

Multnomah County, Oregon

FY 2016

Adopted Budget

Volume 3

- County Human Services
- Library
- Health Department
- Nondepartmental

About our cover

Photo Submitted by: Randy Cox

The FY 2016 Budget cover photo was taken by Randy Cox from the County's Communications Office. Randy works as the County's Creative Media Coordinator. Last June, he was inspired to capture the stunning wildflowers on the eco-garden on the fifth floor of the Multnomah Building. A large print of this same photo hangs in the reception area for the County Chair's Office. The Budget Office is pleased to showcase his beautiful photo on our 2016 Multnomah County Adopted Budget.

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Table of Contents

Understanding Program Offers 5

What Makes a Good Program Offer 5

Program Offer Description..... 6

Program Offer Justification..... 6

Performance Measures..... 6

Legal and Contractual Mandates..... 7

Revenue/Expense Detail (Program Costs) 7

Explanation of Revenues 7

Significant Program Changes 7

Types of Programs 8

Administration..... 8

Support 8

Operating Program 8

New/Innovative..... 8

Program Alternative or Reconstruction..... 8

Internal Service 8

Revenues..... 8

Other Important Notes 9

Characteristics of Program Offers..... 9

Scaled Program Offers..... 10

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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 program offers.

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

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

What Makes a Good Program Offer

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

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

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

Program Offer Description

Program Offer Justification

Performance Measures

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 justification 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 cost estimates.

"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

Every program offer includes two 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 in each program offer. The table identifies the type of measure, the measure's 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, where available), 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 narrative 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.

Revenue/Expense Detail (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 systemwide; 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.

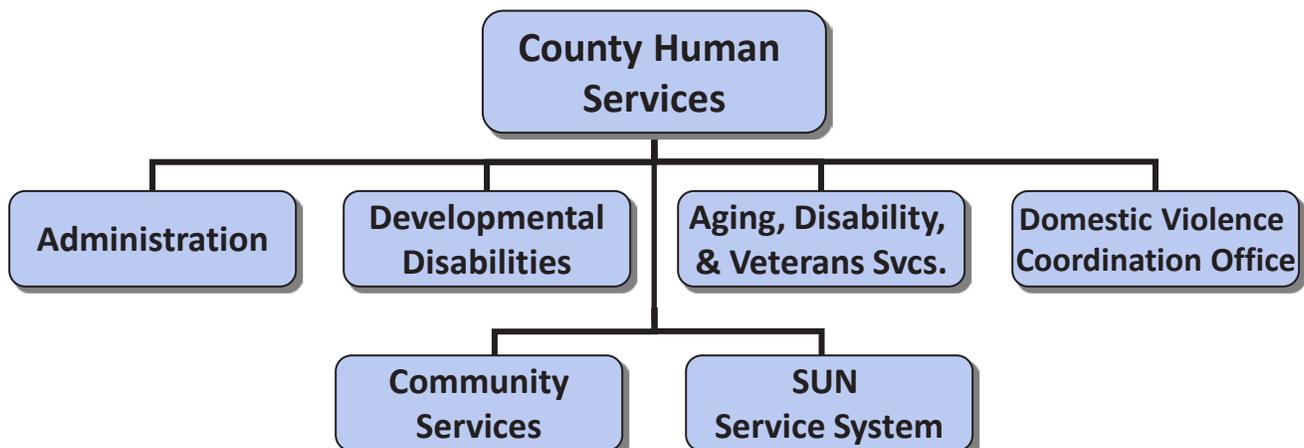
Department Overview

The mission of the Multnomah County Department of County Human Services (DCHS) is to work with the community to provide people with resources that make a difference, increase health and safety, and promote dignity and respect. Its vision is for a safe, healthy, caring, and diverse community where hope, independence, learning and opportunity prevail for all.

DCHS achieves its mission through collaboration with State, Federal, and local government agencies, non-governmental organizations, community advocates, and the public. As the primary funder of social services in the community, the department convenes partners and providers of social services for children and families in poverty, homeless youth, survivors of domestic violence, low income older adults, children and adults with physical and developmental disabilities, and veterans.

The department participates and leads a significant number of partnerships with local government, community based organizations and other County departments to identify key community needs and address them through county resources, policy and practices. The department serves as the Area Agency on Aging, the Community Action Agency for Multnomah County, and the managing partner for the Schools Uniting Neighborhoods Coordinating Council. DCHS accomplishes this work with a budget of over \$145 million and over 620 FTE.

As DCHS transitions Mental Health and Addictions Services Division to the Health Department, it will incorporate emerging research and practice in order to align most effectively around the social determinants of health. In addition, the department's strategic planning efforts will focus on improving internal systems to meet external demands. Strategic plan areas of focus include: racial and ethnic justice, high quality and accountable service delivery, community engagement, and administrative simplification and sustainability. Improvement projects are underway throughout the department on priority issues targeted at leveraging resources and increasing equity to support accessible, high quality, and cost-effective client services.



Budget Overview

The DCHS FY 2016 budget is \$145.2 million, a decrease of \$94.6 million from the FY 2015 Adopted budget. A County reorganization moving Mental Health and Addiction Services (MHASD) from DCHS to the Health Department drives the decrease. Without accounting for MHASD, the FY 2016 budget increases \$14.1 million or 10.7% percent from the FY 2015 \$131.1 million Adopted budget. \$6.8 million of this increase is the following General Fund programs:

\$5.3 million for new programs

• Director’s Office - Strategic Data and Outcome Team (25000B)	\$108,628
• Business Services and Operations - Contract Specialist (25002B)	\$86,700
• Veterans Ombudsman (25025B)	\$100,000
• Health Teen Relationships Partnership (25042A)	\$50,000
• DV Enhanced Response Team – Expansion (25047B)	\$135,000
• Year Round Warming Center (25111B)	\$90,000
• Home for Everyone Housing Placement & Retention (25133D)	\$2,000,000
• Promise Neighborhoods (25137)	\$2,000,000
• SUN Community Schools Expansions (25145B-D)	\$280,000
• Early Kindergarten Transition Program – Expansion (25152B)	\$85,000
• Sexual Minority Youth Services – Expansion (25155B)	\$160,000
• Bienestar Social Services Scale: Improve/Expand (25156B-C)	\$170,000

\$1.3 million for one-time-only programs

• Senior Hunger Initiative (25020B)	\$261,000
• Public Guardian/Conservator Expansion (25026B)	\$95,558
• HSVP Streetroots (25133B)	\$20,000
• Runaway Youth Services (25138) <i>only a portion of program is OTO</i>	\$25,000
• Computers for Head Start Graduates (25139C)	\$20,000
• Economic Opportunity Initiative (25139E)	\$175,000
• SUN Community Schools Expansions (25145E & F)	\$129,000
• School Attendance Supports: Expand Services (25159B)	\$575,000

\$264,349 to backfill other funds in existing programs

• DD Abuse Investigations-Program Technician/Specialist (25014B-C)	\$190,273
• DV Admin. and Coordination - Fatality Review Team (25044B)	\$74,076

Budget Trends	FY 2014	FY 2015	FY 2015	FY 2016	Difference
	Actual	Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	752.60	803.38	782.19	626.65	(155.54)
Personnel Services	\$ 67,982,001	\$77,161,954	\$75,131,648	\$59,623,202	(\$15,508,446)
Contractual Services	139,531,427	154,512,306	145,430,847	68,760,043	(76,670,804)
Materials & Supplies	2,227,897	3,160,796	2,429,575	2,408,609	(20,966)
Internal Services	15,327,402	17,072,772	16,738,025	14,361,906	(2,376,119)
Capital Outlay	(168)	25,550	0	0	0
Total Costs	\$225,068,559	\$251,933,378	\$239,730,095	\$145,153,760	(\$94,576,335)

*Does not include cash transfers, contingencies or unappropriated balances. The current estimate exceeds the Adopted Budget because DCHS estimates budget modifications will bring the FY 2015 revised budget to \$266.05 million by the end of the fiscal year.

Successes and Challenges

Housing and economic security for all DCHS populations are ongoing challenges. In order to continue to address needs and look for innovative solutions, DCHS will focus on aligning services to focus on health disparities and the social determinants of health. In particular, DCHS will focus on upstream issues such as poverty and housing. Human centered design strategies will be employed to include people's experiences and realities into current and future policy and programs.

Housing: The Home For Everyone Board, Chaired by Multnomah County Chair Kafoury, launched and will oversee federally-funded homeless assistance resources. In addition, the Board (with staff support from the Community Services Division) will establish community-level policies and priorities for service delivery.

Inclusion: Aging, Disability and Veterans Services Division's (ADVSD)'s LGBT Alliance was selected among peer organizations for a national achievement award for their work on improving access and services for older LGBT consumers. The division's Adult Care Home Program launched a Lesbian, Gay, Bisexual and Transgender (LGBT) Welcoming designation for homes the program oversees, and the new program has already designated 9 homes.

Service Delivery: ADVSD programs and services continue to see a growing number of individuals with significant unmet needs and difficulty accessing services. ADVSD has worked with community members to assist individuals through the Multisystem Staffing Team (MSST) and Safety Net programs.

Domestic Violence: Multnomah County was selected by the US Department of Justice Office on Violence Against Women for its 20-city tour to commemorate the 20th anniversary of the federal Violence Against Women Act. Communities were selected based on their successful implementation of coordinated community responses to domestic violence.

SUN: The SUN Service System continues to expand key program areas, such as attendance supports, early kindergarten transition program and emergency food pantries, in partnership with other organizations. The finalization of the SUN Service System Request for Proposal will be an important community discussion and will determine culturally specific service resource allocation.

Developmental Disabilities: The Developmental Disabilities Services Division (DDSD) implemented the Community First Choice Option (K-Plan) to provide home and community-based attendant services and supports with an increase in Federal Medicaid match. Workload increased in staff training, case loads, Medicaid eligibility and in-home service plans.

Diversity and Equity

DCHS has a diverse racial and ethnic workforce. In FY 2014, 28% of DCHS' workforce consisted of employees of color, up from 25% in FY 2013. In the last fiscal year, DCHS received additional funding to hire approximately 50 new case managers in ADVSD. The department focused efforts on outreach for these positions and, as a result, people of color comprised over 30% of applicants and over 35% of new hires.

The DCHS Strategic Business Plan includes a strengthened focus on racial and ethnic justice. A few highlights: Educational disparities experienced by youth of color have been well documented in many recent reports. In particular, the Coalition of Communities of Color report on the African American community referenced the need for more targeted case management services that prioritize educational supports for African American youth. Currently, the SUN System funds those services. The Community Services Division is actively working to ensure data collection for households of color is practiced consistently by all contract providers. Two-thirds of the people served in the domestic violence victim services continuum are people of color. The Domestic Violence Coordinator's Office (DVCO) contracts for culturally specific services and staff are partnered with local agencies to provide workshops at culturally specific domestic violence advocate trainings and at a bilingual domestic violence conference. Through the expansion of contracted services with culturally specific organizations, ADVSD's Access and Early Intervention Services Program increased the number of ethnic and racial minority older adults served by 19%. The DDSD facilitated screenings of Gen-Silent for staff to raise awareness about LGBTQ issues within DDSD staff and clients.

Budget by Division

Division Name	FY 2016 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$6,241,989	\$719,017	\$6,961,006	49.00
Developmental Disabilities	2,724,950	15,022,385	17,747,335	126.55
Aging, Disability and Veteran Services	10,313,931	52,014,541	62,328,472	383.50
Domestic Violence Coordination Office	3,227,727	1,671,715	4,899,442	9.50
Community Services	15,598,589	20,373,353	35,971,942	31.50
SUN Service System	<u>13,794,527</u>	<u>3,451,036</u>	<u>17,245,563</u>	<u>26.60</u>
Total County Human Services	\$51,901,713	\$93,252,047	\$145,153,760	626.65

Department Administration

The DCHS Administration provides leadership, vision, 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 policy priorities. The Office provides project management, emergency management coordination, monitors compliance, implements quality improvement, and determines IT priorities.

Human Resources supports more than 600 departmental employees and addresses recruiting, hiring and retention issues, workforce planning, training, performance management, and labor relations.

Business Services and Operations provides 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 unit coordinates department procurement and contracting functions and ensures implementation and compliance with all County contracting and procurement policies.

Significant Changes

The Director's Office is continuing its implementation of a three year strategic plan focused on equity, community engagement, improved service delivery, administrative processes and the development of a thriving learning environment. With the transition of the Mental Health and Addictions Services Division to the Health Department, DCHS will continue and sharpen its work on health system transformation and addressing the social determinants of health.

Business Services and Operations has been one of the main areas of restructuring to adequately respond to department-wide challenges in procurement, contracting and financial reporting.

In addition to health system transformation, the Director's Office will champion efforts to focus on the people we serve. These efforts will identify ways to innovate and refine services to meet the ongoing need and changing demands from people seeking DCHS services through human centered design. The Director's Office will expand efforts to develop policy recommendations that align with emerging research and best practices. Finally, the Department will develop training for staff and partners building on the Assertive Engagement model and trauma informed practice.

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. Additionally, the division provides Intake and Evaluation to more than 750 consumers per year, and abuse investigation services to program consumers, opening more than 230 investigations per year. The goal is to assure that every person is safe, healthy and integrated into their community. Person-centered planning assures that each person's choices are respected and honored. DDSD serves over 4,900 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. Additionally, in FY 2016, DDSD will work on several goals that support DCHS strategic objectives, including providing high quality services to DDSD clients, families and partners and promoting a more streamlined and efficient program administration with appropriate policies and procedures.

Significant Changes

The Community First Choice Option (K-Plan) establishes new Medicaid-funded plan options for clients and their families. It allows programs to provide home and community-based attendant services and supports a 6 percentage point increase in Federal Medicaid match, as well as broadened eligibility for services to qualifying consumers. DDSD's implementation of K-Plan is well underway. As anticipated, it has brought a massive workload to staff and requires a great deal of coordination of additional assessment and process steps.

While service options are increasing for consumers via K-Plan, the State has changed the Community Developmental Disabilities Program (CDDP) budget model, resulting in fluctuating revenue and an anticipated funding shortfall for DDSD. In a related development, the State of Oregon will be changing our budget allocation from a case load to a work load model and in February 2014 conducted a CDDP workload study.

This will allow the state to reimburse counties using a workload vs. a caseload model. We anticipate this development will address Multnomah County unfunded mandates.

Aging, Disability and Veterans Services

Aging, Disability and Veterans Services Division (ADVSD) is the county's Area Agency on Aging. Designated and charged by state and federal government, ADVSD serves as advocates, conducts person centered assistance with Medicaid, Supplemental Nutrition Assistance Program (SNAP) and other long term services and supports, and plans and implements services and programs for older adults, people with disabilities and veterans. The division recently underwent a name change to highlight its work and commitment to veterans.

ADVSD strives for equity and empowerment and works to meet clients' needs with specialized services for racial and ethnic minorities, lesbian, gay, bisexual, and transgender (LGBT) consumers, and people with disabilities. ADVSD works to reflect the communities served with a more diverse workforce. Last year workforce diversity increased by 20%, reaching 26% employees of color.

Clients, family members, partners and the public trust ADVSD to help them navigate the array of choices and decisions facing older adults, people with disabilities and veterans. An important starting point is contacting the 24-hour Aging and Disability Resource Connection (ADRC) Helpline at 503-988-3646.

In FY 2016, ADVSD proposes to align case management and client services for Multnomah Project Independence (MPI) with the expanded Oregon Project Independence (OPI) program serving younger adults with disabilities. This will reduce costs across both programs while ensuring services are maintained.

Significant Changes

The Adult Care Home Program launched an LGBT Welcoming designation for adult care homes. This initiative is unique in the nation; it is designed to support adult care home residents to feel safe and supported. The newly-opened program has designated 9 homes and more are expected.

The Public Guardian and Conservator program, in concert with the courts, was instrumental in supporting the development of a non-profit organization dedicated to investigating and training private adult guardians.

Adult Protective Services outstationed a Human Services Investigator within the Elder Crimes Unit of the Portland Police Bureau, resulting in greater interaction between officers and APS workers. As a consequence, both workers and police have increased the number of crimes investigated and improved turn-around time for Elder Crimes Unit response to referrals.

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, multidisciplinary projects include the Domestic Violence Enhanced Response Team (DVERT), the Domestic Violence Fatality Review Team, and the Family Violence Coordinating Council. DVCO also oversees the federal Defending Childhood Initiative to improve responses to children exposed to violence.

Domestic violence is a significant and complex public safety, health and human services problem that continues to be a priority for Multnomah County. The county has built a multi-disciplinary, coordinated system that responds to victims and perpetrators, which includes specialized units across County departments. Over 5,000 victims receive community-based, in-person services; 2,000 receive District Attorney-based services; and 25,000 receive assistance by phone. Over 4,000 offenders are jailed, 1,300 are prosecuted and 1,200 are supervised by the Department of Community Justice annually. In March 2015, Multnomah County was recognized by the US Department of Justice's Office on Violence Against Women for delivering high-quality services and ensuring coordinated community responses to domestic violence.

Significant Changes

In 2014, Multnomah County partnered with Portland Police Bureau to develop a program to provide after-hours, on-scene crisis support for victims of domestic violence crimes. The FY 2016 budget reflects an expansion of this program to serve victims in Gresham and other East Multnomah County jurisdictions. The Division budget also includes funding for 0.50 FTE to staff the Domestic Violence Fatality Review Team. The Fatality Review Team reviews recent domestic violence-related deaths to identify risk factors, assess local practices and make recommendations to address gaps and improve responses to domestic violence within the county.

In FY 2016, DVCO will conduct strategic planning with other County and community partners to assess current strengths, gaps and needs, and to develop a proposal for comprehensive policy recommendations and services to address domestic violence issues throughout Multnomah County.

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, CSD supports work in three program areas: Energy; Homelessness and Housing; and Anti-Poverty/Prosperity.

As the County's Community Action Agency, CSD believes that the most effective economic opportunity strategy is one that focuses on protecting and building human capital. Its work seeks to:

- Ease the experience of those living in poverty.
- End the community conditions that cause poverty.
- 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 we all may have the greatest opportunity to succeed and thrive as a prosperous, caring community.

Significant Changes

In FY 2016 the division will focus on the following:

- Alignment of homeless services related to the "A Home for Everyone" shared governance Initiative.
- Broader focus on affordable housing across vulnerable populations in addition to housing the homeless.
- Economic opportunity initiative as an effort to protect and build human capital related to housing, income, and assets.
- Reduction of child poverty and related, necessary current resource shifts to improve child outcomes.
- Continued implementation of Homeless Families System of Care.
- Assertive Engagement, the Division's overall service delivery practice.
- Anti-Poverty System of Care redesign implementation process as part of SUNSS procurement.

In addition to easing the experience of those living in poverty and ending the community conditions that cause poverty, promoting equity and achieving racial and ethnic justice is a core commitment of Community Services, and as such, will continue to run through all Division activities.

SUN Service System

The SUN Service System Division has three principal areas of oversight: contracting for services that promote academic success and family self sufficiency within the SUN Service System (SUN SS); 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.

The division contracts for a continuum of school based and community-sited services that support student success and family self-sufficiency. Services include 81 SUN Community Schools, youth case management, early childhood supports and family anti-poverty/prosperity services. The SUN SS accomplishes its goals through 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 de la Familia social service program is an important gateway into an array of services for Multnomah County's Latino community. Staff 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

In FY 2016, Division leadership and staff will continue to strengthen key areas of work that were begun in prior years. Staff will continue expansion of attendance protocols in County schools. Our partnership with All Hands Raised to co-convene the Communities Supporting Youth collaborative is showing strong results in improved attendance. This approach demonstrates that consistent school-wide protocols to examine attendance, along with case managers to follow up with specific students and families, can reduce chronic absence. The school districts and DHS are actively involved in this work as well through cash investments and staff time.

Division staff will engage in re-writing and issuing the SUN System's Request for Proposals. This was delayed from FY 2015 and may result in changes to contractors through the SUN SS that will not take place until FY 2017.

Early Learning Multnomah staff will focus on cross-sector partnership to align resources to reach early learning goals for children of color and children living in poverty who are those most at risk for entering kindergarten unprepared.

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 2016 General Fund	Other Funds	Total Cost	FTE
Department Administration					
25000A	Director's Office	\$2,428,887	\$255,316	\$2,684,203	12.00
25000B	Director's Office - Strategic Data and Outcome Team	108,628	0	108,628	1.00
25001	Human Resources	907,078	112,964	1,020,042	8.00
25002A	Business Services and Operations	2,710,696	350,737	3,061,433	27.00
25002B	Business Services and Operations - Contract Specialist	86,700	0	86,700	1.00
Developmental Disabilities Services					
25010	DD Administration & Support	1,554,283	1,340,850	2,895,133	16.79
25011	DD Systems, Contracts and Budget	595,652	2,999,737	3,595,389	7.50
25012	DD Services for Adults	0	4,028,584	4,028,584	37.01
25013	DD Services for Children	24,140	3,575,096	3,599,236	34.00
25014A	DD Abuse Investigations	353,102	981,082	1,334,184	12.00
25014B	DD Abuse Investigations - Prog. Technician	83,234	0	83,234	1.00
25014C	DD Abuse Investigations - Prog. Specialist	107,039	0	107,039	1.00
25015	DD Crisis Diversion Services	0	1,235,369	1,235,369	9.25
25016	DD Eligibility & Intake Services	7,500	861,667	869,167	8.00
Aging, Disability and Veterans Services					
25020A	ADVSD Access & Early Intervention Services	4,284,235	12,589,557	16,873,792	30.30
25020B	Senior Hunger Initiative	261,000	0	261,000	0.00
25021	ADVSD Multnomah Project Independence	231,083	70,409	301,492	1.00
25022	ADVSD Adult Care Home Program	108,321	2,151,055	2,259,376	15.00
25023	ADVSD Long Term Care Program	2,138,823	30,490,194	32,629,017	268.00
25024	ADVSD Adult Protective Services	1,067,315	5,120,901	6,188,216	44.40
25025A	ADVSD Veterans Services	460,691	185,418	646,109	6.00
25025B	ADVSD Veterans Ombudsman	100,000	0	100,000	1.00
25026	ADVSD Public Guardian/Conservator	1,293,613	0	1,293,613	10.00
25026B	ADVSD Public Guardian/Conservator Expansion	95,558	0	95,558	0.00
25027	ADVSD Administration	222,192	1,407,007	1,629,199	7.80
25031	ADVSD Protected Persons Special Advocate Program	51,100	0	51,100	0.00

County Human Services

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
Domestic Violence Services					
25041	Domestic Violence Crisis Services	891,312	167,872	1,059,184	0.00
25042	Domestic Violence Community Based Services	853,378	645,000	1,498,378	2.00
25043	Domestic Violence Housing & Stabilization	260,932	597,023	857,955	0.00
25044A	Domestic Violence Administration & Coordination	692,395	71,152	763,547	6.00
25044B	Domestic Violence Administration and Coordination - Backfill Fatality Review Team	74,076	0	74,076	0.50
25047A	Domestic Violence Enhanced Response Team	302,634	190,668	511,302	1.00
25047B	Domestic Violence Enhanced Response Team - Expansion	135,000	0	135,000	0.00
Community Services					
25111A	Homeless Families Shelter & Emergency Services (HFSES)	1,960,790	2,117,450	4,078,240	0.50
25111B	Year Round (Warming) Center	90,000	0	90,000	0.00
25115	Homeless Benefit Recovery Project (HBR)	436,470	223,000	659,470	0.00
25118	Community Services Administration (CSA)	1,011,139	0	1,011,139	8.00
25119	Energy Assistance	0	9,912,095	9,912,095	5.50
25121	Weatherization	0	3,754,304	3,754,304	8.50
25133A	Housing Stabilization for Vulnerable Populations (HSVP)	1,530,676	422,896	1,953,572	2.19
25133B	HSVP Streetroots	20,000	0	20,000	0.00
25133D	A Home for Everyone Housing Placement & Retention	2,000,000	0	2,000,000	0.00
25135	Commercial Sexual Exploitation of Children (CSEC) - Victims System of Care	591,614	0	591,614	1.00
25136A	Homeless Youth System (HYS)	1,603,393	2,549,180	4,152,573	0.83
25136B	Recovery Oriented Services and Engagement (ROSE)	471,000	0	471,000	0.00
25137	Promise Neighborhoods	2,000,000	0	2,000,000	0.00
25138	Runaway Youth Services (RYS)	876,784	150,000	1,026,784	0.17
25139A	Anti-Poverty Services (AP)	2,740,220	915,428	3,655,648	3.81
25139C	Computers for Head Start Graduates	20,000	0	20,000	0.00
25139E	AP - Economic Opportunity Initiative	175,000	0	175,000	0.00
25140	Community Development	71,503	329,000	400,503	1.00

County Human Services

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
SUN Service System					
25143	SUN Service System Administration	1,267,128	0	1,267,128	9.50
25145A	SUN Community Schools	5,655,919	1,749,006	7,404,925	3.50
25145B	SUN Community Schools Expansion - Parkrose	70,000	35,000	105,000	0.00
25145C	SUN Community Schools Expansion - Gresham Barlow	70,000	35,000	105,000	0.00
25145D	SUN Community Schools Expansion - Reynolds	140,000	70,000	210,000	0.00
25145E	SUN Community Schools Expansion - N Gresham Elementary	35,000	0	35,000	0.00
25145F	SUN Enhancement Pilot David Douglas	94,000	0	94,000	0.00
25147	Child & Family Hunger Relief	453,538	0	453,538	1.00
25149A	Social & Support Services for Educational Success	2,074,005	240,000	2,314,005	1.00
25151	Parent Child Development Services	1,475,770	286,228	1,761,998	1.00
25152A	Early Kindergarten Transition Program	230,653	173,500	404,153	1.00
25152B	Early Kindergarten Transition Program - Expansion	85,000	0	85,000	0.00
25154	Youth Prevention Services	130,000	0	130,000	0.00
25155A	Services for Sexual Minority Youth	116,323	0	116,323	0.00
25155B	Sexual Minority Youth Services - Expansion	160,000	0	160,000	0.00
25156A	Bienestar Social Services	765,223	0	765,223	5.60
25156B	Bienestar Social Services Scale: Improve Access	70,000	0	70,000	1.00
25156C	Bienestar Social Services: Expand Service Capacity	100,000	0	100,000	1.00
25158	Early Learning HUB	22,316	862,302	884,618	2.00
25159A	School Attendance Supports	204,652	0	204,652	0.00
25159B	School Attendance Supports: Expand Services	<u>575,000</u>	<u>0</u>	<u>575,000</u>	<u>0.00</u>
Total Department of County Human Services		\$51,901,713	\$93,252,047	\$145,153,760	626.65

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Department: County Human Services

Program Contact: Liesl Wendt

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; 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 over \$145 million budget of contracted and direct services and a workforce of over 620 FTE.

The DCHS Director's Office includes the Office of Policy, Planning and Performance focused on managing department-wide system analysis, planning and strategic initiatives, including: data analysis; performance evaluation and quality improvement; strategic planning; communication; health system transformation; legislative coordination; HIPAA and policy compliance; and emergency preparedness and response planning.

The office continues its quality improvement and business system efficiency efforts through its comprehensive strategic business plan, but will also widen its focus on improving client outcomes and linking human service efforts to the social determinants of health. This work acknowledges the constantly shifting landscape in which we are providing our services and improves the department's ability to use our data to identify needs, develop programming and effectively communicate with the community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$860,972	\$534,306	\$1,423,821	\$121,724
Contractual Services	\$417,972	\$121,000	\$554,490	\$121,988
Materials & Supplies	\$62,891	\$589	\$328,656	\$4,540
Internal Services	\$64,466	\$47,009	\$121,920	\$7,064
Total GF/non-GF	\$1,406,301	\$702,904	\$2,428,887	\$255,316
Program Total:	\$2,109,205		\$2,684,203	
Program FTE	6.45	3.55	11.04	0.96

Program Revenues				
Intergovernmental	\$0	\$603,305	\$0	\$255,316
Other / Miscellaneous	\$826,018	\$0	\$1,342,018	\$0
Total Revenue	\$826,018	\$603,305	\$1,342,018	\$255,316

Explanation of Revenues

\$255,316 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2015: 25000A Director's Office

Department-wide Training and Engagement capacity (2.0 FTE Program Specialist Sr) has been funded by reallocating County General Fund from some programs across DCHS. About \$270K was budgeted in Materials & Supplies due to the potential space expansion for the entire department.

Department: County Human Services **Program Contact:** Liesl Wendt
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25000
Program Characteristics:

Executive Summary

This offer requests county general fund to expand the department's capacity for data collection, tracking outcomes and reporting on key indicators. The objectives of this expansion include: 1) the establishment of a measurement framework which aligns outcome measures around the department's mission and goals and demonstrates how our work impacts broad community indicators; 2) enhanced data capacity to inform programs and policies 3) and the implementation of improved business intelligence tools.

Program Summary

As a county we have focused tight resources on services during the economic downturn which has undercut our department's ability to focus on outcomes, data collection and progress on key indicators. Although some divisions have limited resources to do analytics and evaluation, all are significantly underfunded. We have no common department evaluation structure, tools or expectations, and we have no alignment between high level community indicators, department performance measures, and service system outcome measures. This has resulted in over 500 performance measures, but little useful information because of our lack of expertise to translate data into real-world impact. Our lack of capacity also limits our transparency and accountability as we struggle to tell the story of DCHS. In addition, DCHS lacks an ability to identify strengths and improve outcomes informed by policy, data and performance. We currently employ more than 80 data systems, many required by external funders. We lack the tools, expertise and capacity to employ current business intelligence solutions which would support higher level data analytics and potentially allow integration of disparate data and lead to more data-informed decision making regarding programs and public policy.

The additional funding will support the establishment of a research and evaluation analyst (REA Sr). This position will establish a common outcome measurement structure and toolbox for the department, support the implementation of continuous quality improvement activities, align the department's mission with its measurement, and support transparency to stakeholders, through improved reporting. This position will also expand our use of business intelligence tools for data analytics and visualization. DCHS is preparing to collaborate with IT in the pilot of two business intelligence platforms to determine the benefits and limitations of these tools. This position will participate in training, piloting the tools and creating internal and external dashboards.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of quality improvement initiatives conducted	-	-	-	3
Outcome	Number of programs with logic models, a defined theory of change and aligned outcome measures	-	-	-	2

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$108,628	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$108,628	\$0
Program Total:	\$0		\$108,628	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Chris Radzom

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

DCHS Human Resources will support more than 600 regular and temporary employees in FY16. HR services include outreach and recruiting, hiring and onboarding staff; maintaining HR and individual employee records; addressing staff retention and workforce and succession planning; employee training; employee and labor relations including legal, rules and contract compliance; and performance management consultation.

Program Summary

The Human Resources team provides service including consultation to managers, supervisors and employees. Represented employees are primarily in the Local 88 bargaining unit, within varied operations and schedules.

Principal functions and goals of the HR team include: 1. Organizational consultation to ensure HR services and strategies support and add value to DCHS strategies; 2. Performance management, to promote fair and equitable treatment of all employees and adherence to county personnel rules, policies and labor contracts; 3. Alignment with Central HR to develop and implement consistent and effective HR solutions and programs; 4. Workforce and succession planning to develop a diverse and talented pool of employees and candidates to meet future staffing needs.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of recruitments	349	265	300	290
Outcome	Number of employee grievances that rise to step 2	2	5	4	4
Output	*Number of classification/reclassification actions	-	-	132	99

Performance Measures Descriptions

Recruitments (measured by requisitions) continue to increase. Funding to ADS programs increased in FY14 and FY15. Additional funding and staffing is expected to DD programs. Subtracting MHASD recruitments in FY14, the number of actual recruitments still exceeded the prior program offer. Recruitments will also increase generally due to changing workforce (e.g., retirement eligibility). *FY16 offer is based on previous year actual data, and reflects anticipated transfer of MHASD to the Health Department.

Legal / Contractual Obligation

Federal, state and local laws and regulations relating to wage and hour, discrimination and harassment, leave of absence, privacy and other hiring and employment practices. Ensure compliance with two labor contracts relating to pay, hours of work and other working conditions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$299,554	\$564,540	\$801,859	\$112,962
Contractual Services	\$1,500	\$0	\$1,500	\$0
Materials & Supplies	\$17,200	\$4,150	\$24,345	\$2
Internal Services	\$76,603	\$26,873	\$79,374	\$0
Total GF/non-GF	\$394,857	\$595,563	\$907,078	\$112,964
Program Total:	\$990,421		\$1,020,042	
Program FTE	2.31	4.69	6.96	1.04

Program Revenues				
Intergovernmental	\$0	\$595,565	\$0	\$112,964
Other / Miscellaneous	\$393,020	\$0	\$364,963	\$0
Total Revenue	\$393,020	\$595,565	\$364,963	\$112,964

Explanation of Revenues

\$112,964 - State Mental Health Grant Local Admin, \$364,963 - County General Fund Department Indirect: Based on FY16 Dept Indirect Rates published by Central Finance

Significant Program Changes

Last Year this program was: FY 2015: 25001A Human Resources

This Program Offer includes the addition of a full-time, HR Technician position. Currently, HR has only one employee for administrative support (records maintenance, processing of new hire paperwork, including required criminal background checks, etc.) and maintenance of employee SAP data including timekeeping, along with report generation and other responsibilities. In addition to workload considerations and timely processing of actions, there is risk of disruption to department, program and employee support if this single employee is unavailable. The position would also support recruiters in process logistics (interview scheduling, etc.) to free up recruiters to focus more on recruitment planning with managers, quality and timeliness, and from having to provide back-up to current admin support. The need for this position is also evidenced by past use of supplemental temporary and work-out-of-class assignments.

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 and Operations provides administrative, financial and business support for the department. Services include development, management and administration of the department's budget; grants management; accounts receivable; accounts payable; purchasing; facilities coordination; procurement and contracting, and customer service.

Program Summary

Business Services and Operations staff serve as liaison between the department and internal service providers such as County Finance, Central Budget, Central Purchasing, and County Assets, supports the work of the department by providing: budget development, management and reporting; accounts payable and receivable; procurement and contracting; grant accounting and reporting; and implementation of, and compliance with, all county, state and federal fiscal policies and procedures related to the business of this department.

Nearly 45% of the total funds in the department are contracted to community-based providers for services to the vulnerable populations served by DCHS. Business Services and Operations personnel provide administrative and support services for the department; work across the county with other departments and agencies; 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 and Operations provides responsible leadership; sound budgetary and financial management; and delivers results that are consistent with the department's and county's priorities.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Percent of invoices paid in 30 days or less	79%	80%	80%	82%
Outcome	Percent of financial reports submitted to the grantor error free	99%	99%	95%	98%
Output	Number of executed contracts and amendments	450	400	467	360
Outcome	Percent of annual contracts executed prior to start date	84%	75%	85%	85%

Performance Measures Descriptions

The estimated number of new contracts written will decrease in FY16 because of the MHASD transferring to Health Department.

