenues

Significant Program Changes

Last Year this program was: 95000 Fund Level Transactions

No significant changes.



Program #95001 - General Fund Revenues

7/8/2014

Department: Overall County **Program Contact:** Mike Jaspin

Program Offer Type: Revenue/Fund Level/Tech Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

This program offer budgets countywide, or 'corporate', revenues that make up the General Fund. The General Fund is the primary source of discretionary revenue that supports county programs across all departments and service areas.

Program Summary

For FY 2015, General Fund resources are estimated to be \$481.3 million, which includes \$51.1 of beginning working capital. The revenues budgeted in this program offer represent approximately 82.9% of the total General Fund. The primary ongoing revenue sources are property taxes, business income taxes (BIT), and motor vehicle rental taxes (MVRT). The remaining General Fund revenues are budgeted within departmental program offers.

Accurate revenue forecasting is crucial to the development of long range financial plans. It is the goal of the Budget Office to produce revenue estimates that fall within a range of (+/-) 2% of actual collections. The assumptions used to develop revenue forecasts should be clearly articulated to, and understood by, all decision makers in the budget process. The County's Financial & Budget Policies outline the forecast process.

Performance Measures							
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer		
Output		0	0	0	0		
Outcome		0	0	0	0		

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Total:		\$0		\$0
Program FTE	0.00	0.00	0.00	0.00

Program Revenues						
Intergovernmental	\$4,417,704	\$0	\$4,579,271	\$0		
Taxes	\$315,693,473	\$0	\$334,424,420	\$0		
Other / Miscellaneous	\$6,762,579	\$0	\$7,086,458	\$0		
Financing Sources	\$73,694	\$0	\$765,000	\$0		
Interest	\$1,020,000	\$0	\$1,040,400	\$0		
Beginning Working Capital	\$55,378,652	\$0	\$50,916,534	\$0		
Total Revenue	\$383,346,102	\$0	\$398,812,083	\$0		

Explanation of Revenues

A handful of revenues make up the bulk of the General Fund. These include (in order of size) - property tax, business income taxes, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget document.

A more complete discussion of the forecast and assumptions can be found on the Budget Office website.

Significant Program Changes

Last Year this program was: 95001 General Fund Revenues