The newly implemented Supplier Relationship Management (SRM) and changes in boiler plate still impacts the overall contract outcome for FY16.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,510,411	\$734,396	\$2,300,382	\$343,734
Contractual Services	\$912,815	\$14,200	\$62,256	\$7,000
Materials & Supplies	\$44,250	\$33,639	\$90,091	\$3
Internal Services	\$337,236	\$143,844	\$257,967	\$0
Total GF/non-GF	\$2,804,712	\$926,079	\$2,710,696	\$350,737
Program Total:	\$3,730,791		\$3,061,433	
Program FTE	15.96	8.04	23.49	3.51

Program Revenues				
Indirect for Dept. Admin	\$3,320	\$0	\$0	\$0
Intergovernmental	\$0	\$1,245,198	\$0	\$350,737
Other / Miscellaneous	\$871,741	\$0	\$978,327	\$0
Total Revenue	\$875,061	\$1,245,198	\$978,327	\$350,737

Explanation of Revenues

\$350,737 - State Mental Health Grant Local Admin, \$978,327 - County General Fund Department Indirect: Based on FY16 Dept Indirect Rates published by Central Finance

Significant Program Changes

Last Year this program was: FY 2015: 25002 Business Services

Due to the MHASD transition to Health Department, DCHS Strategic Business Plan, FY 2008-13 Internal Audit findings, cost allocation methodology alignment with County -wide methodology, workflow and reporting, and build adequate support capacity, Business Services and Operations is being re-organized: 25003 Contracts Unit is now incorporated here. 10 FTE in Business Services and Contracts staff moved to Health Department; County General Fund Match (\$0.9M) was moved to ADVSD and DD to reflect more accurate program costs, where it was historically used to leverage State/Federal Funds and will continue to be used for the same purpose; 1.0 FTE Finance Supervisor and 1.0 FTE Finance Specialist 2 are added to address changing Federal and State regulations on funding and accounting; 1.0 FTE Office Assistant Sr is added to support Business Services and Operations and Director's Office.

Department: County Human Services

Program Contact: Rob Kodiriy

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 25002

Program Characteristics:
Executive Summary

DCHS Business Services and Operations provide administrative, financial and business support for the department. The DCHS budget has grown since FY15 Adopted Budget and is expected to grow at least 10% in FY16. Also, Internal Audit findings recommend improving processes at the department level to build adequate capacity to manage contracts (part of this issue is being addressed via Business Services re-organization in 25002). Therefore, Business Services and Operations need to ensure capacity to provide adequate support.

Program Summary

Business Services Contracts Procurement Unit (CPU) provides procurement development and contract support for an estimated 360 contracts, procurement, amendments, and purchase orders for all divisions in the department.

Between FY13 through FY15 the volume of contracts and amendments (Non-Mental Health) has increased approximately 14%. With the implementation of SRM (Supplier Relationship Management procurement and contract system) the additional data entry required by the new system and the movement of contracts from ECC (ERP Central Component) to SRM, current staffing levels are at capacity and cannot accommodate the increase in contract volume expected in FY16 due to funding increases.

An additional Contract Specialist is required in order to meet the increase in contract volume and deadline requirements for contract execution. Some of the findings in the Internal Audit report were missing contract language, notifying contractors about changing federal funding sources and regulations, boiler plate language revisions, etc. This position would share the burden of changing and increasing workload to contracts processes.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of executed contracts and amendments	NA	NA	NA	50
Outcome	Percent of annual contracts executed prior to start date	NA	NA	NA	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$86,645	\$0
Materials & Supplies	\$0	\$0	\$55	\$0
Total GF/non-GF	\$0	\$0	\$86,700	\$0
Program Total:	\$0		\$86,700	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: 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 4,900 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.

DDSD Administration is responsible for overall staff development, the monitoring of performance metrics using dashboards and monitoring overall interagency agreement with the State of Oregon, Department of Human Services. Administration also focuses on removing barriers to accessing services, exploring new and innovative ways to accomplish work, minimizing financial risk to the county by responding to customers feedback, and ensuring services are provided in a timely manner and within federal and state guidelines. The division works with a variety of community-based organizations in accordance with DDSD's strategic goal of promoting greater diversity, equity, inclusion and a person-centered approach to our work. Such organizations include the Northwest Down Syndrome Association; Spectrums Magazine, a publication for families with autistic children; African Youth and Community Organization, which serves non-English speaking African immigrant and refugee communities; Padres en Acción, a family advocacy network for parents of children with disabilities in the Latino community. DDSD also works in partnership with Mental Health and Addiction Services as sponsor of an annual conference to promote greater collaboration and partnerships across service disciplines and will continue to pursue a partnering relationship subsequent to the recent reorganization of those services. The division places a high priority on customer service and consumer satisfaction with our services. In our most recent measurement 95.9% of respondents indicated the division is responsive to consumer questions, concerns, complaints or needs all or most of the time.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of client records audited annually for Medicaid compliance	1,941	720	1,000	720
Outcome	% of federally-funded plans re-authorized annually ¹	-	100.0%	80.0%	100.0%

Performance Measures Descriptions

¹ 100% is the Medicaid standard. The program is working to improve measured performance results.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$1,460,935	\$327,924	\$1,172,322
Contractual Services	\$863,968	\$11,000	\$1,183,894	\$11,000
Materials & Supplies	\$0	\$18,758	\$4,027	\$40,091
Internal Services	\$0	\$188,988	\$38,438	\$117,437
Total GF/non-GF	\$863,968	\$1,679,681	\$1,554,283	\$1,340,850
Program Total:	\$2,543,649		\$2,895,133	
Program FTE	0.00	16.79	3.79	13.00

Program Revenues				
Intergovernmental	\$0	\$1,679,681	\$0	\$1,340,850
Total Revenue	\$0	\$1,679,681	\$0	\$1,340,850

Explanation of Revenues

\$1,135,943 - State Mental Health Grant Local Admin \$204,907 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2015: 25010A DD Administration & Support

In an effort to fully and adequately utilize State Match revenue and due to the reduction of state funding, County General Fund was reallocated here from 25016 DD Eligibility & Intake Services and 25002 Business Services and Operations.

Department: County Human Services

Program Contact: Mohammad Bader

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 K-Plan services including residential 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's payment system (eXPRS).

Program Summary

In maintaining and managing the personnel budget, the division works with DCHS Administration and Business Services to identify revenue versus positions and costs to develop an annual budget for the division. As the designated local authority for services to people with developmental disabilities, 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 compliance and implementation of 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; family support funds, in-home services for adults and children 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, required reconciliation, reporting and contract settlement with the state. In managing the revenue and expenditures, the unit tracks all budget costs for 128 employees as well as all costs associated with clients receiving funded services.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	% of 0337 enrollment forms accurately processed monthly ¹	99.6%	95.0%	99.2%	95.0%
Outcome	% of errors noted in monthly CPMS reconciliation ²	0.0%	3.5%	1.0%	3.5%

Performance Measures Descriptions

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's Client Process Monitoring System (CPMS) system reports.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$931,538	\$36,985	\$820,319
Contractual Services	\$582,696	\$3,468,652	\$552,182	\$2,119,687
Materials & Supplies	\$0	\$10,438	\$533	\$7,817
Internal Services	\$0	\$101,031	\$5,952	\$51,914
Total GF/non-GF	\$582,696	\$4,511,659	\$595,652	\$2,999,737
Program Total:	\$5,094,355		\$3,595,389	
Program FTE	0.00	9.00	0.50	7.00

Program Revenues				
Intergovernmental	\$0	\$4,511,657	\$0	\$2,999,737
Total Revenue	\$0	\$4,511,657	\$0	\$2,999,737

Explanation of Revenues

\$99,959 - Housing Authority of Portland \$3,434 - Housing Assistance United Way \$858,948 - State Mental Health Grant Local Admin \$1,193,926 - Self-Directed Individual/Families \$5,000 - Special Projects \$50,000 - Foster Care \$233,548 - Family Support Services \$533,820 - Long Term Support for Children \$21,102 - Regional Crisis Coordination

Significant Program Changes

Last Year this program was: FY 2015: 25011 DD Systems, Contracts and Budget

In FY15, via bud mod, 1.0 FTE Admin Ayst Sr. was reclassified to a 1.0 FTE Clinical Services Specialist position and moved to program offer 25016, DD Eligibility & Intake Services. Additionally, 1.0 FTE OA2 was reduced to 0.5 FTE due to revenue shortfall. The contracts expense has been reduced due to the responsibility for a significant portion of direct payments, for in-home supports services and foster care, being moved from Developmental Disabilities back to OR DHS to be paid through the State's eXPRS system.

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

Executive Summary

This program case manages approximately 1,316 adult Medicaid recipients out of the approximately 4,900 total caseload of developmentally disabled consumers. These adult consumers are actively enrolled in a funded residential and/or vocational program under K-Plan or waived services. A primary responsibility of case management is to monitor more than 560 residential, adult foster care, supported living and vocational service sites to assure that providers are in compliance with the Oregon Administrative Rules and 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. The goal is 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. Program interventions work to avert crisis situations and increase the monitoring of customer and provider health and safety concerns. Increased monitoring ensures that instances of abuse are more likely to be detected and investigated.

This PO references the requirement for case managers to monitor for health and safety, as distinguished from the programmatic monitoring conducted by program specialist staff. As noted the implementation of new requirements such as the K-Plan puts pressure on the ability of case managers to perform this monitoring.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total number of adults served each month ¹	1,771	1,750	1,845	1,750
Outcome	Total monitoring visits for residential sites	9,557	10,000	8,093	10,000

Performance Measures Descriptions

¹ Measure edited to clarify monthly measurement of this output data.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$3,372,331	\$0	\$3,478,553
Contractual Services	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$0	\$43,687	\$0	\$39,359
Internal Services	\$0	\$440,338	\$0	\$500,672
Total GF/non-GF	\$0	\$3,866,356	\$0	\$4,028,584
Program Total:	\$3,866,356		\$4,028,584	
Program FTE	0.00	37.01	0.00	37.01

Program Revenues				
Intergovernmental	\$0	\$3,866,355	\$0	\$4,028,584
Total Revenue	\$0	\$3,866,355	\$0	\$4,028,584

Explanation of Revenues

\$535,605 - State Mental Health Grant Local Admin \$3,460,456 - State Mental Health Grant Case Management \$32,523 - State Mental Health Grant Flex Funding

Significant Program Changes

Last Year this program was: FY 2015: 25012 DD Services for Adults

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

Executive Summary

This program case manages approximately 1,500 children (birth to 18) who have been determined to have a developmental disability out of the 4,900 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 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 greatly increased this year with the introduction of the K-Option Waiver (K-Plan). This increase has significantly impacted the work load of Service Coordinators. Examples include: increased number of face-to-face visits per client from annually to quarterly; monthly billable service required for all in waived case management, compared to on an as needed basis; 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 for the Annual Service Plan, Child's Needs Assessment and Level of Care required assessments; eight additional forms if Oregon Supplemental Income Program-Medical (OSIPM) 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 also partners with MHASD Children's System of Care Wraparound Program by collaborating on case management to address systems barriers faced by dually-served clients and to provide education to providers and the service systems about each others' programs to enhance service delivery, accessibility of services, and cross training. CYAP will continue to work in collaboration with mental health systems of care subsequent to the recent reorganization of county services.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children served per month ¹	1,346	1,300	1,441	1,400
Outcome	% of children retained in the family home	87.92%	88.0%	88.6%	88.0%

Performance Measures Descriptions

¹ Measure edited to clarify monthly measurement of this output data.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$3,000,058	\$0	\$3,072,773
Contractual Services	\$24,140	\$0	\$24,140	\$0
Materials & Supplies	\$0	\$39,428	\$0	\$35,626
Internal Services	\$0	\$407,391	\$0	\$466,697
Total GF/non-GF	\$24,140	\$3,446,877	\$24,140	\$3,575,096
Program Total:	\$3,471,017		\$3,599,236	
Program FTE	0.00	34.00	0.00	34.00

Program Revenues				
Intergovernmental	\$0	\$3,446,878	\$0	\$3,575,096
Total Revenue	\$0	\$3,446,878	\$0	\$3,575,096

Explanation of Revenues

\$318,428 - State Mental Health Grant Local Admin \$3,186,330 - State Mental Health Grant Case Management
 \$70,338 - State Mental Health Grant Regional Crisis Coordination

Significant Program Changes

Last Year this program was: FY 2015: 25013 DD Services for Children

Implementation of the K-Option Waiver (K-Plan) continues to significantly impact the work load of Service Coordinators with requirements such as additional face-to-face client visits, annual needs assessments, and a multitude of additional forms for documentation. Service Coordinators are facing additional workload increases as the state ramps up statewide implementation of the Plan of Care direct payment system for funded plans slated for spring of 2015 and into the next fiscal year.

Department: County Human Services **Program Contact:** Mohammad Bader
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 1,200 serious event reports (SERT) and open an average of 240 investigations annually. Investigators 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. Additionally, 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 strong 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 Statutes 430.735 to 430.765. The team participates in the Critical Case Review Committee (CCRC) which is an internal group designed to discuss complex and high risk situations for adults enrolled in the division. The committee consults with the County Public Guardians office, county counsel and other community partners to ensure clients receive services to support their independence, as well as health and safety. Abuse investigators recommend service coordinators and brokerage personal agents refer particular cases to CCRC to ensure quality service delivery. The unit also completes programmatic monitoring to ensure compliance with county contracts, Oregon Administrative Rules and Oregon Statutes.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of investigations closed	241	240	224	240
Outcome	% of abuse referrals screened within 5 working days	93.9%	90.0%	93.6%	90.0%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$300,747	\$607,199	\$307,712	\$854,525
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$3,830	\$7,542	\$3,725	\$11,163
Internal Services	\$52,183	\$108,025	\$41,665	\$114,394
Total GF/non-GF	\$356,760	\$723,766	\$353,102	\$981,082
Program Total:	\$1,080,526		\$1,334,184	
Program FTE	3.50	6.50	3.50	8.50

Program Revenues				
Intergovernmental	\$0	\$723,766	\$0	\$981,082
Total Revenue	\$0	\$723,766	\$0	\$981,082

Explanation of Revenues

\$375,927 - State Mental Health Grant Local Admin \$120,007 - State Mental Health Grant Case Management \$485,148 - State Mental Health Grant Abuse Investigation Services

Significant Program Changes

Last Year this program was: FY 2015: 25014 DD Abuse Investigations

During FY15 four positions responsible for programmatic monitoring (1.0 FTE Program Specialist Sr, 2.0 FTE Program Specialist, 1.0 FTE Program Technician) were moved via budget modification from 25015 - DD Monitoring and Crisis Services to 25014 - Abuse Investigations to streamline processes and enhance staff's ability to work collaboratively with Abuse Investigations staff to ensure required actions are completed and ongoing provider issues are addressed to ensure client health and safety. 2.0 FTE (1 Prog. Spec., 1 Prog. Tech.) positions are being eliminated due to lack of state funding.

Department: County Human Services **Program Contact:** Mohammad Bader
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Policy changes at DHS have significantly reduced the division's funding for FY16 resulting in cuts to several positions. The requested position participates 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 position monitors health and safety issues that are programmatic as opposed to client-specific concerns. Retaining the ability to monitor provider services is essential to maintaining client health and safety and quality of services to this vulnerable population.

Program Summary

The division is requesting ongoing backfill funding for 1.0 FTE Program Technician position responsible for programmatic monitoring to ensure compliance with county contracts, Oregon Administrative Rules and Oregon Revised Statutes. If not funded this position will be eliminated from the budget and there is no state funding allocated specifically to this position.

The Program Technician provides monitoring of employment and vocational service sites serving DD clients, as well as work-related transportation services provided to individuals as part of their annual service plan. The position monitors conditions related to client safety and reports on findings and areas of concern to senior program staff and management as appropriate.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of programmatic monitoring visits performed ¹	-	-	-	120
Outcome	% of sites monitored that were found to be in compliance with Oregon Administrative Rule requirements. ¹	-	-	-	90%

Performance Measures Descriptions

¹Performance measure to be added if scaled offer is approved.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$83,234	\$0
Total GF/non-GF	\$0	\$0	\$83,234	\$0
Program Total:	\$0		\$83,234	
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:

In FY15, monitoring staff have been integrated with the Abuse Investigations team to ensure required actions are completed and ongoing issues are addressed. Retaining the ability to pro-actively monitor provider services and respond to programmatic concerns identified by abuse investigators is essential to maintaining client health and safety and quality of services to this vulnerable population.

Department: County Human Services **Program Contact:** Mohammad Bader
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Policy changes at DHS have significantly reduced the division's funding for FY16 resulting in cuts to several positions. The requested position participates 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 position monitors health and safety issues that are programmatic as opposed to client-specific concerns. Retaining the ability to monitor provider services is essential to maintaining client health and safety and quality of services to this vulnerable population.

Program Summary

The division is requesting funding for 1.0 FTE Program Specialist position responsible for programmatic monitoring to ensure compliance with county contracts, Oregon Administrative Rules and Oregon Revised Statutes. The position participates in on-site licensing reviews conducted by the state Office of Developmental Disabilities Services and provides contractors with technical assistance to support them in meeting requirements. The position monitors health and safety issues that are programmatic as opposed to client-specific concerns. This year monitoring staff have been integrated with the Abuse Investigations team to ensure required actions are completed and ongoing issues are addressed. Retaining the ability to pro-actively monitor provider services and respond to programmatic concerns identified by abuse investigators is essential to maintaining client health and safety and quality of services to this vulnerable population.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of programmatic monitoring visits performed	-	-	-	120
Outcome	% of sites monitored that were found to be in compliance with Oregon Administrative Rule requirements.	-	-	-	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$107,039	\$0
Total GF/non-GF	\$0	\$0	\$107,039	\$0
Program Total:	\$0		\$107,039	
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:

Policy changes at DHS have significantly reduced the division's funding for FY16. Additionally our budget allocations from the state are not uniform due to repeated changes in the state funding model and in many instances our budget fluctuates as revenues are associated with billable contacts and a promise to pay concept for client services. Additional funding will enable the division to continue the ability to pro-actively monitor provider services and respond to programmatic concerns identified by abuse investigators.

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

Executive Summary

Multnomah County hosts Region 1 which is responsible for crisis diversion services to more than 11,500 adults and children with developmental disabilities residing in Multnomah, Washington, Clatsop, Columbia or Clackamas counties. Services include from short-term crisis support or placement, to in-home supports and/or long-term residential placements. Services are also provided to individuals who are not in crisis situations but find themselves in need of crisis intervention such as in-home support, out-of-home placement, proactive supports or resource development.

Program Summary

The program is responsible for arranging crisis and long-term placements and quick-response technical assistance to service providers and concerned others. These supports are accessed through a functional needs assessment when support needs change. Clients needing crisis diversion services tend to be at high risk due to vulnerability resulting from their disabilities or live in volatile living situations. An individual may be at risk for a "crisis" when the child or adult is not receiving necessary supports to address life-threatening safety skill deficits or challenges resulting from behavioral or medical conditions. Individuals who are not in "crisis" but are choosing a change in supported residential services are also assisted by the unit in identifying appropriate residential placement options to meet their needs and preferences.

DD Crisis Diversion Services provides a lifeline of safe and supportive homes and services to help people navigate through crises, challenges and transitions in their lives. Services and supports include: 1) Prompt response for coordination of placement for an adult or child into a DD foster home or 24-hour residential home for crisis situations that may be acute or require a long term solution; 2) Quick response by professional behavior specialists for short term behavior consultation in the individual's home or community (non-school) setting; 3) Technical assistance and training, both in classrooms and in home and community settings for caregivers, licensed providers, case managers, personal agents, and other support partners, specifically to help facilitate proactive and crisis-response supports; and 4) Assistance to Individual Support Plan (ISP) teams in identifying and planning for long term residential options within the local area and other areas of Oregon for adults with intellectual or developmental disabilities, in order to help prevent crises; and 5) Coordination of placement in the community for adults exiting Oregon State Hospital, corrections institutions, hospitals, and more restrictive residential settings operated by the state. Region 1 also develops and maintains a network of DD adult crisis foster home placements as a resource, provides technical assistance on prospective placements and makes available training in Oregon Intervention System (OIS), a set of techniques for positive behavior support to assure client rights and client and provider safety in challenging situations. The program assists in development of new certified OIS instructors and coordinates a training cooperative that provides approximately 60 classes annually to 1,500 caregivers, family members and case managers among the five counties served by Region 1. The 5 counties served by Region 1 are responsible for about 10,000 DD clients; of those, about 500 may be at risk of experiencing a health or safety crisis at any time.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of programmatic monitoring visits performed by the unit ¹	463	400	335	-
Outcome	% of adults requesting immediate placement who are placed safely within 2 business days ²	-	90.0%	99.0%	90.0%
Output	# of intakes that request out-of-home placement ³	-	-	-	288
Output	# of caregivers trained and certified in Oregon Intervention System ³	-	-	-	192

Performance Measures Descriptions

¹Discontinue this measure, function has transferred to 25014-16 Abuse Investigations.

²New measure for FY15, no data for last year. Revise wording to delete the word "crisis" to clarify this measure applies to all requested placements, whether or not related to a crisis.

³New measures for FY16 to reflect program focus on crisis diversion and residential placements and caregiver training.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$1,316,382	\$0	\$936,576
Contractual Services	\$0	\$570,300	\$0	\$142,000
Materials & Supplies	\$0	\$17,102	\$0	\$9,217
Internal Services	\$0	\$181,475	\$0	\$147,576
Total GF/non-GF	\$0	\$2,085,259	\$0	\$1,235,369
Program Total:	\$2,085,259		\$1,235,369	
Program FTE	0.00	13.35	0.00	9.25

Program Revenues				
Fees, Permits & Charges	\$0	\$13,000	\$0	\$0
Intergovernmental	\$0	\$2,072,259	\$0	\$1,089,792
Other / Miscellaneous	\$0	\$0	\$0	\$10,000
Beginning Working Capital	\$0	\$0	\$0	\$135,577
Total Revenue	\$0	\$2,085,259	\$0	\$1,235,369

Explanation of Revenues

\$104,012 - State Mental Health Grant Local Admin
 \$985,780 - State Mental Health Grant Regional Crisis Coordination
 \$10,000 - Miscellaneous Fees (based on historical averages)
 \$135,577 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2015: 25015A DD Monitoring and Crisis Services

In FY 15, 4.0 FTE (1.0 FTE Program Spec. Senior, 2.0 FTE Program Spec., and 1.0 FTE Program Tech.) assigned to monitoring duties were transferred out of this program via budget modification and moved to 25014-16 - Abuse Investigations; a Case Manager Senior position decreased from 1.0 FTE to .80 FTE; and a Program Specialist position increased from .60 FTE to .70 FTE, for a net 4.10 FTE reduction in this program offer between FY15 and FY16. Additionally, the program name has changed from "DD Monitoring and Crisis Services" to "DD Crisis Diversion Services".

Department: County Human Services **Program Contact:** Mohammad Bader
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. The unit reviews approximately 1,095 cases per year. New intakes average 68 people per month and total 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. Approximately 280 clients are re-evaluated annually to determine continuing eligibility for DD 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, and are conducted in the applicant's primary language through the use of bilingual staff or interpreter services. Individuals moving into Oregon 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 needs.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of intake eligibility referrals	699	775	828	775
Outcome	% of referrals made eligible for DD services	74.82%	75.0%	71.8%	75.0%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$237,735	\$527,184	\$0	\$780,511
Contractual Services	\$25,398	\$0	\$7,500	\$0
Materials & Supplies	\$2,728	\$6,558	\$0	\$9,571
Internal Services	\$35,037	\$63,033	\$0	\$71,585
Total GF/non-GF	\$300,898	\$596,775	\$7,500	\$861,667
Program Total:	\$897,673		\$869,167	
Program FTE	2.35	5.65	0.00	8.00

Program Revenues				
Intergovernmental	\$0	\$596,775	\$0	\$861,667
Total Revenue	\$0	\$596,775	\$0	\$861,667

Explanation of Revenues

\$861,667 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2015: 25016A DD Eligibility & Intake Services

While the overall FTE did not change, this offer reflects the elimination of 1.0 FTE Program Specialist for Housing and the FY 15 addition of 1.0 FTE Clinical Services Specialist position to address the backlog and increased workload for intake and eligibility screening. Additionally, County General Fund was re-allocated to 25010 DD Administration and Support be used as additional match to maximize State match revenue.

Department: County Human Services **Program Contact:** Lee Girard
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25021; 25025
Program Characteristics:

Executive Summary

Aging, Disability and Veterans Services Division (ADVSD) Access and Early Intervention Services is the first point of contact for the county's 233,000 older adults, people with disabilities and veterans. Over 53,000 callers receive information and assistance and 10,538 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, Disability and Veterans Services Division (ADVSD) 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, people with disabilities, and veterans 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. ADVSD employs evidence-based culturally competent practices to ensure effective outcomes. ADVSD's efforts are guided by the input and advice of Elders in Action, our federally-mandated advisory council for older adult issues, the Disability Services Advisory Council and the Multicultural Action Committee.

Aging and Disability Resource Connection (ADRC) Helpline and District Senior Center employees and volunteers counsel and connect older adults, people with disabilities, veterans, and their families to county and community resources, public benefits, long term care services and emergency services. Last fiscal year, ADVSD, together with contracted partners, provided options counseling, case management and in-home services, including home-delivered meals, to more than 10,538 older adults and people with disabilities and their families. Elders in Action also provides volunteer peer assistance to older adults and people with disabilities who need 1:1 advocacy support. These services are funded through Oregon Project Independence, the Older Americans Act and County General Fund.

Transportation was provided to 1,077 individuals so they could access medical, nutrition and social supports. District Senior Centers provided over 85,617 health, wellness and recreation activities to older adults in the county. The ADVSD network provided 644,768 congregate and home-delivered meals in the last fiscal year. Culturally-specific community organizations provided targeted outreach and nutrition services to 554 ethnic and racial minority elders. Emergency Services help vulnerable older adults, people with disabilities and veterans avoid homelessness and acute health emergencies by providing emergency housing assistance to more than 427 individuals, and emergency prescription and special medical assistance to 242 individuals.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Individuals receiving in-home, community and emergency services	10,538	12,000	11,500	11,500
Outcome	Clients served who are ethnic/racial minorities (% of total elders served)	27%	25%	26%	26%
Outcome	ADRC Helpline and District Senior Center Calls ¹	53,244	72,000	57,000	57,000

Performance Measures Descriptions

¹Call definition with contracted District Senior Center partners was changed, resulting in lower reported calls.

Performance measure information for Senior Center Prevention Services and Elders in Action Commission & Personal Advocacy are listed under Significant Program Changes.

Legal / Contractual Obligation

ADVSD, 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	2015	2015	2016	2016
Personnel	\$777,385	\$1,606,793	\$720,654	\$2,775,972
Contractual Services	\$2,941,517	\$5,251,010	\$3,008,072	\$8,661,942
Materials & Supplies	\$23,060	\$127,707	\$19,998	\$129,624
Internal Services	\$532,422	\$644,369	\$535,511	\$1,022,019
Total GF/non-GF	\$4,274,384	\$7,629,879	\$4,284,235	\$12,589,557
Program Total:	\$11,904,263		\$16,873,792	
Program FTE	8.22	12.88	7.51	22.79

Program Revenues				
Indirect for Dept. Admin	\$42,577	\$0	\$237,936	\$0
Intergovernmental	\$0	\$7,267,213	\$0	\$12,311,966
Other / Miscellaneous	\$0	\$16,975	\$0	\$4,000
Beginning Working Capital	\$0	\$147,000	\$0	\$72,000
Service Charges	\$0	\$198,690	\$0	\$201,591
Total Revenue	\$42,577	\$7,629,878	\$237,936	\$12,589,557

Explanation of Revenues

\$2,211,347 - Older Americans Act federal funds; \$1,175,590 - Oregon Project Independence; \$2,495,710 - Veteran's Directed Services; \$1,089,701 - Title XIX; \$443,558 - Aging Disability Resource Connections; \$1,850 - City of Fairview; \$3,000 - City of Troutdale; \$40,470 - Fees & Donations; \$ 161,121 - Contractor Rentals; \$237,160 - Corporation of National & Community Foster Grandparent Program; \$72,000 - Beginning Working Capital; \$411,892 - US Department of Agriculture; \$883,210 - Community Care Transition; \$190,781 - Medicare Improvements for Patients and Providers Act ; \$540,895 - Option Counseling & Gatekeeper Services; \$18,573 - Senior Health Insurance Benefits Assistance; \$219,978 - Older & Disabled Mental Health Services; \$1,541,351 - Medicaid Community Transportation; \$542,004 - Tri-Met Community Transportation Local Match; \$10,000 - Senior Medicaid Patrol Grant; \$6,084 - U of W Alzheimer's Evidence Based Study; \$116,179 - Innovative Projects Pilot state funding; \$62,679 - Enhanced Dementia Services state funding; \$114,424 - FamilyCare Home Delivered Meals.

Significant Program Changes

Last Year this program was: FY 2015: 25020A ADS Access & Early Intervention Services

This PO includes FY15 25020B-ADS Senior Center Prevention Services & FY15 25030-Elders in Action Commission & Personal Advocacy. Performance Measures: 25020B-Senior Center Prevention Services: 1-# of participants attending health, wellness & recreation activities: FY14 Act= 85,617; FY15 Purch= 86,000; FY15 Est= 86,000. 2-Participants are satisfied or very satisfied w/activities: FY15 Purch= 85%; FY15 Est= 85%. 25030 Elders in Action Commission & Personal Advocacy: Value of volunteer hrs: FY14 Act= \$224,457; FY15 Purch= \$208,764; FY15 Est= \$249,473. Add 9.2 FTE due to new grant funding: 1.2 FTE Prog Spec, 1.8 FTE Prog Tech, 1.8 FTE Com Info Spec, 1 FTE Admin Ayst, 1 FTE Prog Spec Sr, 1 FTE Clin Svcs Spec, .8 FTE Prog Coord, .60 FTE Case Mgr 2. Reduce temporary funds for LD FTE by \$70,409 & reallocated State Funds to 25021 Multnomah Project Independence.

Department: County Human Services

Program Contact: Lee Girard

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

Aging, Disability and Veterans Services Division (ADVSD) ensures equitable access for older adults to vital nutrition services by funding culturally-specific meal programs offered by community based organizations that are recognized and trusted by their communities. Through this program offer ADVSD is proposing to double the availability of meal services for diverse populations from approximately 17,800 meals per year to 43,400 meals per year by increasing the budget for this program by \$261,000.

Program Summary

Aging, Disability and Veterans Services Division (ADVSD) is committed to ensuring that older adults from culturally diverse populations in our community have access to nutrition services that meet their nutritional needs and provide opportunities for social engagement and access to a broader range of social and health services. ADVSD currently funds culturally-specific meal services offered by four (4) community based organizations that are recognized and trusted by their communities. Services are targeted to older adults who are Hispanic, Asian, Native American, African immigrants/refugees and Eastern European immigrants. These services are provided 1 or 2 days/week at each site. Participants at culturally-specific meals sites report a high level of satisfaction with services, citing having meals that are culturally appropriate and a location where they feel welcomed and accepted as key factors for them. In recent interviews with program participants a consistent request that we heard from all sites was to increase the availability of meals to more days at each of these sites. Currently, we serve approximately 700 older adults, providing 17,800 meals per year. With this program offer we are proposing to increase the number of meals provided annually to 43,400.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of culturally-specific meals provided annually	0	0	0	43,400
Outcome	Program participants express being satisfied or very satisfied with the service	0	0	0	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$261,000	\$0
Total GF/non-GF	\$0	\$0	\$261,000	\$0
Program Total:	\$0		\$261,000	
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:

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

Multnomah Project Independence (MPI) provides services to people with disabilities age 19 to 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 (OPI). MPI served 126 people in FY14. Case management services are focused on both short-term and ongoing intensive supports and consumer-centered services with the goal of supporting clients' self-direction and self-management. In FY16 MPI will be aligned with the newly expanded OPI for adults w/disabilities program.

Program Summary

Through the Multnomah Project Independence program (MPI), Aging, Disability and Veterans Services Division (ADVSD) provides in-home services and supports for low-income younger adults with disabilities 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 ADVSD Adult Protective Services, Emergency Services, Long Term Care Service Intake and Oregon Project Independence. Short-term intensive case management is provided to support stabilization and self-management by clients. Services are prioritized to individuals who meet the risk criteria listed above and are not eligible for other publicly-funded case management support.

For FY16 ADVSD is proposing to align case management staffing and client services for MPI with the newly expanded Oregon Project Independence (OPI) program serving adults with disabilities age 19 to 59. This will reduce staffing costs for the program while ensuring that clients' services are maintained.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Clients receiving MPI case management and in-home services	126	130	140	140
Outcome	Individuals retain housing after receiving MPI assistance ¹	97%	90%	95%	95%

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$87,690	\$0	\$92,643	\$0
Contractual Services	\$208,849	\$0	\$138,440	\$70,409
Materials & Supplies	\$1,311	\$0	\$0	\$0
Total GF/non-GF	\$297,850	\$0	\$231,083	\$70,409
Program Total:	\$297,850		\$301,492	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$70,409
Total Revenue	\$0	\$0	\$0	\$70,409

Explanation of Revenues

\$70,409 - Oregon Project Independence

Significant Program Changes

Last Year this program was: FY 2015: 25021 Multnomah Project Independence

For FY16 ADVSD is proposing to align case management staffing and client services for MPI and the newly expanded Oregon Project Independence program serving adults with disabilities (found in PO 25020A). This will reduce staffing costs across both programs while ensuring that clients' services are maintained. County General Fund (\$70,409) was reallocated to Director's Office 25000 to fund department-wide Training and Engagement Capacity.

Department: County Human Services **Program Contact:** Felicia Nelson
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 638 adult care homes and 15 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 2,708 adult care home beds and 57 room and board beds annually. These beds are available to older adults and adults with disabilities, and they 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 (MCARs). ACHP's guiding principles state that every individual living in an adult care home is treated respectfully and receives 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 a monthly average of 1,233 Medicaid clients while saving taxpayers millions 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 \$2,368. This is 38% of the \$6,238 average Medicaid cost of a nursing home placement for the same population. Without this option, private pay residents would have to rely on more costly and restrictive alternatives resulting in possible spend down to Medicaid.

All homes are inspected and licensed annually. A program licensor visits each home at least once a year to ensure that residents receive necessary care, including personal care, nutrition, physical safety, nursing care and medication management. In addition, program monitors observe interactions in the home, review records, and check to ensure residents are provided with social and recreational activities and are cared for in a safe environment. Semi-annual unannounced monitoring reduces the risk of abuse and neglect of residents in adult care homes, ensures adherence to MCARs, and supports 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 written warnings, sanctions or fines when there are serious deficits.

This year the ACHP developed and awarded nine adult care home operators with an LGBT Adult Care Home Welcoming Designation. This new housing resource will offer LGBT older adults and adults with disabilities an affordable, culturally competent and welcoming care setting.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total number of adult care homes licensed and inspected yearly	638	645	650	650
Outcome	Adult care homes with two or more monitoring visits in a year ¹	57%	100%	68%	80%
Outcome	Adult care home/nursing home cost efficiency ratio ²	38%	28%	38%	40%

Performance Measures Descriptions

¹ACHP experienced an unusually large staff turnover due to retirements in FY14 and to meet licensing timeline requirements allocated 1 monitor to a licensor.

²Lower is better. Ratio equals adult care home cost as percent of nursing home cost. As adult care homes serve more people with complex care needs, the average adult care home cost increases relative to the average nursing facility cost.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$26,784	\$1,304,859	\$27,664	\$1,355,500
Contractual Services	\$76,360	\$379,900	\$74,428	\$364,400
Materials & Supplies	\$1,129	\$55,313	\$1,167	\$57,240
Internal Services	\$3,746	\$221,437	\$5,062	\$373,915
Total GF/non-GF	\$108,019	\$1,961,509	\$108,321	\$2,151,055
Program Total:	\$2,069,527		\$2,259,376	
Program FTE	0.30	14.70	0.30	14.70

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$78,805	\$0
Fees, Permits & Charges	\$0	\$304,900	\$0	\$289,400
Intergovernmental	\$0	\$1,656,606	\$0	\$1,861,655
Total Revenue	\$0	\$1,961,506	\$78,805	\$2,151,055

Explanation of Revenues

\$1,861,655 - Title XIX; \$289,400 - Fees & Fines (based on historical averages)

Significant Program Changes

Last Year this program was: FY 2015: 25022 ADS Adult Care Home Program

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

Program Contact: Joe Easton
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

The Long Term Care program (LTC) determines eligibility for financial, nutritional, medical and case management services for 47,469 low-income older adults, people with disabilities and veterans. Intensive case management is provided to 7,293 clients each month who meet state criteria for nursing home care because they need help with daily self-care tasks. LTC served 5,969 clients in home and community-based settings and 1,324 clients in nursing facilities. LTC brings over \$29.4 million into the local economy through various benefits received monthly by clients.

Program Summary

Under contract with the State, the Long Term Care program (LTC) determines eligibility and enrolls older adults, people with disabilities and veterans 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. LTC provides referrals to community resources to address other critical unmet needs. These vulnerable adults typically have incomes below the poverty level and also include individuals with a mental illness or developmental disability. Eligibility Case Managers carry an average caseload size of 427 clients.

Case managers assess clients' needs, create service plans, and authorize, coordinate and monitor services that address health and safety 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, nurses 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. Service Case Managers carry an average caseload size of 108 clients.

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 7,293 nursing home-eligible clients; 5,969 of these clients (81.8%) receive in-home or community-based services that promote or support their independence outside of a nursing home, while an additional 1,324 (18.2%) are served in a nursing home setting. While the proportion of nursing home-eligible clients residing in community-based settings in Multnomah County far exceeds the national average, it is a major program priority to improve on this percentage through more intensive case management and the expansion of programs targeting community-based care enhancements. The long term care system continues to focus on opportunities to innovate around services for clients with difficulty accessing care as well as those with greater challenges to reach our shared goal of greater independence living in the community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg monthly number of nursing home-eligible clients receiving long term care assistance	7,293	7,190	7,512	7,700
Outcome	Ratio of nursing home-eligible clients served in the community vs. nursing home ¹	81.8%	82.0%	82.3%	82%

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, Disability and Veterans Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$21,707,136	\$0	\$23,012,444
Contractual Services	\$1,844,183	\$164,632	\$2,138,823	\$147,130
Materials & Supplies	\$0	\$495,593	\$0	\$490,538
Internal Services	\$0	\$4,972,607	\$0	\$6,840,082
Total GF/non-GF	\$1,844,183	\$27,339,968	\$2,138,823	\$30,490,194
Program Total:	\$29,184,151		\$32,629,017	
Program FTE	0.00	258.00	0.00	268.00

Program Revenues				
Indirect for Dept. Admin	\$6,368	\$0	\$1,290,186	\$0
Intergovernmental	\$0	\$27,087,665	\$0	\$30,306,027
Other / Miscellaneous	\$0	\$252,306	\$0	\$184,167
Total Revenue	\$6,368	\$27,339,971	\$1,290,186	\$30,490,194

Explanation of Revenues

\$30,174,157 - Title XIX; \$59,503 - Providence Medical Center; \$124,664 - Oregon Health Sciences University Case Manager (FTE) grant; \$131,870 – LTSS Innovator Agent Funding

Significant Program Changes

Last Year this program was: FY 2015: 25023 ADS Long Term Care Program

Increase of 10.0 FTE due to increased Medicaid funding: 6.0 FTE Case Manager 1, 3.0 FTE Case Manager 2, 1.0 FTE Program Specialist

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

Executive Summary

Adult Protective Services (APS) is responsible for improving the quality of life for the county's 233,000 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 program (APS) is to protect vulnerable older adults, people with disabilities and veterans 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 128 care facilities and 638 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 6,514 abuse calls in FY14.

APS serves clients with complex psycho-social and medical needs in six branch offices and five District Senior Centers located throughout the county via Multi-Disciplinary Teams (MDT) and the DCHS Multisystem Staffing Team (MSST). 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 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 1,481 client contacts and 4,047 hours of nursing clinical supports to 1,031 older adults, people with disabilities and veterans. This service is designed for clients who have barriers to obtaining medical, mental health or legal types of intervention. Ninety-two percent of MDT participants showed improvement after MDT intervention. MDT interventions reduce the risk of unnecessary hospitalizations or homelessness for these clients. APS provides risk management services to stabilize clients, providing some clients with intensive oversight for up to 12 months to stabilize their situation or to link them to appropriate agencies and ongoing services.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Protective services investigations completed	2,414	2,893	2,600	2,600
Outcome	Reabuse rate for older adults and people with disabilities ¹	1.6%	2%	2%	2%
Outcome	Clients with stable or improved overall living situation after 90 days of MDT intervention ²	92%	96%	93%	93%

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.

²Living situation stability is 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	2015	2015	2016	2016
Personnel	\$390,899	\$3,998,802	\$501,591	\$4,092,514
Contractual Services	\$372,464	\$7,291	\$482,428	\$2,580
Materials & Supplies	\$9,730	\$100,115	\$10,480	\$85,527
Internal Services	\$53,114	\$655,460	\$72,816	\$940,280
Total GF/non-GF	\$826,207	\$4,761,668	\$1,067,315	\$5,120,901
Program Total:	\$5,587,875		\$6,188,216	
Program FTE	3.39	41.01	4.36	40.04

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$216,773	\$0
Intergovernmental	\$0	\$4,761,668	\$0	\$5,120,901
Total Revenue	\$0	\$4,761,668	\$216,773	\$5,120,901

Explanation of Revenues

\$5,120,901 - Title XIX

Significant Program Changes

Last Year this program was: FY 2015: 25024A ADS Adult Protective Services

In FY16 with the transfer of Behavioral Health to the Health Department, \$130,776 County General Fund and \$192,323 State Mental Health Grant Older/Disabled Mental Health Services are budgeted in PO# 40068 HD - MH Quality and Protective Services to support the work of the Multi-Disciplinary Team.

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 (VSOs) 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 459 veterans and their families. VSOs carry an average caseload of 150 - 175 veterans.

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.

Aging, Disability and Veterans Services Division (ADVSD) 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. The ADVSD Veterans Service Office is also a key partner in Home For Everyone efforts to end homelessness for veterans experiencing chronic homelessness. Part of this commitment is helping to increase awareness of Veterans Service Officers and the services that they provide in assisting veterans to navigate the claims process as quickly and smoothly as possible. Multnomah County ADVSD Veterans Service Office is committed to this covenant and has a goal to expand our outreach to serve additional veterans and military families.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of veterans receiving assistance to obtain benefits ¹	459	625	625	700
Outcome	Benefit dollar amount awarded to veterans working with the Veterans Service Office	\$2,806,548	\$4,725,000	\$4,000,000	\$4,000,000

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$333,537	\$182,599	\$355,883	\$183,559
Contractual Services	\$0	\$64,180	\$0	\$0
Materials & Supplies	\$16,051	\$468	\$17,883	\$1,859
Internal Services	\$0	\$0	\$86,925	\$0
Total GF/non-GF	\$349,588	\$247,247	\$460,691	\$185,418
Program Total:	\$596,835		\$646,109	
Program FTE	3.90	2.10	3.91	2.09

Program Revenues				
Intergovernmental	\$0	\$229,796	\$0	\$167,753
Beginning Working Capital	\$0	\$17,450	\$0	\$17,665
Total Revenue	\$0	\$247,246	\$0	\$185,418

Explanation of Revenues

\$167,753 – Oregon Department of Veterans Affairs
 \$17,665 – Federal/State Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2015: 25025A Veterans' Services

This PO includes FY15 25025B – Veterans Services Expansion

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

This program offer implements a new staff position to serve as a Veterans' Guide (Ombudsman) to expand the effective representation to veterans and their families ensuring they receive all state and federal benefits and community resources available to them. It also increases program outreach and capacity to expand the number of veterans receiving assistance to access benefits. Under the direction of County Veterans Service Officers, the Veterans' Guide will provide support services and assistance to veterans, spouses and dependents of veterans, and survivors of veterans within the County.

Program Summary

Veterans Service Officers are versed in applicable state and federal laws to provide the best representation possible, free of charge. The mission of the Veterans Services Office of Multnomah County is to provide resources and guidance for all who served in the military. Through this program offer, Aging, Disability and Veterans Services Division (ADVSD) is proposing to fund 1.0 FTE Veterans' Guide to support and expand the outreach and capacity of the County's Veterans Service Office.

Through this program innovation, a Veterans' Guide will be established to support the County Veterans Service Office in the following activities: developing and maintaining relationships with local community and service providers for veterans; assisting and referring veterans to county and local providers for food, shelter, and health care services; assisting veterans service officers in developing, planning and implementing outreach to veterans; and assisting veterans service officers by providing administrative services. Through the support of the Veterans' Guide, ADVSD anticipates that the County Veterans Service Office will be able to expand benefits to veterans by approximately \$500,000 for the year.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of veterans receiving assistance to obtain benefits	-	-	-	150
Outcome	Benefit dollar amount awarded to veterans working with the Veterans Service Office	-	-	-	\$500,000

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$82,482	\$0
Materials & Supplies	\$0	\$0	\$17,518	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Public Guardian/Conservator program (PGC), under court authority, makes vital decisions for 179 adults who are mentally incapacitated, dependent and impoverished, and are victims of physical abuse, neglect and financial exploitation. Legal authority enables intervention when no other approach resolves abuse and neglect. PGC consults with county programs, families and community partners on strategies and resources to support vulnerable adults with diminished abilities and diverts additional at-risk clients to less restrictive, less costly alternatives to publicly funded guardianship.

Program Summary

The Public Guardian/Conservator program (PGC) 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 to assure that alternatives are considered, focusing public funds on at-risk citizens without other options or resources.

The program serves as the court-appointed guardian and/or conservator for mentally incapable adults who are characterized by the following: moderate to severe intellectual or developmental disability, treatment-resistant mental illness, Alzheimer's or other dementia, brain injury, and complex medical and behavioral issues. In addition, these individuals frequently have chronic medical conditions, no access to healthcare, lack housing and adequate care or are high utilizers of social/medical services, and are in need of financial management. Program clients are functionally incapacitated, requiring intensive supports and specialized housing arrangements to balance the need for protection with the right to autonomy. This public service is available 24 hours a day, seven days a week, to make medical, psychiatric and life decisions for program clients. Guardians develop care and safety plans that also maximize the individual's self-reliance.

Clients served by the PGC are 80% white, 9% Black/African American, 3% American Indian/Alaska Native, 3% Asian/Native Hawaiian/Pacific Islander, 3% Hispanic/Latino, and 2% Other; 61% female, 39% male; and on average 62 years of age. Guardianship and conservatorship ensure an annual maximum of about 175 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of intakes per year ¹	25	20	15	15
Outcome	Urgent client safety needs addressed within five days after court appointment ²	95%	100%	95%	100%
Output	Referrals appropriately diverted to less costly resources ³	160	155	145	155

Performance Measures Descriptions

¹Number of new intakes for PGC is limited by attrition due to mortality.

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	2015	2015	2016	2016
Personnel	\$1,023,506	\$0	\$1,058,510	\$0
Contractual Services	\$16,222	\$0	\$22,640	\$0
Materials & Supplies	\$31,565	\$0	\$39,160	\$0
Internal Services	\$155,293	\$0	\$173,303	\$0
Total GF/non-GF	\$1,226,586	\$0	\$1,293,613	\$0
Program Total:	\$1,226,586		\$1,293,613	
Program FTE	10.00	0.00	10.00	0.00

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

Explanation of Revenues

\$40,000 - Public Guardian Fees

Significant Program Changes

Last Year this program was: FY 2015: 25026A ADS Public Guardian/Conservator

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

Executive Summary

This program offer is for increased funding to the Public Guardian/Conservator program (PGC) which, under court authority, makes vital decisions for mentally incapacitated, dependent and impoverished adults who are current or recent victims of abuse, neglect and financial exploitation. This offer will add one Deputy Guardian position to significantly expand the capacity to serve up to 40 more individuals who are at risk for harm, providing immediate protection and access to care while saving money that will otherwise be needlessly spent on emergency services and social service interventions.

Program Summary

Aging, Disability and Veterans Services Division proposes to increase funding for PGC to expand the capacity to serve more high-risk, low-income adults with diminished capacity, and provide enhanced outreach and education on legal surrogacy to communities of color and other underserved populations. These individuals are at risk for harm because of their inability to meet basic needs, lack of access to healthcare, including medical treatment for chronic conditions and psychiatric stabilization, and often fall victim to the interests of others. They are frequently homeless or, if temporarily placed, often remain in more restrictive and costly settings. In the past year, 56% of new intakes were over utilizing emergency departments and/or requiring extended and preventable hospitalizations - including state hospital care - and 76% had significant medical needs.

The demand for services is increasing due to the aging of the population, including people with disabilities, the aging of caregivers, the rising incidence of abuse among the elderly and disabled population, and the lack of resources for legal surrogacy. In addition, the contractor providing guardianship monitoring services in Multnomah County has begun to identify incapacitated adults under guardianship who are being abused or neglected by their guardian and require public guardian resources for ongoing protection. Despite this growing need, PGC capacity to serve Multnomah County citizens is constrained by current staffing levels and caseload size. Experienced Deputy Guardians manage caseloads of 40 clients, which is twice the national standard of 20 clients/guardian. The program can typically take on approximately 15 new clients per year. In FY14 PGC identified an additional 20 potential clients it was unable to serve due to capacity.

New intakes are extremely time intensive and can take months to stabilize. A new Deputy Guardian initially will not be able to carry a full caseload of 40 clients; in addition the program will maintain standards for serving the most high risk clients, and therefore anticipates adding an additional 10 new intakes per year. This will allow for a gradual caseload development for the new Limited Duration Deputy Guardian. It is anticipated it could take up to four years to reach overall caseload size of 40 clients. Without additional resources, the program will likely need to suspend intake and resort to a waiting list for future, urgent referrals.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of intakes per year ¹	-	-	-	10
Outcome	Urgent client safety needs addressed within five days after court appointment ²	-	-	-	100%

Performance Measures Descriptions

¹Current number of new intakes for PGC is limited by attrition due to mortality, approximately 15/year. An additional 10 intakes will be possible with purchase of this program offer. Program will maintain standards for service to the most high risk clients allowing for gradual caseload development for a new Deputy Guardian. It is anticipated it could take up to four years to reach overall caseload size of 40 clients. ²Urgent client safety issues are addressed immediately upon court appointment.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$91,044	\$0
Contractual Services	\$0	\$0	\$4,514	\$0
Total GF/non-GF	\$0	\$0	\$95,558	\$0
Program Total:	\$0		\$95,558	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Dana Lloyd

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD), the Area Agency on Aging & Disability for the county, is responsible for assuring the county's 233,000 older adults, people with disabilities and veterans have access to a comprehensive, coordinated service delivery system so they remain independent and out of institutions. ADVSD 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, effective use of resources.

Program Summary

Aging, Disability and Veterans Services Division (ADVSD) Administration provides leadership at the county, state and federal policy levels. ADVSD Administration influences rules, priorities and funding formulas to promote effective services for Multnomah County older adults, people with disabilities and veterans. ADVSD Administration is responsible for policy, planning, evaluation, compliance, advocacy and staff development for the division, which serves more than 60,596 people and employs over 380 FTE.

ADVSD Administration is responsible for educating and informing the public about ADVSD 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, ensures compliance with regulations including HIPAA, conducts data analysis, employs evidence-based practices, and ensures culturally responsive services.

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	ADVSD-sponsored opportunities for consumer education and/or input ¹	66	60	70	60
Outcome	Advisors agree/strongly agree w/the statement: "Overall, ADVSD does its job well"	85%	90%	85%	85%

Performance Measures Descriptions

¹Number includes 47 advisory committee meetings over 12 months: Elders in Action = 23, Disability Services Advisory Committee = 12, Multicultural 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	2015	2015	2016	2016
Personnel	\$82,460	\$828,778	\$85,379	\$863,261
Contractual Services	\$114,724	\$132,256	\$105,044	\$180,031
Materials & Supplies	\$12,500	\$152,162	\$17,681	\$170,332
Internal Services	\$10,821	\$136,248	\$14,088	\$193,383
Total GF/non-GF	\$220,505	\$1,249,444	\$222,192	\$1,407,007
Program Total:	\$1,469,949		\$1,629,199	
Program FTE	0.70	7.10	0.70	7.10

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$56,405	\$0
Intergovernmental	\$0	\$1,242,445	\$0	\$1,400,007
Other / Miscellaneous	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$4,000	\$0	\$4,000
Total Revenue	\$0	\$1,249,445	\$56,405	\$1,407,007

Explanation of Revenues

\$67,531 - Older Americans Act; \$1,332,476 - Title XIX; \$3,000 - Special Risk Fund; \$4,000 - Beginning Working Capital
Special Risk Fund

Significant Program Changes

Last Year this program was: FY 2015: 25027 ADS Administration

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

Executive Summary

The Multnomah County Public Guardian and Conservator program (PGC) contracts with a nonprofit organization to provide volunteer guardianship monitoring services for people under guardianship in Multnomah County. This type of program has been shown to reduce the potential for abuse, neglect, and exploitation of protected, legally incapacitated adults through active monitoring of cases and training for all newly-appointed lay fiduciaries. The program (through trained, supervised volunteers) flags potential problems and provides training for lay guardians and conservators.

Program Summary

It is believed that most legal guardians are caring and responsible individuals. Unfortunately, that is not always the case. It is estimated that 5-10% of family/lay guardians neglect, abuse and exploit the very people they promise to protect. The Circuit Court continues to receive 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 even have updated address information for guardians or the protected person.

Of the guardian files reviewed by the monitoring program in its first year, 29% were brought to the court's attention and required corrective action. In one case the guardianship was terminated and the PGC intervened to provide the necessary care and protection. This far exceeds the number of cases that were anticipated to be problematic at the onset of this program and further reinforces the need for additional public guardian resources.

In addition, the monitoring and protected-person assistance program has also developed a training course for family/lay guardians, which is now mandated by local court rule for all newly-appointed non-professional guardians in Multnomah County. Between July and December 2014, the program has conducted six training courses to a total of 51 lay fiduciaries, providing them with enhanced knowledge and skills to effectively serve in their legal role. Effective January 1, 2015 this training requirement will extend to lay fiduciaries who are appointed as trustee or personal representative of an estate.

PGC recognizes a need for enhanced monitoring of guardianships and support of guardians. 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 the ongoing development of a protected persons special advocate program to improve the quality of guardianship practice throughout the county. The PGC will ensure implementation of an accountability performance management plan for additional service enhancement.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of interventions and monitoring visits ¹	-	100	80	125
Outcome	Guardian satisfaction with program interventions ²	-	85%	77%	85%

Performance Measures Descriptions

¹FY15 estimate based on partial year; implementation of monitoring process delayed due to court requirements for implementation, contracting process, and volunteer recruitment and training.

²Percent of guardians who agree or strongly agree with quality of intervention services, and report improved skills and knowledge of community resources.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$50,000	\$0	\$51,100	\$0
Total GF/non-GF	\$50,000	\$0	\$51,100	\$0
Program Total:	\$50,000		\$51,100	
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: FY 2015: 25031 Protected Persons Special Advocate Program

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 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 800 individuals annually and serve a racially and ethnically diverse population, with 64% of adult survivors and 79% of children or other household members who identify as people of color.

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 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 some funds from 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, which focuses on shelter diversion and safe housing stabilization; and through a partnership with Home Forward which focuses on helping domestic violence victims in subsidized housing secure their safety while maintaining subsidized housing.

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of victims and children receiving emergency housing and support services	1102	800	800	800
Outcome	Percentage of adult victims who exit services with a lower perception of risk	81%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$831,634	\$170,505	\$891,312	\$167,872
Total GF/non-GF	\$831,634	\$170,505	\$891,312	\$167,872
Program Total:	\$1,002,139		\$1,059,184	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$170,505	\$0	\$167,872
Total Revenue	\$0	\$170,505	\$0	\$167,872

Explanation of Revenues

\$167,872 - State Homeless Assistance Program (SHAP): Based on current year estimate

Significant Program Changes

Last Year this program was: FY 2015: 25041A Domestic Violence Crisis Services

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 under served 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 789 unduplicated individuals in FY2014.

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.

Finally, Multnomah County is partnering with Portland Public Schools to develop curricula and training to implement Healthy Teen Relationships Act education in middle and high school classrooms.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of victims and children receiving nonresidential services	2973	3000	2800	2800
Outcome	Percentage of adult victims who exit services with a lower perception of risk	91%	80%	85%	90%
Output	Develop curricula for grades 7-12 that is developmentally appropriate and meets educational benchmarks	0	0	0	1
Outcome	Percentage of PPS middle and high schools that have teachers trained to implement recommended curricula	0	0	0	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$311,583	\$0	\$325,349
Contractual Services	\$821,028	\$299,332	\$843,192	\$209,900
Materials & Supplies	\$2,783	\$11,969	\$250	\$27,150
Internal Services	\$0	\$76,943	\$9,936	\$82,601
Total GF/non-GF	\$823,811	\$699,827	\$853,378	\$645,000
Program Total:	\$1,523,638		\$1,498,378	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Indirect for Dept. Admin	\$20,090	\$0	\$27,303	\$0
Intergovernmental	\$0	\$699,828	\$0	\$645,000
Total Revenue	\$20,090	\$699,828	\$27,303	\$645,000

Explanation of Revenues

\$645,000 - US Department of Justice, Office of Juvenile Justice & Delinquency Prevention: Based on grant award

Significant Program Changes

Last Year this program was: FY 2015: 25042A Domestic Violence Community Based Services

\$50,000 Out of Target is added for Healthy Teen Relationships Partnership with Portland Public Schools with a Board Amendment.

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 enhanced supportive services for some families in the HUD housing program, with a focus on economic, education and employment support services to secure long-term safety and self-sufficiency. These 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of victims and children receiving stabilizing housing assistance and/or support services	401	350*	350	350
Outcome	Percentage of adult victims who exit services with a lower perception of risk	89%	80%	80%	80%
Outcome	Percentage of victims and children who exit services to permanent housing	88%	80%	90%	80%

Performance Measures Descriptions

*Includes victims served from last year's program offers 25043A and 25044B (backfill)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$257,671	\$496,537	\$260,932	\$566,603
Materials & Supplies	\$0	\$2,759	\$0	\$9,517
Internal Services	\$0	\$15,107	\$0	\$20,903
Total GF/non-GF	\$257,671	\$514,403	\$260,932	\$597,023
Program Total:	\$772,074		\$857,955	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$7,963	\$0	\$13,090	\$0
Intergovernmental	\$0	\$514,403	\$0	\$597,023
Total Revenue	\$7,963	\$514,403	\$13,090	\$597,023

Explanation of Revenues

\$106,800 - Office on Violence Against Women Transitional Housing Program: Based on new grant award
 \$490,223 - HUD Horizons Domestic Violence Supportive Housing: Based on anticipated grant award

Significant Program Changes

Last Year this program was: FY 2015: 25043A Domestic Violence Housing & Stabilization

25043B - Domestic Violence Housing & Stabilization Backfill (\$58,016) was funded in FY15 and is included.
 In October 2014, Multnomah County received a 42-month, \$352,416 federal grant from Office on Violence Against Women Transitional Housing Program

Department: County Human Services

Program Contact: Annie Neal

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of people trained to understand dynamics of domestic violence and children's exposure to violence ¹	2,613	2,000	2,000	2,000
Outcome	Grant funding leveraged	\$1,548,347	\$1,300,000	\$1,248,641	\$1,000,000
Output	Number of training events provided	106	50	60	50

Performance Measures Descriptions

¹ Those trained include public employees, school personnel, law enforcement and other community members. Training includes the implementation of trauma-informed responses for survivors¹

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$536,428	\$60,320	\$563,007	\$56,023
Contractual Services	\$63,031	\$0	\$42,800	\$2,500
Materials & Supplies	\$59,823	\$2,317	\$39,675	\$20
Internal Services	\$47,857	\$8,505	\$46,913	\$12,609
Total GF/non-GF	\$707,139	\$71,142	\$692,395	\$71,152
Program Total:	\$778,281		\$763,547	
Program FTE	5.51	0.49	5.58	0.42

Program Revenues				
Indirect for Dept. Admin	\$4,516	\$0	\$7,896	\$0
Fees, Permits & Charges	\$0	\$1,200	\$0	\$0
Intergovernmental	\$0	\$68,942	\$0	\$68,652
Other / Miscellaneous	\$0	\$1,000	\$0	\$2,500
Total Revenue	\$4,516	\$71,142	\$7,896	\$71,152

Explanation of Revenues

\$18,652 - OHCSA State Homeless Assistance Program: Based on current year estimate/anticipated grant award
 \$50,000 - City of Portland General Fund: Based on pending renewal of intergovernmental agreement
 \$1,500 - 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: FY 2015: 25044A Domestic Violence Administration & Coordination

Department: County Human Services **Program Contact:** Annie Neal
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 25044
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

This program offer requests \$54,000 to fund a 0.5 FTE Program Specialist to support the Domestic Violence Fatality Review Team and \$20,000 to develop a framework for linking recommendations to implementation within the local coordinated community response to domestic violence. The Fatality Review Team conducts in-depth reviews of recent domestic violence-related homicides to identify factors associated with these deaths and gaps or missed opportunities for intervention, and to develop recommendations to prevent future homicides.

Program Summary

Domestic violence makes up one in four homicides in Multnomah County and nearly half of all violent crime, including more than one-third of aggravated assaults. These serious assaults and homicides are typically preceded by previous domestic violence incidents, and are often accompanied by risk factors and warning signs that frequently go unaddressed. There is clearly a need for an examination of these incidents to better understand opportunities for intervention and to improve local responses.

The Fatality Review Team conducts in-depth, multidisciplinary reviews of local domestic violence related deaths and near-deaths in order to understand the early warning signs associated with escalation to lethal behavior, uncover gaps and missed opportunities for intervention, and develop recommendations to improve identification and interventions to stop the escalation of violence. The Fatality Review Program Specialist gathers and organizes information, interviews key informants, develops timelines, identifies themes for further review, works with the team members to develop written reports, and implements strategies and recommendations.

In past years, the Fatality Review Team has been staffed with grant-funded, temporary part-time staff. Grant funds are no longer available to support this position. A half-time position will support the continued efforts of the Domestic Violence Fatality Review Team and enhance system improvement efforts by ensuring implementation of recommendations. Responsibilities include preparing review materials, researching official records, interviewing key informants, facilitating fatality review meetings, compiling and organizing findings, and drafting recommendations for the Fatality Review Team. This position also coordinates data collection and uniform reporting in collaboration with the State Fatality Review Team. Finally, the position will ensure implementation of at least two Fatality Review recommendations by convening and staffing workgroups, researching best practices and examples from other communities, developing local strategies, and documenting changes.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Complete two comprehensive, in-depth fatality reviews and develop recommendations and reports.	-	-	-	2
Outcome	Ensure implementation of at least two Fatality Review recommendations	-	-	-	2

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$45,361	\$0
Contractual Services	\$0	\$0	\$20,000	\$0
Materials & Supplies	\$0	\$0	\$8,715	\$0
Total GF/non-GF	\$0	\$0	\$74,076	\$0
Program Total:	\$0		\$74,076	
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:

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 in more than 650 criminal 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.

Since 2014, Multnomah County and Portland Police Bureau have jointly funded four contracted, after-hours victim advocates to provide immediate on-scene crisis response, safety planning and victim support following police response to domestic violence crimes. Advocates are available seven nights per week within all Portland Police Bureau Precincts, and provide immediate response at night and on 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention	237	100*	150	150
Outcome	% of officers who agree that victims of domestic violence benefit from having advocates respond on scene.	96%	90%	95%	90%
Output	Number of victims referred by police to afterhours victim advocates	858	500	650	600

Performance Measures Descriptions

*Includes victims served from program offer 25047A and 25047B (backfill)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$96,483	\$41,554	\$116,739	\$0
Contractual Services	\$184,720	\$126,304	\$188,784	\$164,645
Materials & Supplies	\$8,047	\$30,872	\$3,322	\$11,500
Internal Services	\$11,466	\$9,916	\$11,789	\$14,523
Total GF/non-GF	\$300,716	\$208,646	\$320,634	\$190,668
Program Total:	\$509,361		\$511,302	
Program FTE	0.75	0.50	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$5,266	\$0	\$9,094	\$0
Intergovernmental	\$0	\$208,645	\$0	\$190,668
Total Revenue	\$5,266	\$208,645	\$9,094	\$190,668

Explanation of Revenues

\$190,668 - US Department of Justice, Office on Violence Against Women, Grants To Encourage Arrest Policies and Enforcement of Protection Orders Program: Based on new grant award

Significant Program Changes

Last Year this program was: FY 2015: 25047A Domestic Violence Enhanced Response Team

Department: County Human Services

Program Contact: Annie Neal

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs: 25047A

Program Characteristics:
Executive Summary

This program offer requests \$135,000 to expand victim response for domestic violence crimes in Gresham and East Multnomah County jurisdictions which respond to more than 1000 domestic violence crimes annually. Currently, Multnomah County and City of Portland fund contracted victim advocates to provide immediate on-scene response and follow-up support services for victims of domestic violence crimes within Portland Police Bureau's jurisdiction. This program offer will extend these services to victims of domestic violence crimes in East County jurisdictions four nights per week.

Program Summary

Domestic violence accounts for approximately 40% of violent crime in Multnomah County, including one-third of aggravated assaults and one in four homicides. Police response is an important opportunity for intervention in high risk cases. A national study of domestic violence homicides found that in the year prior to the homicide, 44% of abusers had been arrested and more than one-third of victims had contacted police (Sharps et. al, 2001). Abuse often escalates when victims seek outside intervention or attempt to end the relationship (Glass & Campbell, 2009). In addition, domestic violence victims are more likely than other crime victims to experience repeat violence, and are five times more likely than other crime victims to experience socio-emotional problems (National Crime Victimization Survey, 2014). National research demonstrates that victims who work with domestic violence advocates experience less violence over time and report higher quality of life, better social support, and less difficulty obtaining needed community resources (Bybee & Sullivan, 2002).

The Domestic Violence Enhanced Response Team (DVERT) was established in 2004 to provide a multi-disciplinary, intensive followup support and investigations in these high-risk domestic violence cases. In 2014, DVERT expanded to include after-hours crisis response and follow-up victim services for high risk domestic violence cases identified by Portland patrol officers. These contracted crisis response advocates provide on-scene immediate support, safety planning and emergency services after regular business hours and connect victims to follow-up information about the criminal justice system and other needed services. Gresham Police have requested crisis services for victims in East County, and will work with Multnomah County and victim services agencies to provide in-kind support such as office space for these positions. This funding will be used for two contracted domestic violence advocates to provide immediate, on-scene victim response for domestic violence crimes in Gresham and East County jurisdictions, four nights per week.

In addition to immediate support and emergency services, the contracted advocates will identify and connect victims in high-risk domestic violence cases to DVERT for followup. Local research has shows that cases assigned to DVERT experience significantly less recidivism (Henning, 2010). In addition, in a recent survey, 96% of Portland patrol officers reported that victims of domestic violence benefit from having an advocate respond on scene. The main request from these officers was for more advocates to be available and to expand the hours of the program.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of victims referred by police to after hours victim advocates	-	-	-	200
Outcome	% of officers who agree that victims of domestic violence benefit from having advocates respond on scene	-	-	-	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$135,000	\$0
Total GF/non-GF	\$0	\$0	\$135,000	\$0
Program Total:	\$0		\$135,000	
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:

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 700 homeless households with children.

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 300 households annually are placed into housing and provided with rent assistance, as well as placement retention support resulting in 80% remaining in permanent housing six months after exit from service.

Families' Futures served 132 households in FY14.

In 2013 the Oregon Department of Human Services (DHS) counted 11,846 households receiving food stamps in Multnomah County who self-reported that they were homeless. The majority of these households are families with children who 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. In the most recent Point In Time (PIT) count (2013), there was an 18% increase in the number of homeless families with children since 2011.

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

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	759	810	710	810
Outcome	Percentage of households served that remain in permanent housing six months after exit ¹	94%	80%	80%	80%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$48,870	\$0	\$46,620	\$0
Contractual Services	\$1,868,460	\$2,334,864	\$1,910,654	\$2,024,165
Materials & Supplies	\$0	\$368	\$0	\$0
Internal Services	\$0	\$76,086	\$3,516	\$93,285
Total GF/non-GF	\$1,917,330	\$2,411,318	\$1,960,790	\$2,117,450
Program Total:	\$4,328,648		\$4,078,240	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$40,407	\$0	\$58,490	\$0
Intergovernmental	\$0	\$2,430,912	\$0	\$2,032,700
Other / Miscellaneous	\$0	\$0	\$0	\$84,750
Total Revenue	\$40,407	\$2,430,912	\$58,490	\$2,117,450

Explanation of Revenues

\$1,172,940 - HUD Family Futures; Based on current grant award \$504,760 - OHCSH SHAP,EHA,ESG: Based on current grant award \$355,000- City of Portland General Fund: Based on current year award \$94,071 - Community ACT Team

Significant Program Changes

Last Year this program was: FY 2015: 25111A Homeless Families Shelter & Emergency Services (HFSES)

FY15 25111E Coordinated Entry Expansion is included.

Family Futures have been moved from 25133 Housing Stabilization for Vulnerable Populations to better align long-term rent assistance resources with the Mobile Housing Team.

Department: County Human Services
Program Offer Type: Existing Operating Program
Related Programs: 25111

Program Contact: Mary Li
Program Offer Stage: As Adopted

Program Characteristics:

Executive Summary

This program offer requests \$90,000 of pass-through for first year phase in of year-round operation of the Family Warming Center, currently in operation November through April annually. Providing low-barrier, immediate access shelter for homeless families with children is a basic health and life safety measure that ensures that no child sleeps outside on any night of the year in our community. Annualized cost in year two is estimated at \$270,000. Safety off the streets is one of five priority focus areas for "A Home for Everyone" (HFE), our community's 10 Year Plan to End Homelessness.

Program Summary

Year-round access to immediate safety off the streets for homeless families is still unmet. It is anticipated that over time, by providing warming center 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.

First year phased in implementation of year-round operation will begin in May 2016. Year Two, at full year-round implementation will begin July 2016.

Leveraging faith-based, non-profit, and jurisdictional partnerships, the County has created a true 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. Year-round shelter services will both meet the current needs of homeless families, and allow the service system to effectively manage existing resources by spreading access across 12 months, not six.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	-	-	-	810
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	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$90,000	\$0
Total GF/non-GF	\$0	\$0	\$90,000	\$0
Program Total:	\$0		\$90,000	
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:

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 208 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 208 individuals annually who are served by the Multnomah Treatment Fund (MTF). MTF is a County General Fund program serving a limited number of individuals with mental illness and without insurance or benefits. Seventy-five percent 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 receiving an average of \$107 per month, and at exit they were receiving \$788 per month. Forty-one percent of clients had no primary health care option at the start of services and 99% are now covered through Medicaid.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of individuals served - additional funding for FY16 expected but not confirmed at time of document pr	208	120	233	175
Outcome	Percentage of individuals served who receive benefits	88%	75%	75%	75%

Performance Measures Descriptions

Increased numbers to be served reflects the addition of City of Portland funds contracted through the Division.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$427,074	\$0	\$436,470	\$223,000
Total GF/non-GF	\$427,074	\$0	\$436,470	\$223,000
Program Total:	\$427,074		\$659,470	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$223,000
Total Revenue	\$0	\$0	\$0	\$223,000

Explanation of Revenues

\$223,000 - City of Portland

Significant Program Changes**Last Year this program was:** FY 2015: 25115A Homeless Benefit Recovery Project (HBR)

City funds procured jointly are included.

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

The Community Services Division (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. Twenty-five percent 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 33 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 Multnomah County's Community Action Office, CSD provides strategic leadership for cross-jurisdictional homelessness and housing, and anti-poverty/prosperity efforts that is based in collaboration, creativity, innovation, partnership, risk-taking, and hope.

CSD works to create opportunities for all people 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.

The most effective economic security strategy is one that focuses on economic development through protecting and building human capital, and CSD works to: ease the experience of those living in poverty; end the community conditions that cause poverty; and, promote equity and achieve racial/ethnic justice.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Percentage of staff attending at least 10 hours of skill building/professional development	100%	100%	100%	100%
Outcome	Percentage of stakeholders expressing satisfaction with services received ¹	72%	85%	72%	85%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$727,894	\$0	\$914,620	\$0
Contractual Services	\$3,000	\$0	\$36,300	\$0
Materials & Supplies	\$20,303	\$0	\$13,845	\$0
Internal Services	\$50,218	\$0	\$46,374	\$0
Total GF/non-GF	\$801,415	\$0	\$1,011,139	\$0
Program Total:	\$801,415		\$1,011,139	
Program FTE	6.50	0.00	8.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2015: 25118A Community Services Administration (CSA)

In FY16 Community Services Administration will increase staff by .5 FTE Program Specialist, who will work on continued implementation of Assertive Engagement throughout all division systems of care. 1 FTE Program Manager 1 - the DCHS Housing Team will work under the management of this Program Manager to achieve cross-departmental data collection and evaluation; community based planning, messaging, and advocacy; technical Assistance for DCHS direct service staff and contract providers; collaboration and alignment with HFE; Leadership to develop policies; Analysis and response to the over-representation of people of color.

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

Program Contact: Mary Li
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Energy Services (ES) ensured that over 16,000 fixed and low-income households had financial assistance to help meet their energy costs, avoiding shutoff and potential loss of housing in FY14.

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 FY14, more than 70,000 households were income eligible for service; of those, 16,286 were served.

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

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

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	16,286	10,000	10,000	10,000
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	100%	100%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$445,965	\$0	\$474,489
Contractual Services	\$0	\$8,876,673	\$0	\$8,594,981
Materials & Supplies	\$0	\$33,602	\$0	\$118,703
Internal Services	\$0	\$506,650	\$0	\$723,922
Total GF/non-GF	\$0	\$9,862,890	\$0	\$9,912,095
Program Total:	\$9,862,890		\$9,912,095	
Program FTE	0.00	5.35	0.00	5.50

Program Revenues				
Indirect for Dept. Admin	\$248,652	\$0	\$419,588	\$0
Intergovernmental	\$0	\$9,862,889	\$0	\$9,912,095
Total Revenue	\$248,652	\$9,862,889	\$419,588	\$9,912,095

Explanation of Revenues

\$4,841,590 - LIEAP Leverage Energy Grant: Based on current grant award
 \$5,070,505 - OEAP-Energy Grant: Based on current grant award

Significant Program Changes

Last Year this program was: FY 2015: 25119 Energy Assistance

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

Program Contact: Mary Li
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Weatherization (WX) provided repair and appliance replacement to approximately 496 households in FY14. 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 FY14, more than 70,000 households were income eligible for service; and 496 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 that supply materials, and indirectly creates another 1.25 jobs in Oregon for every administrative position funded. National research indicates that WX has multiple "non-energy related" benefits including affordable housing preservation, regional energy conservation, long-term home improvement, safer housing conditions, and improved physical health. Locally, Oak Ridge National Laboratory found that WX increases household property values, maintains affordable housing, and improves the environment through reduced consumption of fossil fuels.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	496	750	750	500
Outcome	Number of affordable housing units maintained for 10 years	375	570	570	570

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$642,956	\$0	\$722,075
Contractual Services	\$0	\$2,896,349	\$0	\$2,256,877
Materials & Supplies	\$0	\$391,332	\$0	\$367,013
Internal Services	\$0	\$464,968	\$0	\$408,339
Total GF/non-GF	\$0	\$4,395,605	\$0	\$3,754,304
Program Total:	\$4,395,605		\$3,754,304	
Program FTE	0.00	7.65	0.00	8.50

Program Revenues				
Indirect for Dept. Admin	\$102,820	\$0	\$142,602	\$0
Intergovernmental	\$0	\$3,979,724	\$0	\$3,336,615
Other / Miscellaneous	\$0	\$200,000	\$0	\$200,000
Beginning Working Capital	\$0	\$215,882	\$0	\$217,689
Total Revenue	\$102,820	\$4,395,606	\$142,602	\$3,754,304

Explanation of Revenues

\$814,864 - LIEAP Weatherization: Based on current grant award
 \$37,624 - LIEAP Clien Education: Based on current grant award
 \$308,246 - DOE Weatherization: Based on current grant award
 \$2,018,190 - 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
 \$217,689 - County Weatherization Rebates Beginning Working Capital
 \$140,000 - PDX Water/Sewer: Based on FY15 revised budget

Significant Program Changes

Last Year this program was: FY 2015: 25121 Weatherization

Contracts are reduced by one-time-only carry-forward funding between FY14 and FY15 for ECHO Pacific Power & Light (PP&L) funds directly related to PP&L customers.

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 1,393 homeless households with children annually. Of those placed in housing, 95% 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, Flex Funds for Veterans, the Rose City Resource Guide, and Facilities-Based Housing are included in this program offer.

In FY14:

STRA served 1,186 households with rent assistance, mortgage payment, and emergency shelter vouchers annually. Approximately 95% of those placed in permanent housing remain housed six months after exit from services.

130 veterans were served with flexible funding.

80,000 copies of the Rose City Resource Guide were produced and distributed to individuals living on the street.

77 households lived in facilities-based housing.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	1,393	1,214	1,235	810
Outcome	Percentage of households served who remain in permanent housing six months after exit ¹	95%	80%	87%	87%

Performance Measures Descriptions

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

Reduction in total number served reflects movement of HUD Families Futures and Bridges to Housing funds to other program offers.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$295,665	\$69,919	\$218,632	\$33,802
Contractual Services	\$2,632,553	\$298,096	\$1,286,649	\$348,869
Materials & Supplies	\$13,468	\$78	\$4,820	\$189
Internal Services	\$27,271	\$21,957	\$20,575	\$40,036
Total GF/non-GF	\$2,968,957	\$390,050	\$1,530,676	\$422,896
Program Total:	\$3,359,007		\$1,953,572	
Program FTE	2.51	0.68	1.87	0.32

Program Revenues				
Indirect for Dept. Admin	\$11,659	\$0	\$23,908	\$0
Intergovernmental	\$0	\$370,453	\$0	\$422,896
Total Revenue	\$11,659	\$370,453	\$23,908	\$422,896

Explanation of Revenues

\$422,896 - OHCSH HSP, LIRHF, SHAP, EHA: Based on current grant award

Significant Program Changes

Last Year this program was: FY 2015: 25133A Housing Stabilization for Vulnerable Populations (HSVP)

To better align funding resources with systems of care and in response to Internal Audit findings:

HUD Families Futures is moved to 25111A

Bridges to Housing funding is moved to 25139A to be in alignment with the Anti Poverty System of Care.

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs: 25133

Program Characteristics: One-Time-Only Request

Executive Summary

This program offer requests \$20,000 to increase funding level and to enhance 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, Sheriff's Office, County Human Services, and Community Justice - all distribute the guides to clients.

Program Summary

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

The Rose City Resource Guide is recognized and used by homeless and low-income individuals across the metropolitan area. Streetroots, a small grassroots newspaper by, for, and about issues of concern to homeless and low-income people, produces the guide annually. The guide is made available at no cost to those using it.

County departments provide the guide to clients and members of the public entering county buildings and service sites. While many departments are dues-paying members of Streetroots, this contribution does not cover the cost of the guides being used by them.

This program offer leverages current investment by the City of Portland in order to pay for the County's use of the guides.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of guides produced	-	-	-	20,000
Outcome	Percentage of guides distributed	-	-	-	100%

Performance Measures Descriptions

Total number of guides to be produced and distributed is 100,000. Balance is reflected in PO #25133

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$20,000	\$0
Total GF/non-GF	\$0	\$0	\$20,000	\$0
Program Total:	\$0		\$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:

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs: N/A

Program Characteristics:
Executive Summary

This program offer requests \$2,000,000 in ongoing funds to advance our community wide initiative "A Home for Everyone" (AHFE) an effort to end homelessness led collaboratively by Multnomah County, the City of Portland, the City of Gresham, Home Forward, and local philanthropy. A combination of rental assistance, housing placement services, and wrap-around income acquisition, will yield no fewer than an additional 125 permanent housing placements, including families with children, chronically homeless individuals and families, veterans, and youth.

Program Summary

AHFE's Coordinating Board was directed by members of the Executive Committee, including Chair Kafoury and Commissioner Bailey, to put forward a plan laying out what it would take to reduce the unmet need for permanent housing among homeless people by 50% before the end of 2017. That plan spells out in detail a combination of financial investments and policy changes that would achieve the necessary reduction in inflow into homelessness and increase in the rate at which people are ending their homelessness. This effort would also be supported by \$5 million in one-time-only funds to build additional affordable housing units as described in Program Offer 72040 A Home for Everyone Capital Funding.

The necessary investments include long-term rental subsidies through Home Forward, various support services leveraged from mainstream systems, including health care, the Department of Human Services, and our workforce centers, and set asides of housing units developed with substantial public subsidies. Even with these commitments, there remains a substantial need for new ongoing resources from Multnomah County, the City of Portland, and the philanthropic and business communities to achieve the AHFE objective.

New ongoing resources will be used to expand access to short and medium term rental assistance for the priority populations in AHFE, including families with children, disabled adults, veterans, and youth. The resources will also include housing placement and retention specialists and other additional support services that are necessary for many of people served to achieve long-term housing stability, including supports related to obtaining employment, public benefits, child care, and mental and physical health.

Funds made available through this program, and similar funds expected to be dedicated to AHFE by the City of Portland and other Executive Committee members, will be invested in new permanent housing placements in accordance with the priorities set out in the A Home for Everyone Plan and the criteria adopted by the Coordinating Board and Executive Committee.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households placed into permanent housing	0	0	0	125
Outcome	Percentage of households placed who remain in permanent housing twelve months after placement	0	0	0	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$2,000,000	\$0
Total GF/non-GF	\$0	\$0	\$2,000,000	\$0
Program Total:	\$0		\$2,000,000	
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:

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) provides services to approximately 74 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 FY14 74 child victims were served, 70% of whom were served for six months or longer.

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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth served	74	140	140	140
Outcome	Percentage of youth who remained enrolled in services for at least six months	70%	50%	50%	50%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$107,039	\$0
Contractual Services	\$467,262	\$0	\$477,542	\$0
Internal Services	\$0	\$0	\$7,033	\$0
Total GF/non-GF	\$467,262	\$0	\$591,614	\$0
Program Total:	\$467,262		\$591,614	
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: FY 2015: 25135A Commercial Sexual Exploitation of Children (CSEC) - Victims System of

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 over 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 over 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth served	1,214	1,000	1,000	1,000
Outcome	Percentage of youth served who remain in permanent housing six months after exit	94%	80%	80%	80%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$86,097	\$6,515	\$88,843	\$0
Contractual Services	\$1,463,474	\$2,523,914	\$1,506,749	\$2,510,848
Materials & Supplies	\$465	\$1,026	\$1,964	\$0
Internal Services	\$5,927	\$32,955	\$5,837	\$38,332
Total GF/non-GF	\$1,555,963	\$2,564,410	\$1,603,393	\$2,549,180
Program Total:	\$4,120,373		\$4,152,573	
Program FTE	0.83	0.00	0.83	0.00

Program Revenues				
Indirect for Dept. Admin	\$17,501	\$0	\$24,034	\$0
Intergovernmental	\$0	\$1,560,387	\$0	\$1,534,538
Total Revenue	\$17,501	\$1,560,387	\$24,034	\$1,534,538

Explanation of Revenues

\$296,618 - HUD Home Safe: Based on current grant award \$210,681 - HUD Horizons/Pathways: Based on current grant award \$143,239 - OHCS D EHA: Based on current grant award \$884,000 - PDX General Fund: Based on current grant award \$1,014,642 - Video Lottery Funds

Significant Program Changes

Last Year this program was: FY 2015: 25136A Homeless Youth System (HYS)

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs: 25136

Program Characteristics:
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 youth accessing services within the Homeless Youth Continuum. Approximately 451 youth received treatment engagement, support, and recovery services including peer mentorship, pro-social activities, and flex funds in FY14.

Program Summary

By virtue of the experience of becoming homeless and living on the street, the rate of mental health and addictions among homeless youth is extremely high. Using drugs and/or alcohol to make the reality of being homeless seemingly more bearable or the exacerbation of pre-existing conditions of mental illness, is extremely common within the population.

If and when a young person becomes ready to address these issues, they then face the challenges of entering treatment systems that are not culturally competent regarding the specific issues they face as a result of their homelessness. They drop out of that treatment, seen as having failed. Finally, if a youth does successfully complete treatment, they return to a community and service system that isn't recovery oriented enough to support their long-term success.

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. Since FY14, the Board has fully funded the recommended service model, which provided services to approximately 451 youth, 75% of whom successfully entered treatment, in FY14. Services provided include mental health and addictions support specialists, peer recovery advocates, pro-social recreation groups and activities, and wraparound client assistance all aligned to maximize engagement with, and participation in, treatment funded through the County's Mental Health and Addictions Services Division (MHASD), resulting in sobriety and on-going recovery.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth served	451	600	600	600
Outcome	Percentage of youth served who successfully complete their treatment program	75%	50%	50%	50%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
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: FY 2015: 25136B HYS - MH and Addictions Engagement Services

The program name has been changed since the submitted budget to better reflect the services provided.

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

Promise Neighborhoods Initiative (PNI) provides culturally specific, community based services and supports for children of color, age 12-17, and their families, experiencing disparate outcomes due to racism, intergenerational trauma, and poverty. Approximately 1000 children will be supported through culturally responsive organizations to increase attendance, decrease disproportionate disciplinary actions and increase educational success.

Program Summary

Since 2010, the Coalition of Communities of Color has published several reports documenting disparities in a wide range of outcomes and services experienced by communities of color living in Multnomah County. In 2014, the County issued a Report Card on Racial and Ethnic Disparities in Multnomah County that highlights the need for a multi-layered, cross sectional strategy to address disparities. Based on this community data and awareness, the Board is interested in improving the quality of life for youth experiencing generational poverty and discrimination through evidence-based solutions tailored to the specific cultural values and norms of each community, thus promoting long-term impact and positive results.

The Promise Neighborhood investment will seek to achieve the following outcomes: increased student attendance, engagement, and performance; reduced disciplinary incidents, behavioral referrals, suspensions, and expulsions; increased parent engagement, involvement, and skills; improved student cultural identity, self-esteem, and communication; improved math, reading, literacy, and problem solving skills and test scores; increased school understanding of English Language Learner cultures and communities; increased student participation in SUN Community School and other after-school programs.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth served	0	1000	1270	1000
Outcome	Percent of youth served who increase school attendance	0	0	0	80%

Performance Measures Descriptions

FY16 number to be served will increase following completion of the planning process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$2,000,000	\$0
Total GF/non-GF	\$0	\$0	\$2,000,000	\$0
Program Total:	\$0		\$2,000,000	
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:

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 2,936 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. Eighty-five percent 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.

In addition, \$25,000 one-time-only pass-through is allocated to expand Reception Center services into Gresham. Through partnership with the Gresham Police Department and others, data about the need for services for runaway youth in Gresham will be gathered in order to inform decision making for FY17.

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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth and families served	2,936	2,000	2,002	2,500
Outcome	Percentage of youth served who return home or exit to other stable housing ¹	85%	85%	85%	85%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$17,634	\$0	\$18,196	\$0
Contractual Services	\$814,474	\$161,132	\$857,392	\$142,871
Materials & Supplies	\$218	\$0	\$0	\$0
Internal Services	\$1,120	\$8,040	\$1,196	\$7,129
Total GF/non-GF	\$833,446	\$169,172	\$876,784	\$150,000
Program Total:	\$1,002,618		\$1,026,784	
Program FTE	0.17	0.00	0.17	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,270	\$0	\$4,463	\$0
Intergovernmental	\$0	\$169,172	\$0	\$150,000
Total Revenue	\$4,270	\$169,172	\$4,463	\$150,000

Explanation of Revenues

\$150,000 - OCCF Youth Investment: Based on OCCF estimated funding

Significant Program Changes

Last Year this program was: FY 2015: 25138A Runaway Youth Services (RYS)

\$25,000 of One Time Only County General Fund added with Board Amendment- East County Juvenile Reception Center.

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 are delivered through the SUNSS Anti-Poverty System using the Action for Prosperity (AFP) program model, a proven program for increasing self-sufficiency. 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. The impact of these services include:

- Bridges to Housing (B2H) serves approximately 167 of the highest resource-using households annually with housing and long-term support services.
- In FY14, 28 low-income youth received flexible client assistance funds to support their employment training.
- Approximately 10,480 tax returns were prepared by IRS volunteers at no cost to the filing household. For every \$1 of general fund invested, \$146 is returned to the household and spent in the local economy.
- 1,038 children received developmentally appropriate childcare while their parents/care givers attended to legal proceedings.
- 36 homeless children attended culturally specific alternative school.
- Approximately 4,580 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.

Additionally, approximately 6,005 households received assistance through four core services - Basic Needs, Action for Prosperity (AFP), Housing, and System Collaboration - delivered by nine contract agencies as part of the SUNSS Anti-Poverty System, a countywide integrated and coordinated system of care for school-age youth and their families. Eighty-four percent of households served were at or below the Federal Poverty Level, and 55% were headed by a single parent (69% of those were women). Sixty-five percent of the adults in households served identify themselves as people of color. Twelve months after end of service, 93% remained in permanent housing and almost 50% were employed, increasing their income by 22% from service entry.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	6,005	4,854	4,601	4,600
Outcome	Percentage of households served that remain in permanent housing six months after exit ¹	91%	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.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$249,201	\$147,112	\$262,742	\$139,923
Contractual Services	\$987,100	\$767,868	\$2,445,091	\$715,602
Materials & Supplies	\$17,630	\$305	\$6,189	\$7
Internal Services	\$24,921	\$40,318	\$26,198	\$59,896
Total GF/non-GF	\$1,278,852	\$955,603	\$2,740,220	\$915,428
Program Total:	\$2,234,455		\$3,655,648	
Program FTE	2.38	1.43	2.49	1.32

Program Revenues				
Indirect for Dept. Admin	\$21,412	\$0	\$37,507	\$0
Intergovernmental	\$0	\$877,680	\$0	\$915,428
Total Revenue	\$21,412	\$877,680	\$37,507	\$915,428

Explanation of Revenues

\$837,747 - OHCSO CSBG: Based on current grant award \$48,321 - Oregon Supplemental Nutrition Assistance Program (SNAP); based on current grant award \$29,360 - Oregon Judicial Department: Based on FY16 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25139A Anti-Poverty Services (AP)

Bridges to Housing funding is now included (originally was in 25133 HSVP) to be in alignment with the Anti Poverty System of Care.

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs: 25139

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, or have school age children and do not have a computer and internet service access at home. Having access to a computer and internet service supports school success for these children at the start of, and throughout their academic career.

Program Summary

This program provides resources necessary for Head Start and other contract partner agencies serving low-income families 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, and to families with school age children.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households receiving computers	23	100	100	100
Outcome	-	-	-	-	-

Performance Measures Descriptions

There are no outcomes associated with this program offer other than the provision of the computer and internet access.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$20,000	\$0
Total GF/non-GF	\$0	\$0	\$20,000	\$0
Program Total:	\$0		\$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: FY 2015: 25139C AP - Computers for Head Start Graduates

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

This program offer requests \$175,000 of pass-through for a first year pilot of the DCHS Economic Opportunity Initiative that continues current efforts and expands into new strategies to increase the numbers of households able to stabilize themselves economically and prepare to pursue and achieve economic security through asset building and financial literacy.

Program Summary

The Initiative supports an enhanced articulation of the DCHS mission - to promote economic opportunity that reduces poverty by protecting and building the human capital of all our community - that creates an overall framework for the Department's work to both ease the experience of poverty and end the conditions that cause poverty.

Families living on a low-income simply have less financial assets, and therefore, fewer choices. Communities of color are over represented among those living in poverty. Research shows that increasing the choices families have through making financial resources available to them leads to significant gains over two years in: household savings, earnings, small business development, health status, and child academic achievement.

A pilot will be launched with families, currently receiving services through the Anti-Poverty system of care, invited to join a group making the commitment to work collectively towards economic security by fostering community connections and using funds as capital to support economic security goals. At least 75% of these families will achieve their goals.

Financial literacy, empowerment, and asset building services assist households in accessing actionable financial education hand in hand with financial products and services so they can make good decisions that help them build their financial stability. Services include high quality financial coaching, free or low cost classes, credit building opportunities, savings products, free tax preparation and more. Offering services to 300 families through the existing Anti-Poverty system of care brings them to households working to achieve economic stability where they need it, when they need it.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served	0	0	0	210
Outcome	Percentage of households served who achieve their identified economic goals	0	0	0	75

Performance Measures Descriptions

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$175,000	\$0
Total GF/non-GF	\$0	\$0	\$175,000	\$0
Program Total:	\$0		\$175,000	
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:

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

Program Contact: Mary Li
Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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 project in the coming year, and attempt 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 for these programs improve the livability of existing low and moderate income housing and neighborhoods. However, significant reductions in federal funding have deeply impacted the program's ability to deliver affordable housing units in the foreseeable future.

Background prepared for the Home for Everyone Shared Governance Initiative identifies the need for both temporary housing and greater resources for long-term solutions.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of public works projects completed	1	1	1	1
Outcome	Number of affordable housing units created	1	0	0	2

Performance Measures Descriptions

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$68,492	\$37,639	\$71,503	\$38,232
Contractual Services	\$0	\$300,399	\$0	\$238,000
Materials & Supplies	\$714	\$14	\$0	\$25,468
Internal Services	\$6,832	\$15,247	\$0	\$27,300
Total GF/non-GF	\$76,038	\$353,299	\$71,503	\$329,000
Program Total:	\$429,337		\$400,503	
Program FTE	0.64	0.36	0.65	0.35

Program Revenues				
Indirect for Dept. Admin	\$8,097	\$0	\$12,692	\$0
Intergovernmental	\$0	\$320,799	\$0	\$296,500
Other / Miscellaneous	\$0	\$25,000	\$0	\$25,000
Beginning Working Capital	\$0	\$7,500	\$0	\$7,500
Total Revenue	\$8,097	\$353,299	\$12,692	\$329,000

Explanation of Revenues

\$296,500 - 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: FY 2015: 25140 Community Development

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Schools Uniting Neighborhoods (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 25 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 prevention 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 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.

For FY16, the division will continue to deepen our work in three areas. First, we will continue to partner in developing the Early Learning Multnomah effort. As a partner with the United Way of the Columbia Willamette, the division staff will engage in deepening ELMs cross sector partnerships in order to promote stronger kindergarten readiness for children of color and English Language Learners. These will be with agencies such as DHS, ERDC, school districts, Head Starts and Home Forward, to name a few. 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. Second, our focus on promoting school attendance and decreasing chronic absence through the partnership with All Hands Raised will continue to evolve. As the attendance work spreads across more SUN Community Schools we will further develop processes to effectively measure the success of these efforts. Finally, division staff will be engaged in re-writing the SUN Request for Proposals (RFP), and issuing that competitive RFP for a smooth transition into FY2017.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of times school district and system partners meet to align & monitor service ¹	19	30	25	25
Outcome	% funder required reports completed and submitted on time	100%	100%	100%	100%

Performance Measures Descriptions

¹ Alignment and monitoring meetings include meetings of SUNSS Coordinating Council and its work groups (including the Long Term Depth Model meetings), the SUNSS Districts Council, and related grant, policy and sustainability groups.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$925,032	\$8,438	\$1,083,845	\$0
Contractual Services	\$60,435	\$0	\$53,772	\$0
Materials & Supplies	\$22,940	\$0	\$25,925	\$0
Internal Services	\$91,984	\$0	\$103,586	\$0
Total GF/non-GF	\$1,100,391	\$8,438	\$1,267,128	\$0
Program Total:	\$1,108,830		\$1,267,128	
Program FTE	8.41	0.09	9.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25143 SUN Service System Administration

Staffing in this program offer increased with the transfer of a 1.0 FTE Research and Evaluation Analyst 2 position transferred from PO 25145.

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

Schools Uniting Neighborhoods 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 75 county-supported full-service sites in this offer serve approximately 20,000 students. 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 \$3.1 million in cash from partner organizations and 81 total SUN CS sites countywide, having expanded by 11 sites last year due to contributions from partners.

Currently, the 75 SUN Community Schools provide 20,000 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 96% school attendance rate and 75% improved academic benchmark scores in reading and 73% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 72% are racial/ethnic minorities, 20% are English Language Learners and 76% receive free or reduced lunch (compared to 48%, 25% and 56% respectively across the school districts).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children (ages 5-18) served ¹	19,506	12,200	12,200	15,000
Outcome	% who improve state test scores in Reading	75%	75%	75%	75%
Outcome	% of school days attended ²	96%	92%	92%	92%
Outcome	% who improve classroom behavior	58%	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 threshold; 8486 children participated at this level last year. Ninety-two percent attendance rate is considered Annual Yearly Progress as defined by No Child Left Behind.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$338,985	\$13,324	\$370,134	\$0
Contractual Services	\$5,192,011	\$1,996,285	\$5,235,522	\$1,725,000
Materials & Supplies	\$8,080	\$9	\$30,719	\$5,000
Internal Services	\$44,278	\$1,191	\$19,544	\$19,006
Total GF/non-GF	\$5,583,354	\$2,010,809	\$5,655,919	\$1,749,006
Program Total:	\$7,594,163		\$7,404,925	
Program FTE	3.37	0.13	3.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$633	\$0	\$0	\$0
Intergovernmental	\$0	\$1,992,500	\$0	\$1,733,400
Other / Miscellaneous	\$0	\$38,333	\$0	\$5,000
Beginning Working Capital	\$0	\$0	\$0	\$10,606
Total Revenue	\$633	\$2,030,833	\$0	\$1,749,006

Explanation of Revenues

\$604,000 - City of Portland Parks & Recreation: Based on agreement \$38,400 - Centennial School District: Based on agreement \$110,000 - Gresham Barlow School District: Based on revised agreement \$223,000 - David Douglas School District: Based on revised agreement \$205,000 - Reynolds School District: Based on revised agreement \$505,000- Portland Public Schools SUN Community School Support: Based on revised agreement \$48,000 - Parkrose School District: Based on revised agreement \$5,000 - Misc. Charges/Fees \$10,606 School District Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2015: 25145A SUN Community Schools

Staffing in the program offer decreased due to the following: transfer of 1.0 FTE Research and Evaluation 2 position to PO #25143 SUN Administration and the transfer of .50FTE Program Specialist position to PO 25152 Early Kindergarten Transition.

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25145
Program Characteristics: Measure 5 Education

Executive Summary

This offer requests \$70,000 County General Fund to expand the SUN Community School strategy to Sacramento Elementary School through a funding partnership with the Parkrose School District. This SUN School will serve over 200 students and 50 parents. Sacramento is a high need school 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 leverages funding and other support from Parkrose School District to serve some of the most vulnerable students in the County. Sacramento is located East Portland/East County and has a high % of students who qualify for Free and Reduced Lunch (75%) as well as a large population of students of color (229 students which is 56% of the school population).

SUN Community Schools in this offer provide 200 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. 50 adults will be served in life skill, parenting and enrichment activities such as ESL and GED classes.

Our local evaluation demonstrates that SUN CS are effective in improving student academic success and attendance, as well as engagement, pro-social behaviors and other skills that lead to life success. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 96% school attendance rate and 75% improved academic benchmark scores in reading and 73% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 72% are racial/ethnic minorities, 20% are English Language Learners and 76% receive free or reduced lunch (compared to 48%, 25% and 56% respectively in school districts).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children (ages 5-18) served ¹	-	-	-	200
Outcome	% who improve state test scores in Reading	-	-	-	75%
Outcome	% of school days attended ²	-	-	-	92%

Performance Measures Descriptions

¹ Outputs reflect the annual number served.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$70,000	\$35,000
Total GF/non-GF	\$0	\$0	\$70,000	\$35,000
Program Total:	\$0		\$105,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$35,000
Total Revenue	\$0	\$0	\$0	\$35,000

Explanation of Revenues

\$35,000 - Parkrose School District

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25145
Program Characteristics: Measure 5 Education

Executive Summary

This offer requests \$70,000 CGF to expand the SUN Community School (CS) strategy to North Gresham Elementary School through a funding partnership with Gresham Barlow S. D. This SUN CS site will serve over 200 students and 50 adults. North Gresham Elementary is a high need school 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 leverages funding and other support from Gresham Barlow School District to serve some of the most vulnerable students in the County. North Gresham Elementary is located in the Rockwood neighborhood in East County and has a high % of students who qualify for Free and Reduced Lunch (60%) as well as a large population of students of color (272 students which is 49% of the school population). The expansion of SUN to include a SUN Community School at North Gresham is an identified action in the Rockwood Promise Zone plan developed by the County and partners.

SUN Community Schools in this offer provide 200 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. 50 adults will be served in life skill, parenting and enrichment activities such as ESL and GED classes.

Our local evaluation demonstrates that SUN CS are effective in improving student academic success and attendance, as well as engagement, pro-social behaviors and other skills that lead to life success. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 96% school attendance rate and 75% improved academic benchmark scores in reading and 73% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 72% are racial/ethnic minorities, 20% are English Language Learners and 76% receive free or reduced lunch (compared to 48%, 25% and 56% respectively in school districts).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children (ages 5-18) served ¹	-	-	-	134
Outcome	% who improve state test scores in Reading	-	-	-	75%
Outcome	% of school days attended ²	-	-	-	92%

Performance Measures Descriptions

¹ Outputs reflect the annual number served.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$70,000	\$35,000
Total GF/non-GF	\$0	\$0	\$70,000	\$35,000
Program Total:	\$0		\$105,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$35,000
Total Revenue	\$0	\$0	\$0	\$35,000

Explanation of Revenues

\$35,000 Gresham-Barlow School District

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25145
Program Characteristics: Measure 5 Education

Executive Summary

This offer requests \$140,000 CGF to expand the SUN Community School strategy to Fairview Elementary and Walt Morey Middle Schools through a funding partnership with Reynolds School District. These sites will serve over 400 students and 100 adults. Fairview and Morey are high need schools 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 leverages funding and other support from Reynolds School District to serve some of the most vulnerable students in the County. Both Fairview and Walt Morey are located in East County and have a high % of students who qualify for Free and Reduced Lunch (78% and 63%, respectively) as well as large populations of students of color, immigrants and refugees. At Fairview 239 students are children of color, which is 49% of the school population. At Walt Morey the number of students of color is 284 or 44%.

SUN Community Schools in this offer provide 400 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. 100 adults will be served in life skill, parenting and enrichment activities such as ESL and GED classes.

Our local evaluation demonstrates that SUN CS are effective in improving student academic success and attendance, as well as engagement, pro-social behaviors and other skills that lead to life success. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 96% school attendance rate and 75% improved academic benchmark scores in reading and 73% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 72% are racial/ethnic minorities, 20% are English Language Learners and 76% receive free or reduced lunch (compared to 48%, 25% and 56% respectively in school districts).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children (ages 5-18) served ¹	-	-	-	200
Outcome	% who improve state test scores in Reading	-	-	-	75%
Outcome	% of school days attended ²	-	-	-	92%

Performance Measures Descriptions

¹ Outputs reflect the annual number served.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$140,000	\$70,000
Total GF/non-GF	\$0	\$0	\$140,000	\$70,000
Program Total:	\$0		\$210,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$70,000
Total Revenue	\$0	\$0	\$0	\$70,000

Explanation of Revenues

\$70,000 - Reynolds School District

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25145C-16 - SUN Community Schools - Expand Gresham
Program Characteristics: Backfill State/Federal/Grant, One-Time-Only Request

Executive Summary

This offer requests \$35,000 CGF to backfill Program Offer 25145C-16 SUN Community School - North Gresham Elementary School expansion. This SUN CS site will serve over 200 students and 50 adults. North Gresham Elementary is a high need school as measured by the SUN Equity Index (a measure of students with inequities in outcomes due to high levels of poverty and racial disparities).

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 leverages funding and other support from Gresham Barlow School District to serve some of the most vulnerable students in the County. North Gresham Elementary is located in the Rockwood neighborhood in East County and has a high % of students who qualify for Free and Reduced Lunch (60%) as well as a large population of students of color (272 students which is 49% of the school population). The expansion of SUN to include a SUN Community School at North Gresham is an identified action in the Rockwood Promise Zone plan developed by the County and partners.

SUN Community Schools in this offer provide 200 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. 50 adults will be served in life skill, parenting and enrichment activities such as ESL and GED classes.

Our local evaluation demonstrates that SUN CS are effective in improving student academic success and attendance, as well as engagement, pro-social behaviors and other skills that lead to life success. SUN CS participants exceed outcome targets and overall perform better than state expectations. Last year, participants had a 96% school attendance rate and 75% improved academic benchmark scores in reading and 73% in math. SUN CS serve the neediest children, targeting those living in poverty and performing below standards. 72% are racial/ethnic minorities, 20% are English Language Learners and 76% receive free or reduced lunch (compared to 48%, 25% and 56% respectively in school districts).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children (ages 5-18) served ¹	0	0	0	66
Outcome	% who improve state test scores in Reading	0	0	0	75%
Outcome	% of school days attended ²	0	0	0	92%

Performance Measures Descriptions

¹ Outputs reflect the annual number served.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$35,000	\$0
Total GF/non-GF	\$0	\$0	\$35,000	\$0
Program Total:	\$0		\$35,000	
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:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25145A-16
Program Characteristics: One-Time-Only Request

Executive Summary

This program offer requests \$94,000 of one-time-only County General Funds to support the SUN School Enhancement Pilot at David Douglas School District. This program will focus on non-English speaking students and families who reside in the District.

Program Summary

The Pilot SUN School Enhancement at Earl Boyles Elementary School is an effort to expand services for non-English speaking students and families attending schools in the David Douglas School District. This one-time-only funding will support 1.5 FTE, to include 1.0 Family Resource Navigator and a .50 Program Associate. Staff will be housed at the Earl Boyles Neighborhood Center and will conduct outreach and engagement services both focused on the schools around Earl Boyles Elementary and across the District.

The project naturally builds on the capacity of the current SUN Community School infrastructure at Earl Boyles, and creates a broader and deeper set of direct service strategies than are currently provided by the SUN Community School. The service reach will be wider and more expansive in order to assist families beyond the school's immediate catchment area. This community outreach to non-English speaking families will engage families in essential services that provide stability and increase community health and wellness.

With the support of the Family Resource Navigator and program associate, the SUN site manager will have the increased capacity to build partnerships and develop programs to address the needs of families neighborhood and schools around Earl Boyles. Specifically, the ability to build partnerships and develop programs for the infant-toddler and adult classroom will impact a much underserved population in the area: pregnant moms and 0-3 year olds.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families engaged in service	0	0	0	120
Outcome	Reduce (by 10%) or maintain low chronic absence rate for students engaged in service	0	0	0	10%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$94,000	\$0
Total GF/non-GF	\$0	\$0	\$94,000	\$0
Program Total:	\$0		\$94,000	
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:

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 440,000 meals to children/family members in 26 SUN communities in FY14. 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 between 14-15% since the great recession, and the modest economic recovery and increases in jobs locally in past years have largely not touched people 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 76% of SUN CS participants receive FRL. However, these students don't have access to food on non-school days and in summer only 22% 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 14 school-based emergency food pantries and 3 Harvest Share monthly fresh produce distributions 2) increasing the number of meals served to hungry children and their families during summer and 3) supporting school garden programs at 3 sites. 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 160,000 meals that would not otherwise have been possible. In addition to providing support for weekend food pantries at 14 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 the countywide Child Hunger Coalition and secures in-kind resources and supports.

Healthy nutrition is vital to brain development and capacity to learn for children and youth in all age groups. Even moderate under-nutrition has lasting impacts on cognitive development and school performance. This offer leverages over \$1 million in federal meal reimbursement and significant in-kind support for weekend food for families from Oregon Food Bank and community donors, particularly faith and business partners who offer both donations and volunteer capacity.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of meals provided to children and families ¹	437,235	780,000	780,000	780,000
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	7	6	6	6

Performance Measures Descriptions

¹ # of meals includes meals served through extended weeks of summer meals program, emergency food pantries, and Harvest Share fresh produce to families. The # of pantries increased from 10 to 14 in Fall 2014, thus the increase in # of meals provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$96,917	\$0	\$90,658	\$0
Contractual Services	\$340,240	\$0	\$347,725	\$0
Materials & Supplies	\$211	\$0	\$4,295	\$0
Internal Services	\$11,547	\$0	\$10,860	\$0
Total GF/non-GF	\$448,915	\$0	\$453,538	\$0
Program Total:	\$448,915		\$453,538	
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: FY 2015: 25147A Child & Family Hunger Relief

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 2014, SSSES served over 1,900 high-risk youth, 92% of whom identify as ethnic minorities. 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 1,900 high-risk youth (ages 6-17) and their families annually to help ensure that youth remain in or return to school. These services are delivered at community and school sites to youth attending regular and/or alternative schools who are at risk of academic failure. SSSES targets six specific populations of youth and families of color: African American, African Immigrant, Asian Pacific Islander, Latino, Native American and Slavic. Key services include: case management with a focus on academic and life goals; advocacy in disciplinary and educational meetings; skill-building groups; academic support activities such as tutoring, mentoring, reading club, gender-specific groups, and conflict resolution classes; and parent outreach/engagement. SSSES staff work in collaboration with SUN Community Schools and other school personnel towards youth and family success.

Youth who participate in the SSSES program are at risk for academic failure due to poor attendance, failing grades, language barriers, family instability and behavior issues. Case managers support and mentor youth, allowing them to build personal assets leading to school and life success. SSSES staff engage youth at risk for academic failure in a variety of school and community activities. SSSES services that meet basic needs allow youth to focus on school and provides their caregivers with the resources to support educational success. Youth in the SSSES program consistently show improvements in school attendance and gain enough credits to be on track to graduate; in addition, annually nearly 90% of 9th, 10th and 11th grade SSSES youth return for their next year of high school. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. SSSES provides this link - in schools and in the community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of students (ages 6-18) served ¹	1,908	1,750	1,700	1,650
Outcome	% who make progress on academic goals ²	96%	90%	90%	90%

Performance Measures Descriptions

¹ Output for FY15 reflects a 7% reduction to reflect a possible reduction in grant funding from the State of Oregon due to grant expiration. ² Outcomes are analyzed for students who participate in case management for 45 days or more with at least 15 hours of service; 1,229 youth participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$103,733	\$0	\$107,039	\$0
Contractual Services	\$1,912,188	\$302,582	\$1,954,256	\$223,776
Materials & Supplies	\$1,114	\$0	\$1,850	\$0
Internal Services	\$11,547	\$15,098	\$10,860	\$16,224
Total GF/non-GF	\$2,028,582	\$317,680	\$2,074,005	\$240,000
Program Total:	\$2,346,262		\$2,314,005	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$8,018	\$0	\$10,160	\$0
Intergovernmental	\$0	\$317,680	\$0	\$240,000
Total Revenue	\$8,018	\$317,680	\$10,160	\$240,000

Explanation of Revenues

\$240,000 - OCCF Youth Development Council: Based on current award

Significant Program Changes

Last Year this program was: FY 2015: 25149A Social & Support Services for Educational Success

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

Executive Summary

Parent Child Development Services (PCDS) provides services for young children (birth through age 5) and their parents to promote positive parenting, healthy child development and school readiness. In FY14, the program served 700 children in 472 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 families' homes, 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 engagement with families and the outcomes for participating families are strong. Last year, at the time of exit from the program 98% of children served had up-to-date immunizations. Nearly all of the parents (98%) indicated they gained new skills from program participation. Our local results mirror national research showing that involvement in PAT home visiting programs increases children's readiness for school. 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 kindergarten.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children served	700	737	737	737
Outcome	% of children up to date on immunizations at exit	98%	90%	95%	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$103,733	\$0	\$86,645	\$0
Contractual Services	\$1,347,471	\$112,050	\$1,377,115	\$286,228
Materials & Supplies	\$461	\$0	\$1,150	\$0
Internal Services	\$11,547	\$0	\$10,860	\$0
Total GF/non-GF	\$1,463,212	\$112,050	\$1,475,770	\$286,228
Program Total:	\$1,575,262		\$1,761,998	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$112,050	\$0	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$286,228
Total Revenue	\$0	\$112,050	\$0	\$286,228

Explanation of Revenues

\$174,178 - OCCF Federal Family Preservation - Based on current year award; \$112,050 - State of Oregon, Early Learning Division via the United Way of the Columbia Willamette as part of the Early Learning Multnomah hub - Based on current year award.

Significant Program Changes

Last Year this program was: FY 2015: 25151 Parent Child Development Services

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

Executive Summary

The Early Kindergarten Transition (EKT) 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 of investments 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 54% of entering kindergartners enter elementary school not prepared to be successful. The transition into kindergarten can therefore be 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 comfort level with the elementary school setting. The program provides a kindergarten-like classroom experience for incoming students, taught by a kindergarten teacher at that school; the program specifically targets children of color and English Language Learners who have not had prior preschool experience. The aim is to develop social-emotional skills such as listening to directions, understanding routines, taking turns and developing familiarity with the school setting. 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, in order 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.

Over each of the past four years the number of SUN Community School sites who offer EKT has grown, due largely to school district investment as they increasingly see the value of EKT for their incoming kindergartners and parents/caregivers. In Fiscal Year 2015 (summer 2014), 32 SUN Community Schools offered EKT; 638 children and 508 parents/caregivers participated. This program represents layering (or deepening) of social service supports using the SUN Community School platform. It is a partnership across the school districts, SUN CS Lead Agencies, Portland State University (PSU), the SUN Service System and Multnomah County Library to support successful transition into kindergarten. For FY16 Portland Public Schools is contracting through the SUN Service System for EKT with SUN Community Schools. Research by PSU has fostered a continuous improvement approach to both study the program elements during its implementation and make adjustments to the program model in the subsequent year to be more effective. This practice has been utilized for each year of EKT's implementation.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children who participate in summer Early Kindergarten Transition.	408	640	640	640
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	94%	90%	95%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$44,051	\$0	\$92,965	\$0
Contractual Services	\$124,000	\$0	\$126,728	\$173,500
Materials & Supplies	\$425	\$0	\$100	\$0
Internal Services	\$0	\$0	\$10,860	\$0
Total GF/non-GF	\$168,476	\$0	\$230,653	\$173,500
Program Total:	\$168,476		\$404,153	
Program FTE	0.50	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$173,500
Total Revenue	\$0	\$0	\$0	\$173,500

Explanation of Revenues

\$173,500 - Portland Public Schools

Significant Program Changes

Last Year this program was: FY 2015: 25152 Early Kindergarten Transition – Expand, sustain & deepen

Staffing increased by a .50FTE Program Specialist position transferred from PO #25145 - SUN Community Schools. Also, for FY16 Portland Public Schools is contracting for EKT through the SUN Service System Division, rather than contracting outside of the system, hence the new Proposed Other Funds for FY16. This will result in more consistency in practice and better alignment of funding.

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25152A
Program Characteristics:

Executive Summary

This offer requests \$85,000 County General Funds to expand the number of SUN Community School sites that offer the Early Kindergarten Transition (EKT) program, and to deepen the culturally-specific approaches used prior to and during programming. 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

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. It is not intended to replace a full preschool experience, and it aligns with the Oregon Department of Education's Early Learning goal that "children are supported to enter school ready to succeed". For children who have not had this type of support prior to entering kindergarten, this opportunity offers a glide path into the elementary school environment. The program provides a kindergarten-like classroom experience for incoming students, taught by a kindergarten teacher at that school. The program specifically targets children of color and English Language Learners who have not had a prior preschool experience. 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. Professional parent educators provide parent education for parents/caregivers to orient them to 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.

Over each of the past four years the number of SUN Community School sites who offer EKT has grown, due largely to school district investment in expansion as they increasingly recognize the value of this program for their incoming kindergartners and parents/caregivers. The summer of 2014 experienced the largest growth to date – from 21 SUN CS sites to 32 – thanks to School District and county investment. This funding request will add another 8 sites and will mean that 70% of SUN elementary and K-8 schools will host the program, and all of the SUN elementary sites in East County will have the program. We anticipate growth in the number of school sites who offer EKT as the number of SUN Community Schools also grows. Evaluation from the Portland State University's on-site evaluation provide real-time data that guides program improvements to grow effectiveness. The request for FY16 reflects these learnings as funding to expand culturally specific parent outreach and engagement both prior to the program (via culturally-specific outreach, materials and translation) and during the program's operation (on-site interpreters and culturally-specific supplies for families).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of children who participate in summer Early Kindergarten Transition	-	-	-	160
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their children in school	-	-	-	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$85,000	\$0
Total GF/non-GF	\$0	\$0	\$85,000	\$0
Program Total:	\$0		\$85,000	
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:

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

Youth Prevention Services 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 evidence-based curriculum is designed to prevent or reduce adolescent substance use and other problematic behaviors that youth may engage in. 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 total participants and by demand that cannot be met by existing capacity.

In FY14 the program was held in 10 different SUN Community Schools throughout the County. There were a total of 309 participants – 155 of these were youth and 154 were parents and/or caregivers. 72% of the families successfully completed the program – as measured by attending at least 6 of the sessions, and 30 of them participated in the optional follow up “booster” sessions. 74% of the youth who engaged were youth of color or from a culturally specific community; two-thirds were Latino.

By building family strengths through positive communication and interaction, 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 engage in risky behaviors including using or abusing alcohol, tobacco and other drugs. This program targets youth in middle school to build skills early.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families who participate in Strengthening Families	121	140	140	140
Outcome	% of youth surveyed who report improvement in 4 or more areas in the survey	96%	75%	75%	75%

Performance Measures Descriptions

Output has increased because all services will be using the Strengthening Families model.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$130,000	\$0
Total GF/non-GF	\$0	\$0	\$130,000	\$0
Program Total:	\$0		\$130,000	
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: FY 2015: 25154 Alcohol, Tobacco & Other Drug Services

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

Executive Summary

The Sexual Minority Youth Services (SMYS) program offers counseling, skill building and support services to over 300 sexual minority youth. Its direct service impact is enhanced through technical assistance and training to approximately 900 SUN Service System, school and other direct service staff so that they may work more effectively with sexual minority youth. SMYS is part of the SUN Service System, a countywide integrated and coordinated system of care for school-aged youth and their families.

Program Summary

The SMYS program utilizes two primary strategies: 1) providing direct services and a safe and supportive space at the Sexual Minority Youth Resource Center (SMYRC) 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 81% 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 to effectively engage sexual minority youth in services.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth who engage in counseling services	65	40	40	40
Outcome	Percent of students who engage in counseling and who remain in or re-enroll in school	81%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$113,819	\$0	\$116,323	\$0
Total GF/non-GF	\$113,819	\$0	\$116,323	\$0
Program Total:	\$113,819		\$116,323	
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: FY 2015: 25155 Services for Sexual Minority Youth

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25155A
Program Characteristics:

Executive Summary

This offer requests \$160,000 County General Fund support to expand direct client services offered through the Sexual Minority Youth Resource Center (SMYRC). The county investment leverages a 24% cash match from the agency to operate and deliver services at the SMYRC.

Program Summary

The SUN Service System currently funds two program components at the SMYRC: direct services including counseling, case management and leadership development, and training and technical assistance for community members and staff. Funding through this offer will increase the service delivery capacity at the SMYRC.

Services and activities offered at SMYRC increase awareness of issues faced by LGBTQ youth, build positive peer connections, support leadership development, and encourage community engagement. The numbers of youth who seek safety and support services at the SMYRC has grown steadily in recent years. From FY13 to FY14 they had a 30% increase in the number of youth seeking services. The program has not been able to expand staffing or programming and related supports to engage with youth represented by this increase. The youth who attend the Center are high-risk for homelessness, addiction and suicide, or they have experienced these issues in the past year. Having a safe supportive social service program like the SMYRC can positively impact a young person's sense of belonging, personal well-being and ultimately, academic performance.

This expanded program will allow SMYRC to hire additional staff in order to continue to offer consistent hours for the drop-in center, and to double the numbers of youth who can be served in more intensive programming, such as counseling and case management, along with leadership development and training activities. The SMYRC has built strong partnerships with Cascadia (counseling) and Portland State University (case management) in order to provide these deeper service options for youth who choose to engage through the Center.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of youth who engage in either case management or counseling	-	-	-	35
Outcome	Percentage of youth who engage in service who remain in or re-enroll in school	-	-	-	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$160,000	\$0
Total GF/non-GF	\$0	\$0	\$160,000	\$0
Program Total:	\$0		\$160,000	
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:

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

Executive Summary

Bienestar de la Familia (Well-being of the Family) is a social service program that provides culturally specific and linguistically appropriate service to the growing Latino community of Multnomah County. The 5.6 FTE bilingual and bi-cultural staff provide case management, mental health assessment, counseling, and alcohol and drug prevention services in Spanish. The Bienestar de La Familia also provides information and referral, service linkage, coordination, and resource recruitment to address the needs of the Latino community.

Program Summary

Bienestar de la Familia is unique because it provides immediate and multi-entry access to a wide range of services. It has become a hub of service in the county for low-income Latinos, those living in extreme poverty, and those facing critical life hardships. In recent years the growing diversity of the Cully neighborhood has meant that the program has become a resource for other cultural and ethnically-diverse groups including Somali and Ethiopian immigrants, Vietnamese and Russian families. Clients often come in for multiple services offered by Bienestar de la Familia.

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. In addition to direct client services, program staff offer a range of parent education and support groups throughout the year. A weekly Women's and Men's support group operate year round. The Incredible Years, a 12-week evidenced-based parenting education program, served 16 families last year. Over 300 youth have participated in Si Se Puede, which offers a variety of youth empowerment activities, including after school programs, community events, and community service projects. Si Se Puede averages 40 students a day, the majority of whom are middle and high school students. The monthly Harvest Share, in partnership with the Oregon Food Bank, makes fresh foods available to poor and low income families and children from throughout the County; monthly attendance ranges from 150-175 participants. Last fiscal year, Bienestar also hosted multiple community energy assistance outreach events as well as weatherization workshops, at the Ortiz Center, serving over 800 families.

The AmeriCorps member at Bienestar, who runs the youth programs, has strengthened Bienestar's ability to engage youth and has brought more programs targeted toward the Latino and African Immigrant youth in the Cully community. The formation of a Community Advisory Council, that meets 12 times a year, 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. This group introduced two client satisfaction surveys last fiscal year to gather community input to better understand needs and services, and then consider programmatic changes or adjustments, as necessary and possible.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households served ¹	1,805	1,000	1,500	1,500
Outcome	% of clients who reported that they were satisfied or very satisfied with Bienestar services.	99%	85%	85%	85%
Output	Number of families who receive food to meet basic needs	1,844	1,800	1,800	1,800

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$588,122	\$0	\$609,461	\$0
Contractual Services	\$11,500	\$0	\$11,500	\$0
Materials & Supplies	\$13,559	\$0	\$17,110	\$0
Internal Services	\$80,260	\$0	\$127,152	\$0
Total GF/non-GF	\$693,441	\$0	\$765,223	\$0
Program Total:	\$693,441		\$765,223	
Program FTE	5.60	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: FY 2015: 25156A Bienestar Social Services

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25156A
Program Characteristics:

Executive Summary

This program offer seeks \$70,000 County General Funds to create 1.0 FTE Bilingual-Spanish Office Assistant 2 for the Bienestar de la Familia program. The OA 2 position joins a team of 5.6 FTE bilingual and bi-cultural direct service staff, who provide case management, mental health assessment, counseling, 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

As a social service program that provides culturally specific and linguistically appropriate service to the growing Latino community of Multnomah County, the atmosphere at the Ortiz Center is fast paced and very client centered. Community members see the Center as a place they can come to for assistance. Demand for services has grown in recent years and the complex needs of clients means lengthy triage and multiple client appointments. Every day there is constant traffic - individuals and families entering the Center seeking support and services; the minimum "foot traffic" per day is 20 individuals. The program also averages 30 calls for services and resources per day, or approximately 6,750 calls per year. Current direct service staff are challenged to schedule enough appointments in a reasonable time frame, attend to walk-in customers, meet individually with clients, and answer incoming calls to the program.

The Bilingual Office Assistant 2 will help meet the needs of clients and will perform a variety of clerical and administrative tasks. These include greeting regular and new clients, answering and making telephone calls, and scheduling appointments for the direct service staff. This position will manage data entry and tracking of services as well as coordinate the groups and classes offered by the Bienestar de la Familia program staff. Having a person dedicated to these functions will allow the direct service staff to see more clients, and provide same day access to service. This is critically important as many individuals and families seek support at the Center while in crisis. In a recent client satisfaction survey, and in regular discussions with the Bienestar de la Familia's Advisory Council, both have indicated a high priority on having a receptionist.

Since the introduction of a temporary staff acting as a receptionist, there has been heightened customer and staff satisfaction due to increasing phone access, accommodating walk-ins, and addressing clients' needs immediately. Prior to this callers would often get busy signals, many calls went unanswered during normal business hours because staff were working with clients in the office, callers were on hold for long periods of time, and therefore clients didn't get their questions properly resolved. This caused frustration for everyone involved. Having a dedicated and consistent staff position to perform these functions is essential to ensure effective, high quality and satisfactory service delivery.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of clients seeking services who are connected with an appropriate resource*	-	-	-	11,250
Outcome	Percentage of clients who report they are satisfied or very satisfied with Bienestar services	-	-	-	80%

Performance Measures Descriptions

*New and existing clients who are seeking services, making appointments, visiting the Center

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$61,503	\$0
Materials & Supplies	\$0	\$0	\$8,497	\$0
Total GF/non-GF	\$0	\$0	\$70,000	\$0
Program Total:	\$0		\$70,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25156A, 25156B
Program Characteristics:

Executive Summary

This program offer seeks \$100,000 of County General Funds to create 1.0 FTE Bilingual Somali-speaking Case Manager Senior for the Bienestar de la Familia program at the Ortiz Center. This staff will join the team of 5.6 bi-lingual and bi-cultural direct service staff who provide case management, mental health assessment, counseling, and alcohol and drug prevention services at the Ortiz Center.

Program Summary

Bienestar de la Familia (Well-being of the Family) is a social service program that provides culturally specific and linguistically appropriate services to one of Multnomah County's most rapidly growing neighborhood. The Ortiz Center is seen by all of the community as a Center where they can access social services and referrals. In addition to a growing number of Latino families living in the area who frequently come to the center seeking Bienestar services, the demographic has significantly changed in the Cully neighborhood.

The community now has a large African Immigrant and refugee community, including Somalian, Ethiopian, and people from East Africa. The Cully neighborhood has evolved to become the most diverse neighborhood in Oregon, as measured by the Census Tract Racial/Ethnic Diversity Index. The clients served at Bienestar largely mirror their community as last year 80% of Bienestar clients were Latinos and about 14% were African Immigrants.

Having a Case Manager Senior who speaks Somali will allow the center to engage more effectively with the African immigrant community, both in developing and providing culturally specific services, but also in connecting families with other community services. According to the Coalition of Communities of Color report, over the last three years poverty has grown among the African and refugee community. African immigrants and refugees have poverty levels higher than the average among communities of color, and have a child poverty rate of more than 50%. Having a Somali speaking Case Manager Seniors will help reduce poverty and promote family self-self sufficiency among the African Immigrant and Refugee population.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of new households served	-	-	-	300
Outcome	% of clients who report they are satisfied or very satisfied with Bienestar services	-	-	-	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$87,812	\$0
Contractual Services	\$0	\$0	\$5,000	\$0
Materials & Supplies	\$0	\$0	\$7,188	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

This program offer supports the continued development of the Early Learning Multnomah (ELM) Hub. In partnership with the United Way, Multnomah County is implementing all elements of the ELM Hub for this community. Grant funds from the United Way will continue to support 2.0 FTE staffing for these activities. By the start of the fiscal year ELM will have adopted 3-5 key performance metrics that will drive our local work. These will be in full alignment with the state's articulated goals and expectations.

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 are co-conveners for this local initiative.

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 investors, 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. Multnomah County, through the SUN Service System Division, plays important staffing roles to develop a coordinated and aligned early childhood system. SUN Division staff partner with the ELM Director to fully develop and implement all phases of the hub, including staffing the governance process, providing direction and vision, drafting operating procedures and documents, and overall partnership development. As part of the partnership with the United Way, SUN Division staff contract for and develop early learning programs, monitor contracts, compile data and reports, engage in cross-sector partnerships, and support active parent/caregiver involvement in ELM. The United Way will continue to provide funding to Multnomah County for these functions.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of parents/caregivers that are engaged in the Parent Advisory Council of the ELM hub	-	12	11	12
Outcome	I feel something will happen for children/parents in my community because of my participation in the PAC today.	-	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$185,011	\$0	\$212,617
Contractual Services	\$0	\$358,356	\$0	\$626,728
Materials & Supplies	\$0	\$6,170	\$600	\$0
Internal Services	\$0	\$8,820	\$21,716	\$22,957
Total GF/non-GF	\$0	\$558,357	\$22,316	\$862,302
Program Total:	\$558,357		\$884,618	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$14,376	\$0
Intergovernmental	\$0	\$558,356	\$0	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$862,302
Total Revenue	\$0	\$558,356	\$14,376	\$862,302

Explanation of Revenues

\$339,610 - Early Learning United Way: Based on current grant award \$522,692 - Kindergarten Partnership & Innovation Grant: Based on current grant award

Significant Program Changes

Last Year this program was: FY 2015: 25158 SUN Early Learning HUB Implementation

Kindergarten Partnership Grant was recently awarded

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

School Attendance Supports provides attendance case workers in three school districts to respond to high chronic absence rates. Attendance case workers 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. As part of School Attendance Supports, three attendance case workers in three districts (David Douglas, Portland Public Schools and Centennial School Districts) offer intensive outreach and support services as part of each school's attendance protocol. Case workers 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 other issues. Attendance case workers work in sites that are current demonstration sites for the Communities Supporting Youth Collaborative, and other "feeder" schools with high chronic absence rates. The 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.

The School Attendance Supports is a collaborative effort, delivered in SUN Community School sites, which leverages significant resources from school districts, the Oregon Department of Human Services, non-profits and the community. The three attendance case worker positions are jointly funded with school districts, leveraging \$150,000.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of students served with intensive attendance supports	-	180	180	180
Outcome	% of students who increase their attendance rate by 5% or more by the end of the school year ¹	-	75%	75%	75%

Performance Measures Descriptions

¹ Measure changed in contract negotiations with school districts, based on lessons from demonstration sites.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$200,247	\$0	\$204,652	\$0
Total GF/non-GF	\$200,247	\$0	\$204,652	\$0
Program Total:	\$200,247		\$204,652	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25159A
Program Characteristics: One-Time-Only Request

Executive Summary

This offer requests \$575,000 of County General Fund to expand the School Attendance Supports program to provide attendance case workers in five school districts to respond to high chronic absence rates. Attendance case workers will work intensively with 480 students and their parents/caregivers to address barriers to attendance and engagement in school. The case workers are part of the integrated Communities Supporting Youth Collaborative effort and leverages resources from the All Hands Raised Partnership, the six SUN partner school districts and Oregon DHS.

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.

Findings from six Communities Supporting Youth attendance demonstration sites have shown that two additional levels of depth are critical to the success of attendance efforts in our SUN Community Schools: 1) family outreach and case work services and 2) additional SUN coordination capacity. This offer provides that level of depth at schools with high chronic absence rates. Eight attendance case workers will provide intensive outreach and support services in 24 SUN Community School sites. Case workers 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 other issues. The 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. Results from attendance case workers using this model show strong results, with 75% or more of severely chronically absent students improving their attendance by at least five percentage points and many improving over 10 points.

The School Attendance Supports is a collaborative effort which leverages significant resources from school districts, the Oregon Department of Human Services, non-profits and the community. The attendance case worker positions will be jointly funded with school districts, leveraging \$350,000 from these partners.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of students served with intensive attendance supports	-	-	-	480
Outcome	% of students who increase their attendance rate by 5% or more by the end of the school year	-	-	-	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$575,000	\$0
Total GF/non-GF	\$0	\$0	\$575,000	\$0
Program Total:	\$0		\$575,000	
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:

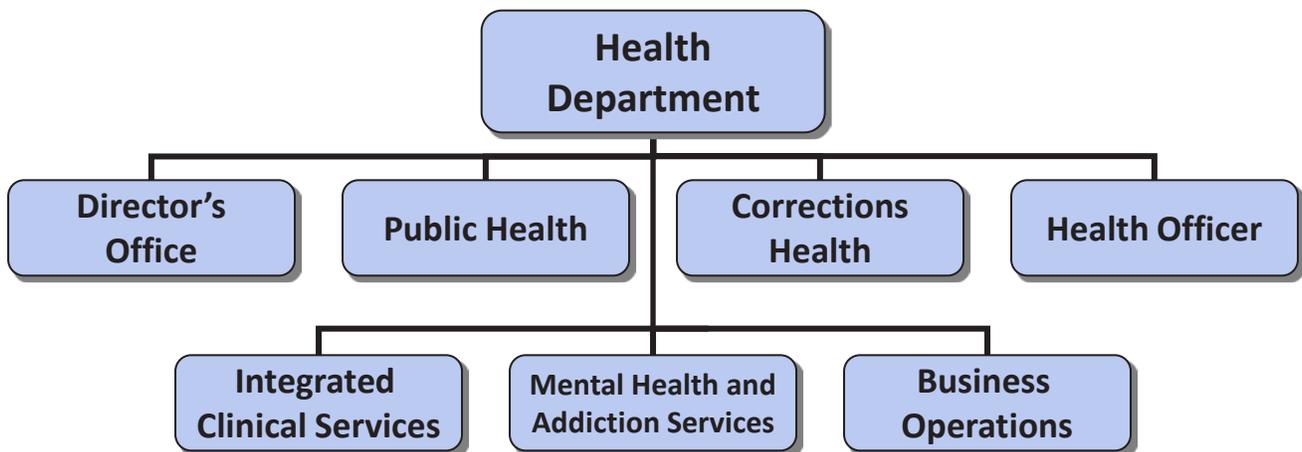
Department Overview

The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Department seeks to protect against threats to health, to ensure access to healthcare for Multnomah County residents, and to promote health. The Health Department does this by focusing its limited resources on creating policies that promote and protect the community's health, preventing the conditions that lead to illness and disease, and by forming public and private partnerships to stretch its capacity to achieve its mission.

The Health Department's Two Year Strategic Plan for 2014-2016, establishes the following Strategic Priorities:

1. Improve health outcomes and health equity.
2. Provide leadership in assuring quality, affordability, and access to healthcare for poor and vulnerable communities as part of Health System transformation.
3. Support a healthy and sustainable organization.

The Health Department's mission, vision, values, and strategic plan directly support the County's mission, vision, and values statement issued by the Board of County Commissioners. Like the broader County, the Health 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 the department does and how the department does it.



Budget Overview

The FY 2016 budget for the Health Department is \$327.2 million with 1,381.29 FTE. Roughly 41%, or \$134.7 million, of the budget comes from the County General Fund, and one-third of the General Fund support, or \$44.6 million, is comprised of Medicaid and Federally Qualified Health Center (FQHC) wraparound funds. The remaining \$192.5 million come from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees.

The FY 2016 Adopted budget has nearly doubled from the FY 2015 Adopted Budget, increasing by \$159.6 million and 377.59 FTE. This increase is largely due to the transfer of Mental Health and Addictions Services (MHAS) from the Department of County Human Services. The MHAS division’s FY 2016 budget, plus the added support in the Business Operations Division, is \$139.5 million and 226.22 FTE. The remaining increase in the FY 2016 budget is driven primarily by the Integrated Clinical Services division. An additional \$12.3 million, a 14% increase, and 89.93 FTE, a 17% increase, were added due to higher enrollment and insurance coverage with the Affordable Care Act.

The following programs are new and/or funded on a one-time-only basis:

- HIV Grant Backfill (40012B) - \$153,000
- School Based Health Centers - Medical Van (40024B) - \$120,000
- Violence Prevention Initiatives/STRYVE (40038B) - \$323,000
- Training Community Health Workers (40038C) - \$140,000
- Fresh and Healthy Food Project (40047B) - \$65,000
- Medical Examiner Supervision (40052B) - \$118,483
- Racial and Ethnic Approaches to Com Health (40053) - \$1,286,196
- Headstart Nursing Program (40055B) - \$79,000
- Corrections Health Mental Health Services (40059A) - \$411,631
- Mental Health (CATC / Jail Diversion) (40066) - \$945,772
- Psychiatric Emergency Room (40069C) - \$3,000,000
- Mental Health and Affordable Housing Units (40074B) - \$250,000

Budget Trends	FY 2014	FY 2015	FY 2015	FY 2016	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,007.93	1,051.54	1,003.70	1,381.29	377.59
Personnel Services	\$108,319,293	\$112,225,157	\$112,541,444	\$153,632,871	\$41,091,427
Contractual Services	13,016,687	11,687,232	14,100,206	119,786,137	105,685,931
Materials & Supplies	14,019,351	14,712,770	14,322,830	16,801,284	2,478,454
Internal Services	24,750,983	24,982,713	26,427,690	36,899,407	10,471,717
Capital Outlay	<u>172,664</u>	<u>161,452</u>	<u>214,475</u>	<u>120,000</u>	<u>(94,475)</u>
Total Costs	\$160,278,978	\$163,769,324	\$167,606,644	\$327,239,699	\$159,633,432

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

Successes and Challenges

1. More People with Health Insurance Resulting in More Patients Obtaining Care and Financial Stability for Clinical Services: The Affordable Care Act expansion of the Oregon Health Plan (OHP) has been hugely successful in providing health insurance to people in poverty, some who have never had insurance before. This resulted in a dramatic shift in the number of patients the department is seeing in clinical services who have OHP coverage. Because funding for the system of care is based upon OHP payment, funding for direct clinical services has stabilized.
2. Expanding Access to Healthcare: Although the Health Department is serving more patients, the department currently does not have the capacity to see all of the patients that have been assigned to Multnomah County for primary care through the two Oregon Health Plan coordinated care organizations. In response to this demand, the department is expanding access by adding healthcare teams and support staff within existing locations. This improves access without capital costs and utilizes current facilities more efficiently.
3. Completed Report Card on Racial and Ethnic Disparities: On December 11, 2014, the Health Department presented the Racial and Ethnic Health Disparities Report Card to the Board of County Commissioners. This report portrays a picture of higher incidence of disease, earlier death, and worse economic and social circumstances among racial minority and ethnic communities compared to the majority white community within Multnomah County. While this is a national issue, the disparities here may be greater than in other urban communities. The Health Department is focused on addressing these disparities. The Department will also participate in a cross county effort to address these disparities since only through collective impact can the health of families, friends, neighbors, and co-workers in the diverse Multnomah county be improved.
4. Statewide Future of Public Health Taskforce Recommendations: Last biennium, the state legislature created a taskforce to explore the structure and funding of public health services statewide. Their report recommends a minimum level of specific public health services be available to all Oregonians. Building this capacity statewide will require increased funding and a clear definition of which services the Oregon Health Authority provides and those which counties provide. This level of service statewide may also require the regionalization of some public health functions that have traditionally been provided by counties. The implementation of these changes is expected to occur over the next four years and two legislative sessions.
5. Mental Health and Addiction Services Becomes a Division of the Health Department: This change alone will not change services offered by the Mental Health and Addiction division. However, it creates the opportunity for further integration of behavioral health care with physical and dental care. It also creates an opportunity for closer alignment between the County's Public Health responsibilities and the Public Mental Health responsibilities which have many areas of overlap.

Diversity and Equity

The Health Department’s mission is, “Healthy People in Healthy Communities.” The department’s diversity and equity programs and projects are aimed at reducing health disparities so everyone can benefit from good health. The activities include:

1. Racial and Ethnic Disparities Report Card: In 2014, developed a comprehensive look at 33 racial and ethnic health disparities in Multnomah County, and proposed reallocation of funds in FY 2016, to begin addressing disparities.
2. Multicultural Vision: Implement new models to address a multicultural vision of cultural competency.
3. Healthy Birth Initiative: Received a multimillion dollar Centers for Disease Control and Prevention grant to promote healthy families in the African American community.
4. Diversity & Quality Team: Monitors the progress of Health Department strategies, policies, and activities in the areas of diversity, quality, and equity.
5. Health Equity Initiative: Works to address the root causes of socioeconomic and racial injustices that lead to health disparities; leads the Department in implementation of the Health Equity Lens for decision making.
6. Recruitment: Attract, hire, and retain qualified diverse employees to provide quality public health services.

Budget by Division

Division Name	FY 2016 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,791,926	\$0	\$2,791,926	16.80
Health Officer	5,756,857	1,417,272	7,174,129	38.45
Public Health	24,893,304	24,756,068	49,649,372	305.62
Integrated Clinical Services	49,183,038	51,273,240	100,456,278	613.05
Business Operations	12,891,627	0	12,891,627	87.65
Corrections Health	15,682,284	81,449	15,763,733	103.50
Mental Health and Addiction Services	<u>23,536,551</u>	<u>114,976,083</u>	<u>138,512,634</u>	<u>216.22</u>
Total Health Department	\$134,735,587	\$192,504,112	\$327,239,699	1,381.29

Director's Office

The Director's Office is responsible for providing dynamic, thoughtful leadership in line with the Health Department's vision of Healthy People in Healthy Communities. Its mission is to ensure, promote, and protect the health of Multnomah County residents and to intentionally set its strategic direction to fulfill this mission. The Director's Office leads more than 1,500 employees and is responsible for more than \$321 million in state, county, and federally funded programs and services.

The Health Director is the primary liaison to federal, state, and county elected officials and County department leadership. Members of the Department Leadership Team report to the Director and are responsible for leading its six major divisions: Business Operations, Integrated Clinical Services, Public Health, Tri-County Health Officer, Corrections Health, and Mental Health and Addiction Services.

The Department 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 2016, Health Transformation continues to be a major focus for the Director's Office. The Oregon Health Authority reports that 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.

This year also brings the Mental Health and Addiction Services Division from the Department of County Human Services to the Health Department. This change is the next step in the process of integrating behavioral health care with physical and mental health care at Multnomah County.

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 statutes. 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 healthcare 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.

The Medical Examiner's Office has reinstated the position of Chief Deputy Medical Examiner. When the position was vacated in 2005, a Lead Deputy Medical Examiner replaced the Chief Deputy position. This created a gap in service capacity and supervision. There was no longer on-site administrative/technical oversight; adequate 24/7 staffing to respond to death investigations; personnel oversight, adherence to safety standards, and formalized program procedures were compromised.

Reinstating the Chief Deputy Medical Examiner reinstatement will result in:

1. improved on-site leadership/supervision;
2. increased personnel available to respond;
3. improvement of program operations/efficiency;
4. enhanced relationships with first responders.

Public Health

Public Health is the art and science of preventing disease, prolonging life, and promoting health through organized efforts of society (Acheson, 1988; WHO). The division promotes and protects health and prevents disease of all residents and diverse communities within Multnomah County. Strategies include direct services, policy interventions, community partnerships, planning, and assessment. The Public Health Division currently organizes its work into three units:

Community Health Services carries out core public health work across several major content areas including: Communicable Disease Services, STD/HIV/Hepatitis C programs, Community Epidemiology, Early Childhood Services & the Healthy Birth Initiative, Environmental Health Services, and Women, Infants, and Children (WIC).

Community Initiatives works in partnership with communities to promote health and pursue health equity by limiting chronic disease, preventing community violence, whereby building capacity in communities to identify and address their own health issues.

The Health Equity Initiative aims to reduce health inequities by identifying causes of and solutions to health inequities, identifying interventions, exploring and advancing policy solutions, and raising the visibility of equity and empowerment efforts.

Significant Changes

The Public Health Division was established in 2015 to combine existing programs working across the full range of public health functions to support and strengthen the Department's overall impact on population and community health.

The department received the Racial and Ethnic Approaches to Community Health (REACH) grant to improve health for Multnomah County's African American community. REACH will target tobacco and nutrition policies. Also, maternal and child health programs are aligning to better integrate and coordinate services for African American families. To better target disparities experienced by immigrant and refugee communities, community based culturally-specific service providers will conduct early childhood home visiting with these families. The Future Generations Collaborative received a Northwest Health Foundation grant to expand work with community health workers and connect to other culturally-specific programs to address policies that perpetuate the root causes of health inequities in Native communities.

The Health Equity Initiative is increasing staff and evaluation capacity to strengthen community relationships and leverage partnerships to address health inequities in Multnomah County. Solutions will include staff development, clinical improvements, policy changes related to public health and social determinants of health, as well as promoting equitable and community-informed planning and decision-making.

Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing healthcare. 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 healthcare. Integrating these personal healthcare services provides clients with continuity of care, improves quality and 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 provide primary care services to adolescents in the schools and surrounding community.

Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. Pharmacy services hired Clinical Pharmacists to partner with the patient centered medical home teams to support clients to better manage their chronic health conditions and complicated medication regimens. This is a best practice.

Eligibility and enrollment staff helped to enroll nearly 17,000 members of the public as Oregon implemented expanded Medicaid eligibility. Primary Care and Dental staff are working diligently to meet increased patient demand for services.

Implementation of a patient portal, "MyChart," began in October 2014, and will be completed in 2015. MyChart provides patient access to key areas of their health records, such as lab results and vaccination records. More functionality will be introduced over time.

Clients continue to represent the county's diverse community, with 35% indicating they are best served in a language other than English. Health centers serve clients speaking over 60 languages.

Business Operations

Business Operations provides leadership, policy and strategic direction to the Health Department . This division includes Workforce Development, Human Resources, and Training for more than 1,500 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable, and Contracting services manage a budget of over \$321 million. The division is a bridge to the Department of County Assets (e.g. IT, facilities) and the Department of County Management (HR, Finance, Budget) for the provision of services and assuring compliance with County policies.

Operations is responsible for the development and maintenance of the strategic plan, communications, and priority setting for IT and data resources.

Human Resources and Workforce Development provide guidance and consultation in administrative procedures, recruitment, employee/labor management issues, management competency, labor contract interpretation, legal compliance, and specialty training for the healthcare workforce.

Business Services is responsible for financial reporting, budget development and monitoring, medical account services, contracts, and purchasing.

Significant Changes

Healthcare transformation changes continue to dominate the landscape for Business Operations. The Health Department is working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers for Medicare and Medicaid Services to anticipate changes that impact operations.

Implementation of an alternative payment method for Federally Qualified Health Center (FQHC) services started in 2014. It requires new systems and methods for tracking patients and services to ensure the Health Department makes the most of available revenue.

The 10th revision of the International Classification of Disease (ICD-10) was postponed until the fall of 2015. It will impact all medical practices in the United States, changing the way clinicians document and code their services.

This year, the Mental Health and Addiction Services Division from the Department of County Human Services became part of the Health Department. This has a significant impact on Business Operations. The division has 214.22 FTE, a budget of \$132.9 million, numerous contracts and intergovernmental agreements, and the largest Medicaid managed mental health care organization in Oregon.

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 healthcare services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center and the Multnomah County Inverness Jail 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 Corrections Health's work.

Significant Changes

Corrections Health continues to implement quality improvement activities across all services and facilities. This year, Corrections Health, in collaboration with the Director of Nursing Practice, received the program's first-ever federal grant to focus on discharge planning for inmates who have complex medical, mental health, substance abuse, and housing needs.

Great strides have been made in reducing the number of inmates placed on suicide watch. The mental health staff added this year helped reduce the number of inmates on suicide watch from 11.3 daily to 4.8 daily. This has significantly reduced the amount of time spent by Sheriff's Office staff monitoring inmates on suicide watch.

By placing enrollment and eligibility staff in Corrections Health early, a high percentage of Corrections Health clients are now enrolled in the Oregon Health Plan. Now, when inmates are hospitalized for more than 24 hours, hospitals bill Medicaid instead of Multnomah County for the hospital stay. In the first six months of FY 2015, outside medical costs are half the cost for the same period last year.

Mental Health and Addiction Services

The 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. Crisis system services provide a 24 hour crisis line, direct call transfer from 911, mobile crisis services, involuntary commitment services, and respite services to residents who require immediate assistance.

Multnomah County is the Mental Health Managed Care Organization for Medicaid. MHASD is a subcontractor of the Coordinated Care Organization HealthShare of Oregon. MHASD programs provide early intervention for those at high risk of a drug/alcohol or gambling addiction and/or mental illness. Jail Diversion programs partner with the corrections system to link residents to services in the community to avoid incarceration. School Based Mental Health clinical services are located in 27 schools and 13 School Based Health Clinics. A quality management team ensures privacy and accuracy of medical records and monitors the health and safety of those receiving services by tracking provider compliance with rules/contractual requirements. MHASD endorses peer-delivered services by supporting a drop-in center and hiring peers as staff to ensure that consumer perspective is included in decision making.

Significant Changes

Medicaid expansion has increased the number of Multnomah Mental Health Members to 131,000. MHASD, as a member of HealthShare of Oregon, continues to participate in regional payment reform and administrative simplification to ease the burden on providers. Due to Medicaid expansion the State of Oregon has reduced funding for individuals who are uninsured. The State continues to redistribute these funds through competitive grants. MHASD was awarded: Crisis Expansion, Addictions Prevention, School Based Health Clinic-Mental Health Expansion, Wraparound services, and funding to assess the readiness to integrate Electronic Health Records.

Mental Health First Aid and suicide prevention programs provide education around mental illness to raise awareness and reduce stigma for people who have mental illness. Because prevention is key to avoiding long-term illness, MHASD created a Prevention Coordinator position to strengthen and focus outreach to the community.

The Crisis System has experienced a significant increase in crisis contacts the past year. The Mental Health Call Center call volume totaled 68,940 calls. The Urgent Walk-in-Clinic experienced a 30% increase in crisis contacts. The Involuntary Commitment program investigated 4,662 psychiatric emergency holds.

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 2016 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Director's Office	1,786,804	0	1,786,804	6.00
40003	Health Department Leadership Team Support	1,005,122	0	1,005,122	10.80
Health Officer					
40002	Tri-County Health Officer	327,762	330,600	658,362	2.20
40004	Ambulance Services (Emergency Medical Services)	2,487,707	0	2,487,707	10.20
40005	Public Health & Regional Health Systems Emergency Preparedness	26,142	576,672	602,814	3.60
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,669,342	510,000	2,179,342	12.25
40052A	Medical Examiner	1,127,421	0	1,127,421	9.20
40052B	Medical Examiner Supervision	118,483	0	118,483	1.00
Public Health					
40007	Health Inspections and Education	3,588,397	92,715	3,681,112	27.07
40008	Vector-Borne Disease Prevention and Code Enforcement	1,321,892	0	1,321,892	10.00
40009	Vital Records	0	640,872	640,872	5.38
40010	Communicable Disease Prevention and Control	2,733,544	1,206,378	3,939,922	29.50
40011	STD/HIV/Hep C Community Prevention Program	2,596,504	1,905,245	4,501,749	26.20
40012A	Services for Persons Living with HIV	1,062,317	6,771,027	7,833,344	32.92
40012B	HIV Grant Backfill	153,000	0	153,000	0.00
40014	Immunizations	273,978	283,099	557,077	4.00
40015	Lead Poisoning Prevention	108,607	180,000	288,607	1.60
40018	Women, Infants and Children (WIC)	1,509,678	3,182,623	4,692,301	42.85
40025A	Adolescent Health Promotion	521,671	145,153	666,824	6.35
40035	Health Assessment, Planning and Evaluation	1,193,191	2,088,592	3,281,783	18.35
40037	Environmental Health Education, Outreach and Housing	501,819	1,158,148	1,659,967	10.25
40038A	Health Promotion and Community Capacity Building	845,086	471,400	1,316,486	9.80
40038B	Violence Prevention Initiatives / STRYVE	323,000	0	323,000	2.00

Health Department

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
Public Health (cont.)					
40038C	Training Community Health Workers for Immigrant and Refugee Community	140,000	0	140,000	0.00
40045	Health Equity Initiative (Racial Justice Focus)	1,065,701	0	1,065,701	6.60
40047A	Public Health Community Initiatives	554,057	134,968	689,025	5.30
40047B	Fresh and Healthy Food Project	65,000	0	65,000	0.00
40048	Community Epidemiology	640,802	0	640,802	4.50
40053	Racial and Ethnic Approaches to Community Health (REACH)	0	1,286,196	1,286,196	6.45
40054	Nurse Family Partnership	2,108,817	1,558,286	3,667,103	23.20
40055A	CaCoon	890,621	836,091	1,726,712	10.10
40055B	Headstart Nursing Program	79,000	0	79,000	0.00
40056	Healthy Families	1,183,068	1,617,587	2,800,655	8.90
40057	Future Generations Collaborative	436,334	85,000	521,334	1.50
40058	Healthy Birth Initiative	997,220	1,112,688	2,109,908	12.80
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	307,815	1,400,811	1,708,626	18.00
40017	Dental Services	9,164,942	8,720,222	17,885,164	113.32
40019	North Portland Health Clinic	2,995,530	2,264,736	5,260,266	33.20
40020	Northeast Health Clinic	4,052,572	2,933,465	6,986,037	45.40
40022	Mid County Health Clinic	6,806,359	4,453,313	11,259,672	71.60
40023	East County Health Clinic	6,658,919	3,816,680	10,475,599	65.90
40024A	School Based Health Centers	3,947,706	2,266,808	6,214,514	37.38
40024B	School Based Health Centers - Medical Van	120,000	0	120,000	0.00
40026A	La Clinica de Buena Salud	1,200,953	1,194,470	2,395,423	14.60
40027	Southeast Health Clinic	2,214,651	3,090,592	5,305,243	32.60
40029	Rockwood Community Health Clinic	3,335,173	2,997,022	6,332,195	36.30
40031	Pharmacy	0	15,157,339	15,157,339	53.15
40032	Lab and Medical Records	4,374,622	0	4,374,622	35.90
40033	Primary Care and Dental Access and Referral	1,637,614	675,576	2,313,190	24.80
40034	Quality Assurance	2,118,847	2,302,206	4,421,053	29.60
40036	Community Health Council and Civic Governance	247,335	0	247,335	1.30

Health Department

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
Business Operations					
40039	Human Resources and Training	3,086,322	0	3,086,322	22.65
40040A	Budget & Finance	1,729,122	0	1,729,122	15.40
40040B	Budget & Finance - Mental Health	703,660	0	703,660	7.00
40041	Medical Accounts Receivable	1,589,697	0	1,589,697	14.00
40042A	Contracts & Procurement	1,115,875	0	1,115,875	9.00
40042B	Contracts & Procurement - Mental Health	334,845	0	334,845	3.00
40043	Health Department Operations	1,867,671	0	1,867,671	12.60
40044A	Health Clinical Data and Reporting	2,464,435	0	2,464,435	4.00
Corrections Health					
40049	Corrections Health Juvenile Detention	680,828	81,449	762,277	3.90
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,614,908	0	3,614,908	24.10
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,115,366	0	2,115,366	14.60
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,030,092	0	3,030,092	20.50
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,697,217	0	2,697,217	15.70
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,763,826	0	1,763,826	11.50
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,368,416	0	1,368,416	9.00
40059A	Corrections Health Mental Health Services	411,631	0	411,631	4.20
Mental Health and Addiction Services					
40065	Mental Health & Addiction Services Administration	640,260	800,425	1,440,685	6.50
40066	Mental Health (CATC / Jail Diversion)	683,500	262,272	945,772	0.00
40067	Medical Records for MHASD	674,549	169,996	844,545	8.50
40068	Mental Health Quality Management & Protective Services	1,901,036	3,650,749	5,551,785	30.70
40069A	Behavioral Health Crisis Services	1,522,056	5,971,819	7,493,875	15.54
40069B	Crisis Services - Call Center Staffing	0	491,760	491,760	5.00
40069C	Psychiatric Emergency Room	3,000,000	0	3,000,000	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	1,226,825	2,092,043	3,318,868	0.00
40071	Inpatient, Subacute & Residential MH Services for Children	0	2,655,504	2,655,504	0.00
40072	Mental Health Commitment Services	1,374,676	3,522,240	4,896,916	25.50

Health Department

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
Mental Health and Addiction Services (cont.)					
40073	Peer-run Supported Employment Center	80,000	0	80,000	0.00
40074A	Mental Health Residential Services	868,732	13,737,078	14,605,810	10.00
40074B	Mental Health and Affordable Housing Units	250,000	0	250,000	0.00
40075	Adult Mental Health Initiative (AMHI)	0	3,753,229	3,753,229	9.67
40076	Mental Health Services for Adults	0	35,984,856	35,984,856	7.16
40077	Mental Health Treatment & Medications for the Uninsured	1,221,357	107,418	1,328,775	0.00
40078	Early Assessment & Support Alliance	0	1,422,856	1,422,856	9.45
40079	Mental Health Services for Victims and Survivors of Domestic Violence	67,000	0	67,000	0.00
40080	Community Based MH Services for Children & Families	1,693,293	13,939,232	15,632,525	24.82
40081	Multnomah Wraparound	0	3,193,368	3,193,368	19.47
40082A	School Based Mental Health Services	866,893	1,096,416	1,963,309	14.90
40082B	School Based Mental Health - Expansion	526,647	450,000	976,647	7.81
40083	Mental Health First Aid	208,461	0	208,461	1.00
40084	Culturally Specific Mental Health Services	1,567,513	0	1,567,513	0.00
40085	Adult Addictions Treatment Continuum	3,635,401	15,871,496	19,506,897	7.93
40086	Addiction Services Gambling Treatment & Prevention	0	717,606	717,606	0.17
40087	Addiction Services Alcohol & Drug Prevention	0	331,399	331,399	0.90
40088	Coordinated Diversion for Persons with Mental Illness	273,795	1,445,790	1,719,585	11.20
40089	Addictions Detoxification & Post Detoxification Housing	917,424	1,538,783	2,456,207	0.00
40090	Family & Youth Addictions Treatment Continuum	337,133	702,614	1,039,747	0.00
40091	Family Involvement Team	0	1,067,134	1,067,134	0.00
Total Health Department		\$134,735,587	\$192,504,112	\$327,239,699	1,381.29

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Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,151,533	\$0	\$1,319,452	\$0
Contractual Services	\$59,100	\$0	\$149,542	\$0
Materials & Supplies	\$199,461	\$0	\$158,402	\$0
Internal Services	\$176,084	\$0	\$159,408	\$0
Total GF/non-GF	\$1,586,178	\$0	\$1,786,804	\$0
Program Total:	\$1,586,178		\$1,786,804	
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: FY 2015: 40000 Health Department Director's Office

Department: Health Department

Program Contact: Paul Lewis

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 four public health physicians including 1.7 FTE in Multnomah County and, by contract, 0.5 FTE in both Clackamas and Washington Counties.

In Multnomah County the Health Officer is also the TriCounty Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, STI, TB, and Environmental Health Programs. The Health Officer oversees the EMS Program, the Public Health Emergency Preparedness Program, and the regional 7 county Hospital Preparedness Program. In addition the Health Officer supervises the Medical Director of the FQHC and provides technical consultation to the maternal child health program and health promotion efforts.

The deputy Health Officers working in Clackamas and Washington Counties have broad roles in supporting their respective administrators with an emphasis on Communicable Disease Control given the limited FTE.

Broadly speaking, the Health Officers, (1) participate 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 including a large increase in tuberculosis in Clackamas County, lead the development of regional opiate prescribing standards, lead regional Ebola response planning, provide technical support for board presentations on maternal child health, disparities, and e-cigarettes.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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 FY16 will be negotiated and finalized by June 30, 2015. These will provide guidance for work priorities and program activities.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$313,525	\$293,212	\$292,251	\$289,234
Contractual Services	\$0	\$0	\$10,616	\$0
Materials & Supplies	\$2,620	\$5,858	\$10,315	\$11,657
Internal Services	\$16,101	\$39,930	\$14,580	\$29,709
Total GF/non-GF	\$332,246	\$339,000	\$327,762	\$330,600
Program Total:	\$671,246		\$658,362	
Program FTE	1.10	1.20	1.00	1.20

Program Revenues				
Indirect for Dept. Admin	\$23,090	\$0	\$19,876	\$0
Intergovernmental	\$0	\$339,000	\$0	\$330,600
Total Revenue	\$23,090	\$339,000	\$19,876	\$330,600

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 \$330,600 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2015: 40002 Tri-County Health Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$595,001	\$0	\$889,337	\$0
Contractual Services	\$5,000	\$0	\$0	\$0
Materials & Supplies	\$29,713	\$0	\$23,746	\$0
Internal Services	\$70,773	\$0	\$92,039	\$0
Total GF/non-GF	\$700,487	\$0	\$1,005,122	\$0
Program Total:	\$700,487		\$1,005,122	
Program FTE	7.00	0.00	10.80	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40003 Health Department Leadership Team Support

Four positions have been added due to Director's Office restructuring and addition of department deputy directors.

Department: Health Department **Program Contact:** Darrell Knott
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County 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) Administration 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) MC EMS establishes quality standards for EMS services provided to the public and uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided.

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 911 medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 911 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).

Additionally, MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, social worker outreach to frequent callers of 911, and EMS disaster planning in the county.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Ambulance response times ≤ 8 min. 90% of calls	90.9%	90%	90.2%	90%
Outcome	Cardiac arrest survival to hospital	49%	35%	37%	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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$776,112	\$418,391	\$1,371,900	\$0
Contractual Services	\$789,779	\$12,600	\$830,349	\$0
Materials & Supplies	\$152,558	\$10,956	\$191,205	\$0
Internal Services	\$100,625	\$0	\$94,253	\$0
Total GF/non-GF	\$1,819,074	\$441,947	\$2,487,707	\$0
Program Total:	\$2,261,021		\$2,487,707	
Program FTE	5.40	4.00	10.20	0.00

Program Revenues				
Fees, Permits & Charges	\$980,239	\$0	\$1,019,692	\$0
Intergovernmental	\$67,141	\$441,947	\$67,208	\$0
Other / Miscellaneous	\$114,784	\$0	\$114,785	\$0
Service Charges	\$744,552	\$0	\$733,951	\$0
Total Revenue	\$1,906,716	\$441,947	\$1,935,636	\$0

Explanation of Revenues

Program costs are recovered from licenses, fees and fines. The fees are established and collected through agreements with AMR and other jurisdictions. The County Ambulance Services contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements.

Ambulance License Fees: \$1,019,692
Medical Direction Fee contracts: \$67,208
Charges for Services: \$733,951
Ambulance Fines: \$114,785

Significant Program Changes

Last Year this program was: FY 2015: 40004 Ambulance Services (EMS)

Preparedness

Department: Health Department **Program Contact:** Paul Lewis

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, multi-jurisdictional, 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Trainings provided to Incident Management Team members	12	12	12	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced")	N/A	N/A	N/A	Established
Outcome	Improved regional healthcare system emergency response	95%	98%	96%	98%
Quality	Program satisfaction	91%	98%	90%	93%

Performance Measures Descriptions

- 1) Output: Training provided to Incident Management Team members (reduced in quantity; improved in depth)
- 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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$505,173	\$0	\$491,428
Materials & Supplies	\$0	\$15,037	\$0	\$4,704
Internal Services	\$49,194	\$122,013	\$26,142	\$80,540
Total GF/non-GF	\$49,194	\$642,223	\$26,142	\$576,672
Program Total:	\$691,417		\$602,814	
Program FTE	0.00	3.59	0.00	3.60

Program Revenues				
Indirect for Dept. Admin	\$43,742	\$0	\$34,670	\$0
Intergovernmental	\$0	\$642,223	\$0	\$576,672
Total Revenue	\$43,742	\$642,223	\$34,670	\$576,672

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: \$296,100
 NACCHO – Medical Reserve Corps grant: \$3,500

Significant Program Changes

Last Year this program was: FY 2015: 40005 Public Health & Regional Health Systems Emergency Preparedness

Education reduction - the overarching goal is to decrease the size of the incident management teams and the number of trainings in order to focus on depth and effectiveness of training.

Scores in TAR to ORR - the ORR process is new from the CDC as a replacement for TAR. There are no numerical scores assigned. Once we have gone through the ORR process, we will have a better understanding of how best to quantify and report this measure.

Department: Health Department **Program Contact:** Jae Douglas
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 licensed facilities. Participation in the Federal Department of Agriculture (FDA) Program Standards helps us align our program with national standards. The inspection program received an outstanding rating in the 2014 triennial review.

Program Summary

This legally mandated program protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions. Program Components: 1) Inspected Facilities: The Health Inspections program has responsibility for assuring health and safety in 4,403 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, and jails. Most facilities receive two inspections per year. 2) Swimming pools and spas: The program inspects and licenses 553 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 40 pool operators each year. 3) Schools, Child and Adult Foster Care Facilities: The program inspects 798 schools, childcare centers, and other service providers to ensure they handle food properly, and are clean and are free of health and safety hazards. 4) Small Drinking Water Systems: 43 small water systems 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. We also monitor 12 additional systems and respond to alerts. 5) Food-borne Illness Outbreaks: Registered Environmental Health Specialists investigate local food-borne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 24 food-borne Illness investigations (FBI) in food service facilities in FY14. 6) Food Handler Training and Certification: Multi-lingual training about safe food preparation is provided in 7 languages 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 robo-calling system. A monthly newsletter/blog has over 2,200 subscribers consisting of food operators, regulators, and community members.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of licenses issued	7,445	8,692	6,965	8,967
Outcome	Priority & Priority Foundation Violations	7,991	8,931	7,372	8,145
Output	Facility inspections	14,979	14,508	15,714	12,889
Output	Total number certified Food Workers eligible for employment	11,610	11,042	11,352	12,319

Performance Measures Descriptions

1) Licenses issued exclude facilities inspected but not licensed (ie. schools, day care centers, etc). FY15 estimate for licenses issued is under-count due to outdated data system that does not accurately count all licenses. Number to increase in FY16 with migration to new data system. 2) Priority and Priority Foundation violations are items noted during inspections that can directly affect consumer health, leading to elevated food safety risk and requiring immediate correction.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,601,301	\$74,017	\$2,768,999	\$64,334
Contractual Services	\$317,530	\$9,282	\$275,770	\$9,120
Materials & Supplies	\$114,019	\$1,125	\$106,020	\$10,848
Internal Services	\$436,185	\$8,291	\$437,608	\$8,413
Total GF/non-GF	\$3,469,035	\$92,715	\$3,588,397	\$92,715
Program Total:	\$3,561,750		\$3,681,112	
Program FTE	25.33	0.72	26.39	0.68

Program Revenues				
Indirect for Dept. Admin	\$6,315	\$0	\$5,574	\$0
Fees, Permits & Charges	\$3,336,417	\$0	\$3,462,350	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
Total Revenue	\$3,342,732	\$92,715	\$3,467,924	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Inspection Fees: \$3,342,978; Food Handler Fees: \$119,372

In FY 2013 the Inspections Program received a 5-year, \$70,000 per year, FDA Grant to focus on Hazard Analysis Critical Control Points (HACCP) principles which will help restaurant operators meet food code requirements for conducting special processing of foods in their restaurant kitchens.

Environmental Health receives \$22,715 of support each year from the State of Oregon-Drinking Water Section. Funds are used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

Significant Program Changes

Last Year this program was: FY 2015: 40007 Health Inspections and Education

On September 4, 2012 Oregon adopted the 2009 FDA Food Code with 12 new Priority/Priority Foundation rules. We have experienced a 5.6% increase of re-inspections from calendar year 2013 to 2014 and expect to continue to see increases with Inspector trainings. 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 2015.

Department: Health Department **Program Contact:** Jae Douglas
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 rampant outbreaks. Vector-borne diseases are transmitted from animals to humans and include diseases like Hantavirus and West Nile virus. Climate changes in the NW, such as warming winter temperatures, increased rainfall, and urban landscape management, increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, public education, and more.

Program Summary

Multnomah County's climate supports an ideal mosquito and rat habitat. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930s when malaria was endemic. In 2014, eleven counties in Oregon reported 76 mosquito-cases of West Nile Virus. There were no cases detected in Multnomah County. 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 of the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

Objectives: Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne diseases such as Hantavirus and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least environmental impact, reduce the population by water control and vegetation management to reduce breeding habitats. Educate the average citizen and vulnerable people about preventing vectors and their habitat through community meetings, pamphlets and the media.

Components: Mosquito Control – majority of funds/staffing. Rodent Control - primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring specified animals (e.g., bees, livestock, and birds). This program includes enforcement of nuisance codes and solicits input from a Commissioner-appointed Citizen Advisory Committee.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of acres treated for mosquitoes	2142	3100	2600	2600
Outcome	Mosquitoes prevented (In billions)*	1.07	1.55	1.30	1.30
Efficiency	Number of acres treated for mosquitoes per FTE	429	620	520	520
Output	Number of rodent inspections conducted	726	850	850	850

Performance Measures Descriptions

1) Total acreage subject to variance in weather patterns, etc. 2) Based on industry standard estimate methodology: 500,000 mosquitoes/surface acre of water multiplied by number of acres treated, estimates mosquitoes prevented. *A mathematical error has been identified and corrected for all columns of this measure. 3) Total acreage treated per FTE. 4) On-site inspections from rodent complaints received. Measures refined to reflect industry standards. For all: FY15 estimates mirror FY 16 offers because program does not anticipate major changes in staffing, workload, or methodology in FY16.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$944,372	\$0	\$961,155	\$0
Contractual Services	\$69,802	\$0	\$51,000	\$0
Materials & Supplies	\$92,821	\$0	\$110,608	\$0
Internal Services	\$199,463	\$0	\$199,129	\$0
Total GF/non-GF	\$1,306,458	\$0	\$1,321,892	\$0
Program Total:	\$1,306,458		\$1,321,892	
Program FTE	10.00	0.00	10.00	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$100	\$0
Intergovernmental	\$0	\$0	\$3,000	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$352,166	\$0	\$290,935	\$0
Total Revenue	\$353,666	\$0	\$295,035	\$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: \$66,935

Agreements with other state/local jurisdictions: \$3,000

Fees from permits and fines: \$1,100

Significant Program Changes

Last Year this program was: FY 2015: 40008A Vector-Borne Disease Prevention and Code Enforcement

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program 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. The program received high marks on the 2014 state triennial evaluation that assesses the quality and accountability of the program.

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.

The Vital Records Program provides reliable information for decision-making in public health. Populations at risk for poor health outcomes are identified for the provision of proactive interventions. For example: Pregnant women were identified as being at great risk for death from H1N1 influenza by reviewing hospitalization data and death certificates. As a result, physicians and clinical services providing care to pregnant women were prioritized for receipt of vaccine averting deaths in this high risk population. Vital Records assures accurate, timely and confidential registration of birth and death events minimizing the opportunity for identity theft and assuring accurate record of cause of death and the identification of parents of the born child.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of birth and death certificates issued	40267	40643	40067	41523
Outcome	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 / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$474,533	\$0	\$482,193
Contractual Services	\$0	\$11,839	\$0	\$23,711
Materials & Supplies	\$0	\$17,584	\$0	\$11,987
Internal Services	\$0	\$132,874	\$0	\$122,981
Total GF/non-GF	\$0	\$636,830	\$0	\$640,872
Program Total:	\$636,830		\$640,872	
Program FTE	0.00	5.58	0.00	5.38

Program Revenues				
Indirect for Dept. Admin	\$43,375	\$0	\$38,530	\$0
Fees, Permits & Charges	\$0	\$636,830	\$0	\$640,872
Total Revenue	\$43,375	\$636,830	\$38,530	\$640,872

Explanation of Revenues

This is a fee driven, self-sustaining program. Fee revenue for Vital Records in FY2016 is \$640,872.

Significant Program Changes

Last Year this program was: FY 2015: 40009 Vital Records

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$1,918,092	\$947,522	\$2,688,132	\$567,711
Contractual Services	\$6,125	\$36,891	\$32,211	\$25,020
Materials & Supplies	\$13,138	\$80,410	\$13,201	\$75,407
Internal Services	\$423,665	\$124,471	\$0	\$538,240
Total GF/non-GF	\$2,361,020	\$1,189,294	\$2,733,544	\$1,206,378
Program Total:	\$3,550,314		\$3,939,922	
Program FTE	18.64	8.06	23.86	5.64

Program Revenues				
Indirect for Dept. Admin	\$73,694	\$0	\$62,880	\$0
Intergovernmental	\$0	\$1,038,142	\$0	\$1,037,487
Other / Miscellaneous	\$0	\$107,299	\$0	\$160,474
Service Charges	\$0	\$43,852	\$0	\$8,417
Total Revenue	\$73,694	\$1,189,293	\$62,880	\$1,206,378

Explanation of Revenues

The program offer is funded by federal and state grants, client fees, and general fund. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance) that build upon our statutory responsibilities. Internal service reimbursements are for occupational health services provided to county employees and volunteers.

State of Oregon LPHA (Direct State and Federal through State): \$927,487

Refugee Health Promotion (Direct Federal): \$110,000

Medical Fees: \$168,891

Significant Program Changes

Last Year this program was: FY 2015: 40010A Communicable Disease Prevention and Control

The complexity of our infectious disease work has greatly increased in recent years, with more demanding communicable disease investigation expectations and the case management challenges posed by multi-drug resistant strains of TB. We are also expanding outreach to groups disproportionately affected by infectious diseases, including support for newly arrived refugees. Our rapidly changing environment requires nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities. We added two new positions in FY15 - a Community Health Nurse and an Epidemiologist Sr (pending class approval) - for strengthening case and outbreak investigation capabilities and improving local disease response capacity. This budget also incorporates the FY15 addition of a Refugee Health Coordinator (FY 2015 #40010B).

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40012-16, 40025-16
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, and by controlling the spread of disease using evidence-based prevention interventions and providing 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, drug treatment, 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. Provides treatments for rare, complex cases in a judgment-free, culturally relevant manner. STD Clinic is a designated Region X training site for medical providers. Clinicians receive training in physical exams, STD-related laboratory tests, sexual history taking, and behavioral counseling with specific populations. Provides consultations and continuing medical education to medical providers in the community. 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. Clients who receive opioid overdose training/supplies have reversed large numbers of overdoses. After one year, heroin-related deaths dropped by 29% in Multnomah County. Meanwhile, heroin-related deaths nationwide increased 39% from 2012 to 2013. Program staff were highly involved in drafting legislation, rules, and training protocols for the State's 2013 Naloxone law. Staff continue to be involved in subsequent overdose policy work. 6) Behavior Change/Education: Community-based interventions to reduce risky sexual and drug behavior and to promote sexual health and relationship skills and knowledge.

In place for over 20 years, the STD/HIV/Hep C Community Prevention Program has a strong record of meeting national benchmark performance measures, and is 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. The program is also cost-effective because 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 and inability to work or maintain stable housing.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of community outreach/health promotion encounters	50,292	40,000	49,436	40,000
Outcome	% of all County gonorrhea/syphilis/HIV cases diagnosed through this program	38%	30%	40%	30%
Quality	% of gonorrhea/syphilis/HIV cases investigated	91%	90%	86%	90%
Quality	# of STD and HIV test clinical encounters	7,472	6,750	7,225	6,750

Performance Measures Descriptions

1) Quantifies the amount of non-clinical community-based outreach and education work the program provides each year. 2) Illustrates the impact of the STD/HIV/Hep C program's ability to find, diagnose and treat reportable STDs, including HIV. Demonstrates capacity to target services to those at highest risk for STDs. 3) 90% goal negotiated with the OR State STD Program, and is comparable to national benchmarks. If resources don't allow all cases to be investigated, a prioritization algorithm is applied. 4) Quantifies the amount of clinical service the program provides each year.

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,957,080	\$804,510	\$1,816,196	\$931,300
Contractual Services	\$233,442	\$445,698	\$237,600	\$430,377
Materials & Supplies	\$244,546	\$135,480	\$228,993	\$141,812
Internal Services	\$298,180	\$375,320	\$313,715	\$401,756
Total GF/non-GF	\$2,733,247	\$1,761,007	\$2,596,504	\$1,905,245
Program Total:	\$4,494,255		\$4,501,749	
Program FTE	19.02	7.66	17.75	8.45

Program Revenues				
Indirect for Dept. Admin	\$113,306	\$0	\$114,545	\$0
Intergovernmental	\$0	\$1,538,012	\$0	\$1,367,785
Other / Miscellaneous	\$0	\$18,000	\$0	\$256,465
Service Charges	\$0	\$204,995	\$0	\$280,995
Total Revenue	\$113,306	\$1,761,007	\$114,545	\$1,905,245

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 for HIV prevention, STD prevention, opiate overdose prevention and safe prescribing, and SSPH/ disease investigation.

State Local Public Health Authority IGA: \$1,167,785
 CDC STD Surveillance Grant: \$150,000; Medical Fees: \$ 280,995
 Federal Ryan White: \$50,000
 Cascade AIDS Project: \$18,000
 Central City Concern Wound Care Grant: \$238,465

Significant Program Changes

Last Year this program was: FY 2015: 40011 STD/HIV/Hep C Community Prevention Program

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011-16, 40025-16
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 2,900 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 1,400 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. Housing assistance 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, and is an AIDS Education and Training Center site training over 40 doctors, nurses, and pharmacists each year. Clients continue to be severely affected by poverty, lack of stable housing, and lack of adequate services to treat mental illness and substance abuse. The Clinic also provides Hep C assessment and treatment to the County's non-HIV Primary Care Patients.

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. In the past year HCS served over 2,900 clients. 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2918	2,450	2,900	2,700
Outcome	% of HCS clients engaged in HIV medical care	91%	90%	85%	85%
Output	# of unduplicated HIV Clinic clients	1,403	1,260	1,450	1,450
Quality	% of HIV clinic clients whose last viral load test is below 200 copies	NA	NA	81%	80%

Performance Measures Descriptions

A test result of less than 200 copies reflects a suppressed viral load. Research has shown that suppressed viral load also results in lower transmissibility of the disease so this measure is also a measure of HIV prevention.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$534,685	\$2,781,667	\$904,040	\$2,996,956
Contractual Services	\$1,000	\$2,587,462	\$10,000	\$2,687,913
Materials & Supplies	\$11,717	\$164,135	\$60,765	\$115,329
Internal Services	\$56,271	\$916,304	\$87,512	\$970,829
Total GF/non-GF	\$603,673	\$6,449,569	\$1,062,317	\$6,771,027
Program Total:	\$7,053,242		\$7,833,344	
Program FTE	5.37	23.93	6.48	26.44

Program Revenues				
Indirect for Dept. Admin	\$284,847	\$0	\$323,441	\$0
Intergovernmental	\$0	\$5,471,641	\$0	\$5,712,641
Other / Miscellaneous	\$0	\$5,000	\$0	\$20,000
Service Charges	\$567,792	\$972,928	\$1,030,533	\$1,038,386
Total Revenue	\$852,639	\$6,449,569	\$1,353,974	\$6,771,027

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: \$1,652,014; Medical Fees: \$2,068,919
 State/Local Revenue contracts: \$156,322; Federal Primary Care Grant: \$38,000
 HIV Care Services Revenue - Federal Ryan White Part A grant: \$3,021,500
 Ryan White Part C grant: \$864,805

Significant Program Changes

Last Year this program was: FY 2015: 40012 Services for Persons Living with HIV

The HIV Clinic has begun to offer Hep C assessment and treatment services to non-HIV patients who are served by the County's Primary Care system.

Department: Health Department **Program Contact:** Margy Robinson
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: HIV Care Services (Ryan White federal grant)
Program Characteristics: One-Time-Only Request

Executive Summary

Employment Support Services will help 100-130 individuals annually who are living with HIV/AIDS find meaningful employment and/or job training. This program will differ from other vocational training programs in that it will provide a more holistic approach to address the client's life needs as they impact employment opportunities. Life needs encompass medical care, housing, mental health or substance abuse treatment, and the trauma of stigmatization. This approach will also address similar issues for transgendered individuals, regardless of their HIV status.

Program Summary

Employment Support Services will help people living with HIV/AIDS and transgendered individuals return to work or pursue career-related education or training. Data from past comparable programs have shown that many participants have failed at more mainstream vocational rehabilitation programs due to stigma and the unpredictable nature of HIV disease. The program will offer a variety of ways for clients to obtain employment support. A primary strength of the program will be to customize offerings to meet specific individual needs. Program staff will help identify clients' own goals, establish how they wish to achieve those goals and develop a plan for achieving their self-sufficiency goals. The program will collaborate with other community partners to meet a wide variety of needs and address multiple employment-related obstacles. This collaboration will also increase the exchange of resources and reduce duplication of services. For people living with HIV/AIDS and transgendered individuals, notable barriers include experience with complex trauma, lack of stable housing, low-education attainment rates, mental illness, substance abuse and criminal convictions. People who are expected to benefit from this program offer include those who are:

- homeless
- experience mental health challenges
- struggle with substance abuse
- identify as a person of color
- report history with the criminal justice system
- identify as a victim or survivor of domestic violence
- report incomes below the federal poverty level.

Similar programs have been grant funded through HOPWA (Housing Opportunities for People with AIDS) federal funding which has now been discontinued. The program complements the Ryan White grant program which focuses on engagement in medical care. Employment services are specifically disallowed within the Ryan White program. It is expected that a successful program for these individuals will produce rates of successful employment or enrollment in education/training well above those of other programs working with clients with disabilities.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of clients engaged in employment resources	NA	NA	NA	125
Outcome	% of clients engaged in employment resources who find employment	NA	NA	NA	40%
Quality	% of clients who report satisfaction with employment services offered	NA	NA	NA	80%

Performance Measures Descriptions

1. The measure quantifies the number of people who participate in at least four employment support sessions.
2. This measure documents the percentage of clients who are engaged in the program (see output measure) who find work or enroll in training or education toward their chosen field.
3. Employment support services clients will be asked to complete a client satisfaction survey.

Legal / Contractual Obligation

NA

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$153,000	\$0
Total GF/non-GF	\$0	\$0	\$153,000	\$0
Program Total:	\$0		\$153,000	
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:

New Program

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010A
Program Characteristics:

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs; and assuring that schools and childcare facilities comply with state school immunization rules. We also directly provide immunizations for persons in need across our community. Our activities contribute to the community's ability to protect children and at-risk adults from life-threatening, vaccine-preventable diseases.

Program Summary

As a Program within Communicable Disease Services, the Community Immunization Program's (CIP) vision is to be a trusted community resource that protects the people of Multnomah County from communicable diseases, specifically vaccine-preventable diseases. 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. Likewise, adults at high-risk for vaccine preventable diseases like Hepatitis B infection, should have access to potentially life-saving vaccines regardless of their ability to pay.

CIP ensures that the basic disease prevention needs of our community 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 vaccine cold chain. We assure access to immunizations by providing immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay, and any child needing vaccine to stay in school should have timely access to that vaccine. Adults at high-risk for vaccine preventable conditions like Hepatitis B can also access vaccine through our clinics, and we work with community-based organizations to assure that uninsured adults have access to annual flu shots. 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 complexity of addressing state school immunization law requirements, combined with decreased Medicaid revenues and flat state funding, challenge all aspects of this program. Our commitment to values of innovation, collaboration, diversity, excellence, teamwork, and accountability keep us looking for solutions to address these challenges, including expanding community partnerships for delivering services and the use of technology to meet training needs for schools and day cares complying with school exclusion rules.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of immunizations directly provided to keep children in school	876	300	700	500
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100%	100%	99%	98%
Output	Number of schools & other facilities assisted with immunization law requirements	370	150	370	150
Output	Proportion of all vaccine administration data for CDS entered within 14 days of vaccine administration	100%	95%	97.5%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Adjusting to FY 2015 school immunization law on-call reductions and healthcare reform impacts; one less clinic planned for FY 2016.

Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2015, compensated by reassigning staff from other CDS programs and receiving a CDC Public Health Associate; pending resources and state ALERT program changes. FY 2016 may see the the lower anticipated values.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$150,204	\$230,475	\$207,454	\$186,991
Contractual Services	\$4,787	\$15,772	\$2,109	\$0
Materials & Supplies	\$7,060	\$28,278	\$25,850	\$22,987
Internal Services	\$94,838	\$37,415	\$38,565	\$73,121
Total GF/non-GF	\$256,888	\$311,940	\$273,978	\$283,099
Program Total:	\$568,828		\$557,077	
Program FTE	1.55	2.45	2.08	1.92

Program Revenues				
Indirect for Dept. Admin	\$21,247	\$0	\$17,020	\$0
Intergovernmental	\$0	\$200,884	\$0	\$198,446
Service Charges	\$0	\$111,056	\$0	\$84,653
Total Revenue	\$21,247	\$311,940	\$17,020	\$283,099

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: \$198,446

Patient Fees: \$84,653

Significant Program Changes

Last Year this program was: FY 2015: 40014 Immunizations

No significant changes.

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. This trend continues into FY 2016, and this budget and continues the FY 2015 reductions to on-call staffing from October through March each year to support facilities and parents in meeting school exclusion requirements.

Department: Health Department **Program Contact:** Jae Douglas
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 to develop into healthy adults. There are an estimated 10,000 older homes with possible lead paint-exposure risk in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program promotes safe housing conditions by identifying and helping residents reduce exposure to the environmental hazards of lead.

Multnomah County Lead Poisoning Prevention program works collaboratively with the City of Portland lead partners and the 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, lead 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 cases of children with blood levels of 5 or greater (5 or more micrograms per deciliter as set by CDC) by a Certified Lead Risk Assessor who conducts an in home assessment to identify causes of and eliminate exposures to lead for the at-risk child and provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect local trends/risks; 7) Screens for risk of lead exposure of low-income children in support of improving health equity; 8) Educates contractors and residents about EPA lead-based paint rules, 9) Provides education and outreach to medical providers and community.

The Lead Poisoning Prevention Program continues to 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total number of children screened by MCHD primary care and through community outreach	3,270	3,348	3,358	3,250
Outcome	Total number of successfully identified children with EBLLs who have been reported to Leadline	107	90	95	90
Output	Number of community members receiving information on lead prevention	14,247	17,200	20,669	18,000
Quality	Percentage of home investigations where lead exposure risk hazards/factors are identified for children with EBLL	90%	95%	82%	82%

Performance Measures Descriptions

1) Counts lead screening services provided by MCHD clinical providers and lead program outreach testing. 2) Children with Elevated Blood Lead Levels (EBLL) found during screening at community test sites or by MCHD providers. 3) Measure to quantify reach of program through phone counseling, referral, community events, and more. 4) % of home investigations with identified contributing factors for lead exposure. We are using new state data system that provides more accurate data and as a result we have updated program goal to 82%.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$52,779	\$136,011	\$47,453	\$141,977
Contractual Services	\$7,000	\$7,000	\$7,946	\$0
Materials & Supplies	\$375	\$15,843	\$4,081	\$14,606
Internal Services	\$41,022	\$21,146	\$49,127	\$23,417
Total GF/non-GF	\$101,176	\$180,000	\$108,607	\$180,000
Program Total:	\$281,176		\$288,607	
Program FTE	0.20	1.20	0.40	1.20

Program Revenues				
Indirect for Dept. Admin	\$12,261	\$0	\$10,822	\$0
Intergovernmental	\$0	\$180,000	\$0	\$180,000
Total Revenue	\$12,261	\$180,000	\$10,822	\$180,000

Explanation of Revenues

A contract with City of Portland Water Bureau is expected to be renewed at \$175,000 in FY 2016. An additional \$5,000 is an ongoing contract with the State Lead Program.

Significant Program Changes

Last Year this program was: FY 2015: 40015 Lead Poisoning Prevention

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$319,058	\$955,138	\$298,752	\$1,173,065
Contractual Services	\$0	\$3,150	\$0	\$3,000
Materials & Supplies	\$3,071	\$11,706	\$9,063	\$8,301
Internal Services	\$105,120	\$105,976	\$0	\$216,445
Total GF/non-GF	\$427,249	\$1,075,970	\$307,815	\$1,400,811
Program Total:	\$1,503,219		\$1,708,626	
Program FTE	4.00	11.46	4.00	14.00

Program Revenues				
Indirect for Dept. Admin	\$73,286	\$0	\$84,218	\$0
Intergovernmental	\$0	\$39,360	\$0	\$291,424
Service Charges	\$0	\$1,036,610	\$0	\$1,109,387
Total Revenue	\$73,286	\$1,075,970	\$84,218	\$1,400,811

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 FY16 is based on actual expenses from FY2015. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

Division of Medical Assistance Programs (DMAP): \$1,109,387
 Federal Primary Care Grant: \$291,424

Significant Program Changes

Last Year this program was: FY 2015: 40016 Medicaid/Medicare Eligibility

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 indicates 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, 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.

After careful research, MCHD decided to discontinue the school fluoride tablet distribution program beginning in the Fall of 2015. In short, the tablet program was not able to be delivered year round, nor consistently, and its efficacy was questioned. The need for a better utilization of county resources, and ensuring that the dental school services provided are evidence-based, we determined that a better way to tackle childhood oral health concerns was to expand our school sealant program. This program offer includes an expansion of the dental sealant program to 1200-1300 middle school children in Portland Public Schools with free and reduced lunch rates of 40% or more.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Billable patient visits	60,708	65,470	59,601	67,883
Outcome	Percentage of patients who complete treatment plan within 12 months	52%	60%	55%	58%

Performance Measures Descriptions

% 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. Discontinued previous Quality measurement "80% of clients strongly agree that they would refer their friends/family to our clinic." 2015 Launching new patient satisfaction and engagement review process and will develop baseline metric for improvement.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$7,553,032	\$3,989,625	\$7,851,918	\$5,402,911
Contractual Services	\$4,180	\$690,173	\$49,669	\$208,692
Materials & Supplies	\$311,980	\$675,981	\$252,364	\$853,327
Internal Services	\$1,024,019	\$2,301,700	\$1,010,991	\$2,255,292
Capital Outlay	\$0	\$165,475	\$0	\$0
Total GF/non-GF	\$8,893,211	\$7,822,954	\$9,164,942	\$8,720,222
Program Total:	\$16,716,165		\$17,885,164	
Program FTE	56.99	43.35	54.16	59.16

Program Revenues				
Indirect for Dept. Admin	\$1,115,566	\$0	\$1,060,457	\$0
Intergovernmental	\$0	\$314,360	\$0	\$314,360
Other / Miscellaneous	\$0	\$475,000	\$0	\$0
Service Charges	\$8,555,581	\$7,033,594	\$8,918,524	\$8,405,862
Total Revenue	\$9,671,147	\$7,822,954	\$9,978,981	\$8,720,222

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.

Dental Patient Fees: \$17,324,386
Federal Primary Care Grant: \$314,360

Significant Program Changes

Last Year this program was: FY 2015: 40017A Dental Services

After careful research, MCHD decided to discontinue the school fluoride tablet distribution program beginning in the Fall of 2015 and instead expand our school sealant program. The expanded sealant program is funded with general fund previously used for the fluoride tablet program and dental fees generated from sealant application.

Department: Health Department **Program Contact:** David Brown
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 17,000 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, farmer's market coupons, 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 mandate of the Women, Infants, and Children Program (WIC) is to provide food, nutrition education, growth monitoring, and support services to Multnomah County's most vulnerable population: low-income pregnant or breastfeeding women, and their 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 of life can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, and more. 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 participation positively influences the nutrient intake of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect, and is associated with increased use of preventative care and improved health status of children.

The WIC Program acts as a core referral center for other health and social services and has been key in getting more families enrolled for Medicaid and insurance. WIC operates the Breastfeeding Peer Counseling Program, which provides breastfeeding support pre and postnatally and maintains a caseload of over 600 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, and more. WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and address disparities experienced by low-income families of color.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average number of clients served each month	18,874	19,000	17,500	17,000
Outcome	% of mothers initiating breastfeeding on WIC	91%	89%	92%	92%
Outcome	Show rate for WIC group nutrition education follow-up	60.5%	69%	57%	59%
Outcome	Children at risk of anemia (2-5 year olds)	13.8	13.0%	15%	15%

Performance Measures Descriptions

1) Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. 2) Outcome: % of mothers who initiated breast feeding after delivery. 3) Outcome: return for education required each six months to continue participation. 4) Outcome: children with lower than recommended hemoglobin levels. Anemia/low hemoglobin reduces the ability for children to learn.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$784,665	\$2,648,483	\$760,527	\$2,813,716
Contractual Services	\$3,950	\$17,675	\$0	\$8,800
Materials & Supplies	\$63,336	\$33,989	\$67,194	\$28,547
Internal Services	\$624,916	\$374,075	\$681,957	\$331,560
Total GF/non-GF	\$1,476,867	\$3,074,222	\$1,509,678	\$3,182,623
Program Total:	\$4,551,089		\$4,692,301	
Program FTE	6.71	34.05	9.80	33.05

Program Revenues				
Indirect for Dept. Admin	\$209,389	\$0	\$191,342	\$0
Intergovernmental	\$0	\$3,074,222	\$0	\$3,182,623
Total Revenue	\$209,389	\$3,074,222	\$191,342	\$3,182,623

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. 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 WIC grant: \$2,960,824

Breast Feeding Peer Counselor grant: \$221,799

Significant Program Changes

Last Year this program was: FY 2015: 40018 Women, Infants and Children (WIC)

Department: Health Department **Program Contact:** Courtney Craigan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
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 17,000 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	16,688	18,240	16,956	18,793
Outcome	% of children who are up to date on immunizations at 24 months of age	80%	85%	81%	85%
Efficiency	Number of days for a new patient appointment	7.3	7	7.4	7

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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,925,634	\$1,222,309	\$2,565,991	\$1,342,795
Contractual Services	\$0	\$48,581	\$0	\$59,332
Materials & Supplies	\$22,529	\$134,546	\$52,605	\$140,278
Internal Services	\$262,072	\$785,416	\$376,934	\$722,331
Total GF/non-GF	\$2,210,236	\$2,190,851	\$2,995,530	\$2,264,736
Program Total:	\$4,401,087		\$5,260,266	
Program FTE	22.00	6.00	17.90	15.30

Program Revenues				
Indirect for Dept. Admin	\$297,677	\$0	\$315,957	\$0
Intergovernmental	\$0	\$739,577	\$0	\$532,681
Other / Miscellaneous	\$0	\$0	\$185,000	\$0
Service Charges	\$2,191,581	\$1,451,274	\$2,805,631	\$1,732,055
Total Revenue	\$2,489,258	\$2,190,851	\$3,306,588	\$2,264,736

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: \$4,722,686
 Federal Primary Care grant: \$74,949
 Federal Primary Care/Homeless grant: \$394,000
 State Family Planning grant: \$34,343
 State Maternal & Child Health grant: \$29,389

Significant Program Changes

Last Year this program was: FY 2015: 40019 North Portland Health Clinic

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 24,000 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 hours are 8:00am-7:00pm Monday through Friday, in order to meet the access needs and demands of the community and patients that they serve.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	23,991	27,132	24,072	24,938
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	81%	85%	80%	85%
Efficiency	Number of days for a new patient appointment	7.2	7	6.6	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.

Legal / Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO 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	2015	2015	2016	2016
Personnel	\$2,481,078	\$1,981,747	\$3,422,690	\$1,635,286
Contractual Services	\$95,606	\$2,000	\$0	\$203,147
Materials & Supplies	\$12,317	\$192,430	\$134,152	\$166,492
Internal Services	\$278,981	\$1,053,790	\$495,730	\$928,540
Total GF/non-GF	\$2,867,982	\$3,229,966	\$4,052,572	\$2,933,465
Program Total:	\$6,097,948		\$6,986,037	
Program FTE	29.70	9.50	26.00	19.40

Program Revenues				
Indirect for Dept. Admin	\$414,417	\$0	\$419,558	\$0
Intergovernmental	\$0	\$1,290,595	\$0	\$772,692
Other / Miscellaneous	\$0	\$0	\$231,000	\$0
Service Charges	\$2,854,436	\$1,939,371	\$3,814,146	\$2,160,773
Total Revenue	\$3,268,853	\$3,229,966	\$4,464,704	\$2,933,465

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: \$6,126,955; Federal Primary Care grant: \$688,261
 State Family Planning grant: \$45,497; State Maternal & Child Health grant: \$38,934
 Legacy Health CARES grant: \$78,964

Significant Program Changes

Last Year this program was: FY 2015: 40020 Northeast Health Clinic

Legal / Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$5,713,682	\$2,127,882	\$5,777,315	\$2,385,085
Contractual Services	\$0	\$464,027	\$0	\$434,387
Materials & Supplies	\$408,359	\$461,298	\$82,911	\$440,174
Internal Services	\$568,748	\$1,748,617	\$946,133	\$1,193,667
Total GF/non-GF	\$6,690,789	\$4,801,824	\$6,806,359	\$4,453,313
Program Total:	\$11,492,613		\$11,259,672	
Program FTE	61.80	8.10	58.40	13.20

Program Revenues				
Indirect for Dept. Admin	\$755,887	\$0	\$676,554	\$0
Intergovernmental	\$0	\$380,832	\$0	\$375,648
Other / Miscellaneous	\$0	\$0	\$370,000	\$0
Service Charges	\$6,296,008	\$4,420,992	\$6,429,939	\$4,077,665
Total Revenue	\$7,051,895	\$4,801,824	\$7,476,493	\$4,453,313

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: \$10,323,608
 State Refugee Screening grant: \$553,996
 Federal Primary Care grant: \$246,956
 State Family Planning grant: \$69,349
 State Maternal & Child Health grant: \$59,343

Significant Program Changes

Last Year this program was: FY 2015: 40022 Mid County Health Clinic

Legal / Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$4,311,184	\$1,918,576	\$4,945,551	\$2,511,193
Contractual Services	\$0	\$159,821	\$147,190	\$1,500
Materials & Supplies	\$427,382	\$310,035	\$42,395	\$499,996
Internal Services	\$426,723	\$1,772,081	\$1,523,783	\$803,991
Total GF/non-GF	\$5,165,289	\$4,160,513	\$6,658,919	\$3,816,680
Program Total:	\$9,325,802		\$10,475,599	
Program FTE	46.40	11.60	52.80	13.10

Program Revenues				
Indirect for Dept. Admin	\$608,305	\$0	\$629,307	\$0
Intergovernmental	\$0	\$718,429	\$0	\$527,405
Other / Miscellaneous	\$0	\$0	\$350,000	\$0
Service Charges	\$4,770,508	\$3,442,084	\$6,300,692	\$3,289,275
Total Revenue	\$5,378,813	\$4,160,513	\$7,279,999	\$3,816,680

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: \$9,939,967; Federal Primary Care grant: \$387,733
State Family Planning grant: \$75,265
State Maternal & Child Health grant: \$64,407

Significant Program Changes

Last Year this program was: FY 2015: 40023 East County Health Clinic

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	60%	60%	72%	60%
Outcome	% of patients with persistent asthma prescribed appropriate medications	90%	80%	91%	80%

Performance Measures Descriptions

Legal / Contractual Obligation

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and CCO contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$3,049,664	\$968,943	\$2,943,570	\$1,371,104
Contractual Services	\$11,599	\$25,375	\$87,837	\$15,295
Materials & Supplies	\$136,839	\$424,877	\$232,526	\$241,611
Internal Services	\$325,518	\$745,549	\$683,773	\$638,798
Total GF/non-GF	\$3,523,621	\$2,164,744	\$3,947,706	\$2,266,808
Program Total:	\$5,688,365		\$6,214,514	
Program FTE	26.66	9.51	21.82	15.56

Program Revenues				
Indirect for Dept. Admin	\$265,124	\$0	\$292,525	\$0
Intergovernmental	\$0	\$982,556	\$0	\$1,071,837
Other / Miscellaneous	\$0	\$159,140	\$206,440	\$80,000
Service Charges	\$1,727,766	\$1,023,048	\$2,392,353	\$1,114,971
Total Revenue	\$1,992,890	\$2,164,744	\$2,891,318	\$2,266,808

Explanation of Revenues

SBHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,713,764; State SBHC grant: \$689,000
 Federal Primary Care grant: \$302,836
 Providence Outreach grant: \$80,000
 State Family Planning grant: \$80,001

Significant Program Changes

Last Year this program was: FY 2015: 40024 School Based Health Centers

In the Spring of 2014, the school linked clinic moved services from the offsite Teen Clinic in East County to Centennial High School to continue to better serve our east county residents.

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

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs: SBHC Clinics
Program Characteristics: One-Time-Only Request

Executive Summary

For the 2015/16 school year, the SBHC team at Roosevelt will provide services from a mobile site located on the Roosevelt High School campus, while portions of the school building are renovated.

Program Summary

The Portland Public School Bond Renovation for Roosevelt High School begins in late June 2015 and requires the Roosevelt School Based Health Clinic (SBHC) to vacate the clinic space on the premises. To provide onsite services during the renovation period, Multnomah County and PPS are partnering to purchase a mobile van. For the 2015/16 school year, the SBHC team will provide services from the two-exam room bus which will be located on an appropriate space on the Roosevelt High School campus. The addition of this van to students and the community is needed in order to not disrupt needed medical services to that location.

The SBHC team will serve a projected 1,200 clinic visits during the 2015/16 school year. This funding also covers maintenance and service of the bus.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Clinic visits	0	0	0	1,200
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	2015	2015	2016	2016
Capital Outlay	\$0	\$0	\$120,000	\$0
Total GF/non-GF	\$0	\$0	\$120,000	\$0
Program Total:	\$0		\$120,000	
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:

SBHC Roosevelt Clinic closure for PPS remodeling requires that we relocate our clinic to a new location or close the location during remodel. The addition of this van to students and the community is needed in order to not disrupt needed medical services to that location.

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 Promotion 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 Latinos, American Indians, African Americans, and the LGBTQ community when compared to the county as a whole. Teen pregnancy is a factor contributing to low high school graduation rates. Furthermore, STD rates are among the highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and LGBTQ youth. The Adolescent Health Promotion Program provides a core public health function by addressing serious disparities affecting the county's youth of color and LGBTQ youth through school and family education, community outreach, and collaborative partnerships.

This program works to reduce teen pregnancy, delay the onset of sexual activity, increase condom use, 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, parent engagement 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, residential treatment, and juvenile detention 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. Community capacity is also increased by training community partner organizations and working together on policy advocacy, securing funding, and increasing community awareness. Teacher training: supports school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including training and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology. Culturally specific approaches are implemented by and for African American and Latino communities (Latino education is bilingual).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in educational sessions/training	4722	5000	4700	1500
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	88%	85%
Quality	% of participants utilizing skills to increase parent-to-youth communication	75%	80%	75%	80%

Performance Measures Descriptions

1) Output: FY16 reduction in service to 3,600 high school students due to Federal Healthy Marriage Initiative 3-year grant ending. 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills (of those who completed a full evaluation survey). 3) Quality: The percentage of parents that feel confident they can implement new or improved skills to communicate effectively with their youth.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$265,181	\$381,336	\$453,323	\$129,835
Contractual Services	\$0	\$0	\$1,500	\$0
Materials & Supplies	\$15,696	\$5,291	\$10,551	\$1,667
Internal Services	\$61,165	\$41,500	\$56,297	\$13,651
Total GF/non-GF	\$342,042	\$428,127	\$521,671	\$145,153
Program Total:	\$770,169		\$666,824	
Program FTE	2.72	3.53	4.80	1.55

Program Revenues				
Indirect for Dept. Admin	\$29,161	\$0	\$8,727	\$0
Intergovernmental	\$0	\$428,126	\$0	\$145,153
Total Revenue	\$29,161	\$428,126	\$8,727	\$145,153

Explanation of Revenues

Fed/State Latina Teen Pregnancy Prevention grant: \$87,206
State My Future-My Choice teacher training curriculum grant: \$30,000
Healthy Marriage Initiative funding: \$27,947

Significant Program Changes

Last Year this program was: FY 2015: 40025 Adolescent Health Promotion

Federal Healthy Marriage Initiative 3-year grant subcontracted to this program by North West Family Svcs for healthy relationship education in high school, ends September, 2015. (\$309,000). Two health educators removed from FY16 budget.

Department: Health Department **Program Contact:** Christy Ward
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

La Clinica de Buena Salud (The Good Health Clinic), 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 6,900 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	6,856	6,864	6,816	7,262
Outcome	% of children who are up to date on immunizations at 24 months of age	94%	85%	91%	85%
Efficiency	Number of days for a new patient appointment	6	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.

Legal / Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and CCO contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$769,721	\$596,227	\$952,575	\$728,549
Contractual Services	\$100	\$25,863	\$0	\$40,154
Materials & Supplies	\$14,871	\$58,176	\$36,873	\$87,523
Internal Services	\$106,173	\$437,767	\$211,505	\$338,244
Total GF/non-GF	\$890,865	\$1,118,033	\$1,200,953	\$1,194,470
Program Total:	\$2,008,898		\$2,395,423	
Program FTE	4.50	6.90	11.40	3.20

Program Revenues				
Indirect for Dept. Admin	\$135,502	\$0	\$143,900	\$0
Intergovernmental	\$0	\$650,073	\$0	\$599,827
Other / Miscellaneous	\$0	\$0	\$100,000	\$0
Service Charges	\$871,386	\$467,960	\$1,099,030	\$594,643
Total Revenue	\$1,006,888	\$1,118,033	\$1,342,930	\$1,194,470

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: \$1,793,673; Federal Primary Care grant: \$288,927
 Federal Primary Care/Homeless grant: \$256,414; State Family Planning grant: \$29,361
 State Maternal & Child Health grant: \$25,125

Significant Program Changes

Last Year this program was: FY 2015: 40026 La Clinica de Buena Salud

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 health care. 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 10,600 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	10,605	11,784	10,188	13,268
Outcome	% of children who are up to date on immunizations at 24 months of age	38%	85%	50%	85%
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.

Legal / Contractual Obligation

SEHC primary care complies with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and CCO contractual obligations. SEHC primary care meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$967,905	\$1,330,273	\$1,615,065	\$2,057,389
Contractual Services	\$0	\$380,417	\$73,253	\$245,335
Materials & Supplies	\$21,514	\$108,904	\$24,343	\$163,903
Internal Services	\$141,010	\$785,051	\$501,990	\$623,965
Total GF/non-GF	\$1,130,429	\$2,604,645	\$2,214,651	\$3,090,592
Program Total:	\$3,735,074		\$5,305,243	
Program FTE	12.00	8.20	10.40	22.20

Program Revenues				
Indirect for Dept. Admin	\$253,051	\$0	\$317,372	\$0
Intergovernmental	\$0	\$1,728,742	\$0	\$1,612,623
Other / Miscellaneous	\$0	\$0	\$258,584	\$0
Service Charges	\$1,110,609	\$875,903	\$1,929,719	\$1,477,969
Total Revenue	\$1,363,660	\$2,604,645	\$2,505,675	\$3,090,592

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: \$3,666,272
Federal Primary Care grant: \$470,706
Federal Primary Care/Homeless grant: \$1,098,585
State Family Planning grant: \$23,351
State Maternal & Child Health grant: \$19,981

Significant Program Changes

Last Year this program was: FY 2015: 40027 Southeast Health Clinic

Department: Health Department **Program Contact:** Deborah Powers
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 17,500 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	17,546	20,256	15,456	19,711
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	68%	85%	58%	85%
Efficiency	Number of days for a new patient appointment	8.3	7	8.2	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.

Legal / Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and CCO contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,066,860	\$1,280,979	\$2,561,645	\$1,461,767
Contractual Services	\$600	\$95,956	\$0	\$360,484
Materials & Supplies	\$23,347	\$195,359	\$161,238	\$447,288
Internal Services	\$238,714	\$851,784	\$612,290	\$727,483
Total GF/non-GF	\$2,329,521	\$2,424,078	\$3,335,173	\$2,997,022
Program Total:	\$4,753,599		\$6,332,195	
Program FTE	23.00	7.00	18.50	17.80

Program Revenues				
Indirect for Dept. Admin	\$321,499	\$0	\$370,919	\$0
Intergovernmental	\$0	\$777,818	\$0	\$1,172,176
Other / Miscellaneous	\$0	\$0	\$265,000	\$350,000
Service Charges	\$2,296,087	\$1,646,260	\$3,067,161	\$1,474,846
Total Revenue	\$2,617,586	\$2,424,078	\$3,703,080	\$2,997,022

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: \$5,157,007; Federal Primary Care grant: \$955,672

HRSA Facility Improvements grant: \$159,608

State Family Planning grant: \$30,660; State Maternal & Child Health grant: \$26,236

Significant Program Changes

Last Year this program was: FY 2015: 40029 Rockwood Community Health Clinic

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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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) October 2014, start of Alternative Payment Methodology (APM) pilot. This pilot incentivizes whole person care. We will evaluate a more appropriate target in this fiscal year and will move away from productivity as a stand alone goal.

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, and CCO contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,612,167	\$96,219	\$1,427,537	\$423,637
Contractual Services	\$18,069	\$0	\$37,069	\$12,000
Materials & Supplies	\$70,299	\$7,780	\$98,576	\$14,022
Internal Services	\$100,425	\$10,212	\$106,160	\$60,341
Total GF/non-GF	\$1,800,960	\$114,211	\$1,669,342	\$510,000
Program Total:	\$1,915,171		\$2,179,342	
Program FTE	8.10	0.10	8.60	3.65

Program Revenues				
Indirect for Dept. Admin	\$7,779	\$0	\$25,092	\$0
Intergovernmental	\$0	\$114,211	\$0	\$510,000
Total Revenue	\$7,779	\$114,211	\$25,092	\$510,000

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. The Director of Nursing Practice office has a 3 year grant from HRSA to do Corrections Care Management. The budget for this grant includes three new staff. Additionally the Department receives a small stipend from OCHIN for Community Health Applied Research Network (CHARN) - Building Research Infrastructure to Develop and Generate Comparative Effectiveness Studies (Bridges).

HRSA Nurse Education, Practice, Quality, and Retention - InterProfessional Collaborative Practice (NEPQR-IPCP) grant: \$500,000
 OCHIN CHARN Bridges stipend: \$10,000

Significant Program Changes

Last Year this program was: FY 2015: 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

The negotiated COLA for all Physicians is budgeted here.
 Three Nurse Development Consultants are in this budget, increased from 2 last year.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$6,740,384	\$0	\$6,860,292
Contractual Services	\$0	\$198,200	\$0	\$230,100
Materials & Supplies	\$0	\$5,189,466	\$0	\$6,212,786
Internal Services	\$0	\$1,774,690	\$0	\$1,854,161
Total GF/non-GF	\$0	\$13,902,740	\$0	\$15,157,339
Program Total:	\$13,902,740		\$15,157,339	
Program FTE	0.00	54.05	0.00	53.15

Program Revenues				
Indirect for Dept. Admin	\$946,936	\$0	\$911,270	\$0
Service Charges	\$0	\$13,902,740	\$0	\$15,157,339
Total Revenue	\$946,936	\$13,902,740	\$911,270	\$15,157,339

Explanation of Revenues

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

Prescription Fees: \$14,891,424

Patient Fees: \$231,779

Patient Assistance Programs: \$34,136

Significant Program Changes

Last Year this program was: FY 2015: 40031 Pharmacy

This program offer includes funding for system improvements in the pharmacy software management program, to increase staff productivity, enhance client satisfaction, and decrease reliance on multiple computer programs to perform program operations.

Department: Health Department

Program Contact: Chris Carter

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 240,000 specimens per year. Medical Records fulfills 12,000 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of records requests completed	13,066	13,000	11,235	12,000
Outcome	Number of laboratory specimens handled	240,000	260,000	260,000	270,000
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95

Performance Measures Descriptions

Legal / Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory services. The Electronic Health Record (EHR) 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	2015	2015	2016	2016
Personnel	\$2,720,564	\$0	\$3,504,544	\$0
Contractual Services	\$7,950	\$0	\$7,320	\$0
Materials & Supplies	\$85,878	\$0	\$195,500	\$0
Internal Services	\$449,556	\$0	\$667,258	\$0
Total GF/non-GF	\$3,263,948	\$0	\$4,374,622	\$0
Program Total:	\$3,263,948		\$4,374,622	
Program FTE	26.90	0.00	35.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$95,773	\$0
Other / Miscellaneous	\$0	\$0	\$650,000	\$0
Service Charges	\$0	\$0	\$943,000	\$0
Total Revenue	\$0	\$0	\$1,688,773	\$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.

Alternative Payment Method (APM): \$943,000

Patient and Population Centered Primary Care Home Payment Model (PCPM): \$650,000

Significant Program Changes

Last Year this program was: FY 2015: 40032A Lab and Medical Records

There are no anticipated changes to this program for FY16.

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 new patients assigned to Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for established uninsured patients referred into community specialty care. MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

Program 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, 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of new patients who receive appointments	20,528	27,160	22,236	24,000
Outcome	# of uninsured patients who receive specialty care	700	400	300	400

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	2015	2015	2016	2016
Personnel	\$588,124	\$240,629	\$1,484,986	\$267,051
Contractual Services	\$88,400	\$0	\$20,000	\$90,000
Materials & Supplies	\$19,296	\$674	\$20,112	\$806
Internal Services	\$139,326	\$23,697	\$112,516	\$317,719
Total GF/non-GF	\$835,146	\$265,000	\$1,637,614	\$675,576
Program Total:	\$1,100,146		\$2,313,190	
Program FTE	7.60	2.00	20.80	4.00

Program Revenues				
Indirect for Dept. Admin	\$18,050	\$0	\$103,813	\$0
Intergovernmental	\$0	\$265,000	\$0	\$675,576
Service Charges	\$0	\$0	\$1,051,170	\$0
Total Revenue	\$18,050	\$265,000	\$1,154,983	\$675,576

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.

Alternative Payment Method (APM): \$1,051,170
 Federal Primary Care grant: \$675,576

Significant Program Changes

Last Year this program was: FY 2015: 40033 Primary Care and Dental Access and Referral

Department: Health Department **Program Contact:** Yvonne Myette
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, JCAHO and NCCHC are our primary external benchmarking 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output		0	0	0	0
Outcome	Maintain compliance with BPHC, JCAHO, and NCCHC 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 as well as maintenance of NCCHC accreditation in Corrections Health.
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	2015	2015	2016	2016
Personnel	\$1,760,300	\$785,757	\$1,719,073	\$1,702,844
Contractual Services	\$102,000	\$24,500	\$0	\$117,000
Materials & Supplies	\$42,261	\$187,489	\$62,848	\$112,210
Internal Services	\$288,946	\$245,247	\$336,926	\$370,152
Total GF/non-GF	\$2,193,507	\$1,242,993	\$2,118,847	\$2,302,206
Program Total:	\$3,436,499		\$4,421,053	
Program FTE	15.50	7.10	13.70	15.90

Program Revenues				
Indirect for Dept. Admin	\$186,829	\$0	\$257,461	\$0
Intergovernmental	\$0	\$1,230,993	\$0	\$2,230,206
Other / Miscellaneous	\$1,500,000	\$12,000	\$1,980,188	\$72,000
Total Revenue	\$1,686,829	\$1,242,993	\$2,237,649	\$2,302,206

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: \$1,980,188)

Federal Primary Care grant: \$2,230,206

Volunteers of America grant: \$12,000

Kaiser Permanente Center for Health Research CHR-Stop CRC: \$60,000

Significant Program Changes

Last Year this program was: FY 2015: 40034 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 demonstrate evidence of quality improvement and other metrics.

Department: Health Department **Program Contact:** Consuelo Saragoza
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions by providing research, evaluation, and program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and disparities, procures grant funds, and develops and evaluates evidence-based programs. They respond to data requests, prepare reports to inform and educate the community, and last year wrote 52 grants proposals.

Program Summary

Health Assessment, Planning and Evaluation provides support through three program areas: Grants Development, Health Assessment and Evaluation (HAE), and Program Design and Evaluation Services (PDES). Grants 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 \$26 million was procured to address health issues in FY 13-14 from foundations, state and federal grants and contracts. Grants Development has secured program funds to support maternal child health through the Healthy Birth Initiative (HBI), clinical services, including primary care and behavioral health expansion, health equity, and public health infrastructure, including population-based prevention focused on nutrition and tobacco use. HAE works cross-departmentally, and analyzes data to inform Health Department planning, quality improvement efforts, and policy decisions. HAE's services include working with partners to identify, prioritize, and summarize health issues facing our community; conducting health-in-all-policies analysis to inform decision makers about the potential health impacts of programs, policies, and plans; providing technical assistance to health department programs using data to inform their efforts; analyzing public health data for community members, the media, and health department leadership; and conducting analysis of population-based and program-service data to support the Grants Development team. Examples include managing the Healthy Columbia Willamette Collaborative; taking the lead on the Racial and Ethnic Disparities Report Card; and providing data to support programs conducting chronic disease prevention. PDES conducts applied public health research projects and provides program evaluation and high-level analytical support to county and state programs to improve community health, shape public policy, and reduce health disparities. PDES collaborates with partners to design public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches. PDES work included securing a grant to develop and evaluate a project that bridges economic development, criminal justice, and public health systems to improve the health and success in community reintegration among incarcerated women; securing grant funds to evaluate the public health impact of privatization of hard liquor sales in Washington; and obtaining funds to assess how anti-bullying legislation in Oregon affects school district-level adoption of policies.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of requests for data analysis (1)	100	200	100	100
Outcome	Number of grant proposals written (2)	52	43	43	43
Outcome	Dollar amount (in millions) of grants funded	\$27m	\$24m	\$24m	\$24m
Output	Number of reports and presentations disseminated	51	45	45	45

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Healthy Columbia Willamette Collaborative is supported by funding from all hospitals, CCOs (Coordinated Care Organizations) and public health departments operating in the four county region.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,102,451	\$1,263,884	\$975,647	\$1,284,587
Contractual Services	\$10,000	\$526,207	\$3,500	\$539,000
Materials & Supplies	\$29,816	\$64,636	\$61,506	\$89,368
Internal Services	\$159,803	\$182,133	\$152,538	\$175,637
Total GF/non-GF	\$1,302,070	\$2,036,860	\$1,193,191	\$2,088,592
Program Total:	\$3,338,930		\$3,281,783	
Program FTE	8.90	8.34	7.75	10.60

Program Revenues				
Indirect for Dept. Admin	\$138,732	\$0	\$123,363	\$0
Intergovernmental	\$0	\$1,575,954	\$0	\$1,671,570
Other / Miscellaneous	\$0	\$460,905	\$0	\$417,022
Total Revenue	\$138,732	\$2,036,859	\$123,363	\$2,088,592

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: \$774,464
 State Local Public Health Agency grant: \$751,496
 Healthy Columbia Willamette Collaborative contract: \$417,022
 DHS-OMHS-Disparity Report: \$145,610

Significant Program Changes

Last Year this program was: FY 2015: 40035 Health Assessment, Planning and Evaluation

Restructure of this unit resulted in a reduction of staff; two of HAE staff are now exclusive to Healthy Columbia Willamette Collaborative and two of communications staff are now exclusive to Strategic Operations.

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 governing body that oversees community involvement in Health Center quality assurance, policy approvals, 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 Coordinator also provides contract management and oversight for the 14 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 meet federally mandated program requirements for FQHCs. The CHC offers an entry point for Health Center clients and non-consumer community members 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 HRSA's 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 10 members and is a fair representation of the communities served by Health Department's Health Center services.

The 14 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. The County extends Federal Tort Claims coverage to the volunteer providers at the 15 Coalition of Community Health Clinics' (CCHC). Integrated Clinical Services provides licensing and credentialing for CCHC volunteer health care providers. MCHD extends opportunities for a limited number of OSHA required trainings to CCHC volunteer health care providers.

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 \$1,300,000.00 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of volunteer hours	60,356	55,000	55,000	55,000
Outcome	Percentage of consumers involved	71%	51%	65%	51%

Performance Measures Descriptions

of volunteer hours includes licensed health care volunteers at the 14 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.

Legal / Contractual Obligation

The Community Health Council is federally mandated by the Bureau of Primary Health Care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$115,185	\$0	\$118,751	\$0
Contractual Services	\$108,012	\$0	\$108,012	\$0
Materials & Supplies	\$9,315	\$0	\$9,299	\$0
Internal Services	\$18,593	\$0	\$11,273	\$0
Total GF/non-GF	\$251,104	\$0	\$247,335	\$0
Program Total:	\$251,104		\$247,335	
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: FY 2015: 40036 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40007, 40008A, 40015
Program Characteristics:

Executive Summary

This program supports community health and housing interventions and development of environmental health policy recommendations that reduce health disparities worsened by exposure to environmental, social, and economic factors, including tobacco exposure. This program reaches families living in substandard housing to reduce asthma triggers, exposure to household mold, toxins, and more, while focusing on health and equity impacts of major environmental health issues like climate change, using education, assessment, consultation, health equity analysis, and other strategies.

Program Summary

The Environmental Health Education, Outreach and Housing program addresses health inequities in chronic diseases like asthma and cancer by improving the health and livability of the home and addressing environmental-related health concerns. This program has five priority areas (described below): Housing Education; Tobacco Prevention; Environmental Health Education; Consultation, Advocacy, Assessment, and Engagement; and Healthy Homes.

Housing Education Priorities: 1) Conduct community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins and safety; and 2) Integrate environmental health risk reduction with other Multnomah County Health Department (MCHD) initiatives. Tobacco Prevention Priorities: Enforce the Indoor Clean Air Act and provide technical assistance and outreach in public settings. Environmental Health Education Priorities: Conduct environmental health education and outreach related to global climate change, air quality, toxin exposure, brownfields, built environment, housing, diseases transmitted from animals to humans, food-borne illness and food safety, and emerging environmental health issues. Consultation, Advocacy, Assessment, and Engagement Priorities: Bring a public health and environmental justice lens to projects and initiatives by providing data collection and analysis, research and technical consultation, risk communication, community engagement, stakeholder workgroup participation, and policy advocacy. Focus areas include climate change and implementation of the Climate Action Plan, air quality, toxin exposure, chemicals of concern, land use and transportation, and brownfield redevelopment. Healthy Homes (HH) Priorities: 1) Provide home-based environmental & medical assessment/interventions for high-risk asthmatic children; 2) Consult with children's 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 of the county; and 6) Provide housing inspections for seniors and the disabled to identify and reduce health and safety risks. The HH asthma intervention has shown improvements in asthma control, reduced emergency department visits, and improved quality of life.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of families receiving an environmental home inspection from any of the HH programs	94	180	60	162
Outcome	Emergency Dept & hospitalization costs averted	456,234	623,354	207,785	1,467,700
Outcome	Dollars leveraged	869,355	11,19,045	1,049,045	1,032,959

Performance Measures Descriptions

1) Total number of homes receiving environmental assessments through the Healthy Homes and Asthma Inspection and Referral (AIR) programs. FY15 purchase increase was due to anticipated increased staff, but staff vacancy and turnover and training has resulted in a Current Year Estimate decrease. 2) Savings estimated from client data obtained and based on number of ER visits and hospitalizations averted. Does not include data such as lost work or school days. 3) Dollars leveraged includes total sum of housing program grants and revenue acquired through Targeted Case Management billing.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$207,218	\$769,529	\$305,851	\$779,104
Contractual Services	\$117,069	\$244,980	\$81,628	\$242,060
Materials & Supplies	\$22,186	\$10,588	\$24,170	\$4,727
Internal Services	\$118,382	\$144,677	\$90,170	\$132,257
Total GF/non-GF	\$464,855	\$1,169,774	\$501,819	\$1,158,148
Program Total:	\$1,634,629		\$1,659,967	
Program FTE	2.05	7.30	2.90	7.35

Program Revenues				
Indirect for Dept. Admin	\$79,674	\$0	\$69,629	\$0
Intergovernmental	\$0	\$358,964	\$0	\$346,204
Service Charges	\$0	\$810,810	\$0	\$811,944
Total Revenue	\$79,674	\$1,169,774	\$69,629	\$1,158,148

Explanation of Revenues

In July 2010, DMAP approved a Targeted Case Management (TCM)* billing code. In order to collect this revenue we provide 37% in matching general fund. *Beginning July 1, 2015 TCM will roll over into the Coordinated Care Organization (CCO) global budget.

Tobacco Prevention grant: \$346,204

Significant Program Changes

Last Year this program was: FY 2015: 40037 Environmental Health Education, Outreach and Housing

Department: Health Department **Program Contact:** Noelle Wiggins
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40045
Program Characteristics:

Executive Summary

This program builds capacity in communities to improve health and eliminate disparities. Activities include providing empowering training for Community Health Workers and others, conducting community-based participatory research and empowerment evaluation, and managing projects that build community capacity to address priority issues. In addition, we build system capacity to use these culturally-appropriate approaches.

Program Summary

For more than 15 years, the Community Capacitation Center has pioneered culturally appropriate approaches to build capacity in communities to improve health and eliminate disparities. We use these approaches within three primary activities: 1) education and training; 2) research and evaluation; and 3) project management.

Education and Training: The CCC uses popular education to build capacity in Community Health Workers (CHWs), CHW supervisors, and others. CHWs have been identified as key to Oregon's health care transformation. The CCC is by far the oldest provider of training for CHWs in Oregon. Our curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, revenue contracts from many organizations have allowed the CCC to train 191 of the 300 CHWs called for in Oregon's Medicaid waiver. We adapt our curriculum for cultural specificity in communities most affected by inequities. We help build system capacity to use the CHW model effectively.

Research and Evaluation: Six organizations currently contract with the CCC for community-based participatory research and empowerment evaluation about CHWs and related models. These forms of research and evaluation build capacity by involving those most affected at every step of the process. We frequently partner with other organizations such as PSU and Providence Center for Outcomes Research and Evaluation (CORE). We build system capacity to identify and fill gaps in CHW research.

Project Management: 1) With funds from the CDC, we lead STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence. CHWs and sub-contracts to community agencies are essential to our model. 2) With funds from ELM and Social Venture Partners, the CCC leads the Community Education Worker (CEW) Program. CEWs are trained Community Health Workers who participate in additional training so that they can support parents from communities affected by educational inequities to prepare their children to succeed in kindergarten and beyond. CEWs build community capacity to advocate for needed changes at the school, district and state levels.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in training classes	2199	2,000	2,326	2,200
Outcome	% of participants in training courses who report increased ability to promote health	97%	95%	95%	95%
Outcome	% of participants who report increased understanding of the relationship between inequality and health	95%	93%	93%	93%
Outcome	% of participants in CHW training courses whose empowerment increased from baseline to follow-up	N/A	N/A	63%	65%

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.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$564,753	\$242,853	\$691,783	\$335,691
Contractual Services	\$0	\$0	\$9,000	\$11,250
Materials & Supplies	\$17,213	\$26,401	\$48,076	\$45,462
Internal Services	\$90,783	\$60,746	\$96,227	\$78,997
Total GF/non-GF	\$672,749	\$330,000	\$845,086	\$471,400
Program Total:	\$1,002,749		\$1,316,486	
Program FTE	5.62	1.94	6.05	3.75

Program Revenues				
Indirect for Dept. Admin	\$22,477	\$0	\$28,341	\$0
Intergovernmental	\$0	\$320,000	\$0	\$375,000
Other / Miscellaneous	\$0	\$10,000	\$0	\$96,400
Service Charges	\$10,000	\$0	\$142,000	\$0
Total Revenue	\$32,477	\$330,000	\$170,341	\$471,400

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, conducting research and evaluation, and managing projects.

Federal STRYVE grant: \$225,000

Local contracts: \$96,400

OHA Health Promotion Chronic Disease Prevention Program: \$150,000

Significant Program Changes

Last Year this program was: FY 2015: 40038 Health Promotion and Community Capacity Building

More than \$250k 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.

Department: Health Department **Program Contact:** Rebecca Stavenjord
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

STRYVE increases capacity to prevent youth violence, especially in African-American and Latino communities, and geographic communities which experience higher levels of violence and risk factors.

Program Summary

STRYVE is currently one of four demonstration sites in the nation dedicated to increasing local capacity to address violence as a health issue. The third year grant report (March, 2013) for the STRYVE project showed that with support from the CDC-funded base grant, the project had leveraged approximately \$400,000 dollars in grants and in-kind donations. Over 700 hours of volunteer time had been logged. STRYVE staff and coalition members had collectively benefited from over 200 hours of training and technical assistance that built capacity of the project. The STRYVE partnership had involved over 100 community organizations and partners, and had increased outreach and awareness with over 1,000 residents. That report was prior to the first year of best practice program implementation which engaged over 50 youth in 170 curriculum sessions and 9,300 total hours of summer employment. The project also completed two street paintings (over 25,000 square feet total), built 150 little lending libraries with over 6,000 books donated, constructed 15 peace poles with eight languages represented, and hosted four National Night Out community events.

The project is now in its fourth year and has expanded from four focus communities to ten across Multnomah County. The implementation model engages Community Health Workers with shared life experiences and utilizes popular education, a methodology that empowers participants to share the expertise borne of their life experiences and equalizes power inequities through social learning and movement activities. The overall strategic plan is connected to national initiatives through the Department of Justice and National League of Cities that help to increase visibility of prevention work through a public health lens.

Through partnership with the Defending Childhood Initiative, STRYVE has increased awareness of trauma-informed practice and exposure to violence, and engaged in conversations that increase awareness of the effects of trauma at an individual, community and systemic level. This partnership has allowed the project to employ two Community Health Workers for two years. The CHWs are responsible for supporting community engagement and best practice training and implementation, as well as a community dialogue about lived experience informing violence as a health issue.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Youth and community members engaged in STRYVE activities	300	500	1612	1000
Outcome	Implementation of the STRYVE Comprehensive Youth Violence Prevention Plan	n/a	n/a	33%	66%
Output	Youth employment hours completed	n/a	n/a	8100	9000
Output	# of STRYVE Coalition meetings	15	n/a	10	10

Performance Measures Descriptions

STRYVE has previously been included as a program measure output under the Program Offer of the Health Promotion and Capacity Building (40038). Over the last three years, the number of youth and community members engaged in STRYVE activities has increased. In FY16, the program anticipates reaching at least 1,000 youth and community residents through outreach, educational activities, programming and participatory action.

Legal / Contractual Obligation

The STRYVE project has a cooperative agreement with the Centers for Disease Control and Prevention until August 30, 2016. This agreement supports the base funding for the project but does not allow for full implementation of the STRYVE best practices to reduce youth violence.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$141,434	\$0
Contractual Services	\$0	\$0	\$85,000	\$0
Materials & Supplies	\$0	\$0	\$74,868	\$0
Internal Services	\$0	\$0	\$21,698	\$0
Capital Outlay	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$323,000	\$0
Program Total:	\$0		\$323,000	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

STRYVE is housed in the Community Capacitation Center of the Multnomah County Health Department. It is currently supported with base funding from the Centers for Disease Control and Prevention and leverages additional support and partnership from collaborative partners. STRYVE has expanded to serve communities across Multnomah County and seeks to build on the success of its best practice implementation in 2014. This expansion is a step toward sustainability and local ownership of the best practice demonstration site.

Department: Health Department **Program Contact:** Noelle Wiggins
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This program provides culturally-centered initial certification training for a maximum of 25 Community Health Workers from African immigrant and refugee communities. It also provides, via a community based organization (CBO), compensation (stipends or salaries) for a smaller number of CHWs who have completed the training course. Finally, it provides support for supervision at the CBO.

Program Summary

African immigrants and refugees represent the fourth largest immigrant community in Multnomah County. Refugees and immigrants from Africa bring with them substantial strengths and assets, including familial, regional and national networks; high levels of formal education; and health promoting behaviors. However, many refugees and immigrants from Africa have also experienced substantial trauma as a result of war, years spent in refugee camps, dangerous journeys to the US and other factors. Once here, African immigrants and refugees face significant barriers to health and wellness, including racism, non-recognition of educational credentials, and poverty. These factors work together to create health inequities for African immigrant and refugee communities.

This program will respond to these inequities by providing training and support for Community Health Workers from African immigrant and refugee communities. During early months of the program, staff from the Community Capacitation Center (CCC) will spend time with staff from a culturally specific CBO serving these communities to understand the communities and help to identify appropriate co-facilitators. CCC and CBO staff will jointly adapt the CCC's 90-hour basic certification curriculum to community strengths and needs. Members of African immigrant and refugee communities will co-facilitate all sessions in the training, which will be provided for a maximum of 25 participants. Academic credit will be available through a partnership with Portland State University.

After the training is complete, compensation will be provided to a smaller number of CHWs through the CBO. In addition, support will be provided to the CBO to defray the cost of a part-time supervisor for the CHWs. With compensation and adequate support and supervision, CHWs will be able to play a range of roles in their communities, including conducting one-on-one home visits, leading support and education groups, and bringing groups together to identify and address their own most pressing health issues. Support will be provided by the CCC for program development and training of the CHW supervisor.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of CHWs trained	N/A	N/A	N/A	25
Outcome	% of participants in training courses who report increased ability to promote health	N/A	N/A	N/A	95%
Output	Number of community members served by a CHW	N/A	N/A	N/A	450

Performance Measures Descriptions

Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score. Community members served is equal to the total number of unduplicated encounters between CHWs and community members in either group or 1-on-1 settings.

Legal / Contractual Obligation

New regulations require that Community Health Workers participate in an approved 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	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$140,000	\$0
Total GF/non-GF	\$0	\$0	\$140,000	\$0
Program Total:	\$0		\$140,000	
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:

Department: Health Department **Program Contact:** Larry Brown
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Training & Workforce Development Group provides guidance and consultation in administrative procedures, recruitment, employee/labor relations, Class Comp, core management competencies, personnel policies and labor contract interpretation, training facilitation, 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 FY16. In FY15, goals were met for annual objectives developed to support the Cultural Competence and Diversity Framework, worked with divisions to review and update Succession Plans, and met the goal for dissemination of communications and dashboards related to HR functions and policies.

Performance Measures					
Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of cultures operational in the Cultural Competence mapping pool knowledge bank	0	0	8	8
Outcome	% of Health Department staffed trained in Cultural Competence Policy Framework	0	0	10%	10%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	0	0	10%	10%
Output	# of recruitment training events for Health managers and employees	0	0	8	8

Performance Measures Descriptions

Continued...Our work will be supported by the Health Workforce Development and Training Plan, the Health Cultural Competence Policy Framework, and Strategic Plans from Health Human Resources, the Health Department, and the County.

Legal / Contractual Obligation

Three collective bargaining agreements; federal, state, county and department regulations covering classification and compensation, disciplinary action, Affirmative Action, Equal Opportunity, Americans with Disabilities Act, equity, recruitment and vacancies, training, process improvement, vacation and work schedules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,020,549	\$0	\$2,498,570	\$0
Contractual Services	\$54,850	\$10,750	\$229,200	\$0
Materials & Supplies	\$56,782	\$633	\$62,785	\$0
Internal Services	\$285,865	\$1,117	\$295,767	\$0
Total GF/non-GF	\$2,418,046	\$12,500	\$3,086,322	\$0
Program Total:	\$2,430,546		\$3,086,322	
Program FTE	17.05	0.00	22.65	0.00

Program Revenues				
Indirect for Dept. Admin	\$851	\$0	\$0	\$0
Intergovernmental	\$0	\$12,500	\$0	\$0
Total Revenue	\$851	\$12,500	\$0	\$0

Explanation of Revenues

Business Operations - Human Resources and Training is funded by county general fund.

Significant Program Changes

Last Year this program was: FY 2015: 40039 Business Operations- Human Resources and Training

Human Resources and Workforce Development will be active partners in support of the Mental Health transfer from DCHS in offering quality Human Resources and Training services. Healthcare Transformation and growth within Primary Care (ICS) will also influence the demand for professional Human Resources services and programs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,476,341	\$0	\$1,500,388	\$0
Contractual Services	\$50,893	\$0	\$40,500	\$0
Materials & Supplies	\$24,576	\$0	\$26,544	\$0
Internal Services	\$463,927	\$0	\$161,690	\$0
Total GF/non-GF	\$2,015,738	\$0	\$1,729,122	\$0
Program Total:	\$2,015,738		\$1,729,122	
Program FTE	16.30	0.00	15.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40040 Business Operations - Financial Services and Operations

The managers and supervisors in the Health Department's Budget and Finance division will be responsible for the work and supervision of the business services staff supporting the Mental Health and Addiction Services division.

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40041 and 40042
Program Characteristics:

Executive Summary

This program is responsible for budget development and monitoring, accounts payable, grant accounting, and financial reporting and forecasting for the Mental Health and Addiction Services Division, which is moving to the Health Department in FY2016.

Program Summary

This group manages all of the specialty financial reporting required for the Medicaid insurance plan managed by the division. This includes management and oversight of contracts for actuarial services, rate setting, third-party administrative services and claims processing.

This group manages all of the financial reporting, accounts payable, billing and collection services for grant-funded programs; prepares the division budget; and prepares, reviews and monitors financial reports for all programs and services within the Mental Health and Addictions Services division.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of invoices processed	0	0	0	8,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system	0	0	0	10
Quality	Number of audit findings in County's annual financial audit	0	0	0	no findings

Performance Measures Descriptions

These are new measures for this area, which is why only next years estimates are provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$486,475	\$219,520	\$641,898	\$0
Internal Services	\$0	\$0	\$61,762	\$0
Total GF/non-GF	\$486,475	\$219,520	\$703,660	\$0
Program Total:	\$705,995		\$703,660	
Program FTE	5.47	2.53	7.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25002 Business Services

This is the portion of Business Services in the Department of County Human Services that supported the Mental Health and Addictions Services division that is being transferred to the Health Department.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,200,961	\$0	\$1,324,435	\$0
Contractual Services	\$11,317	\$0	\$8,460	\$0
Materials & Supplies	\$38,779	\$0	\$123,851	\$0
Internal Services	\$153,657	\$0	\$132,951	\$0
Total GF/non-GF	\$1,404,714	\$0	\$1,589,697	\$0
Program Total:	\$1,404,714		\$1,589,697	
Program FTE	13.00	0.00	14.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40041 Business Operations - Medical Billing

This program offer no longer includes the cost of the EPIC system or the Data and Reporting team, now in its own program offer # 40044.

Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$940,477	\$0	\$987,870	\$0
Materials & Supplies	\$7,579	\$0	\$13,286	\$0
Internal Services	\$103,639	\$0	\$114,719	\$0
Total GF/non-GF	\$1,051,695	\$0	\$1,115,875	\$0
Program Total:	\$1,051,695		\$1,115,875	
Program FTE	8.00	0.00	9.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40040 Business Operations - Financial Services and Operations

Contracts and Purchasing was part of the Finance and Operations program offer #40040, but has been separated out this year. There has been no significant change to the content of the program or services provided.

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40040B
Program Characteristics:

Executive Summary

Mental Health Contracts and Procurement advises, prepares and processes all contracts, intergovernmental and professional service agreements for the Mental Health and Addictions Services division (MHASD) moving to the Health Department in FY2016. This team also provide purchasing support for the procurement of a wide array of treatment and professional services.

Program Summary

Mental Health Contracts and Procurement processes more than 260 contracts, intergovernmental and professional service agreements for the division. They also provide purchasing support for the procurement of a wide array of services, totaling more than \$100 million per year. They safeguard the division from risk; ensure compliance with federal and state public procurement laws and regulations; seek out cost effective high quality services from a wide array of community based service providers, hospitals, clinics and treatment facilities.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of contracts or amendments processed	0	0	0	700
Outcome	Percent of contracts executed by start of contract	0	0	0	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$206,249	\$0	\$308,377	\$0
Internal Services	\$0	\$0	\$26,468	\$0
Total GF/non-GF	\$206,249	\$0	\$334,845	\$0
Program Total:	\$206,249		\$334,845	
Program FTE	2.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25003 Contracts Unit

The three staff who support the Mental Health and Addictions Services division will move from the Department of County Human Services to the Health Department when the MHAS division moves in FY2016.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$969,604	\$0	\$1,474,465	\$0
Contractual Services	\$0	\$0	\$6,600	\$0
Materials & Supplies	\$35,955	\$0	\$38,855	\$0
Internal Services	\$120,570	\$0	\$347,751	\$0
Total GF/non-GF	\$1,126,129	\$0	\$1,867,671	\$0
Program Total:	\$1,126,129		\$1,867,671	
Program FTE	7.00	0.00	12.60	0.00

Program Revenues				
Other / Miscellaneous	\$6,845,018	\$0	\$9,281,818	\$0
Total Revenue	\$6,845,018	\$0	\$9,281,818	\$0

Explanation of Revenues

General Fund

Significant Program Changes

Last Year this program was: FY 2015: 40040 Business Operations - Financial Services and Operations

This program was included in Business Operations program offer #40040. A variety of staff and activities have been consolidated under Strategic Operations in FY2015, providing for clearer direction and coordination of services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$334,167	\$0	\$451,996	\$0
Contractual Services	\$235,712	\$0	\$0	\$0
Materials & Supplies	\$1,501,292	\$0	\$2,002,616	\$0
Internal Services	\$0	\$0	\$9,823	\$0
Total GF/non-GF	\$2,071,171	\$0	\$2,464,435	\$0
Program Total:	\$2,071,171		\$2,464,435	
Program FTE	3.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40041 Business Operations - Medical Billing

This was included in the Medical Accounts Receivable program offer #40041, but has been separated out into its own program offer this year. The content however hasn't changed.

Department: Health Department **Program Contact:** Rujuta Gaonkar
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The mission of the Health Equity Initiative (HEI) 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 HEI 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. We do this by providing technical assistance for Equity and Empowerment Lens applications; serving as internal and external health equity advisors; developing and delivering equity and empowerment trainings; increasing internal capacity to authentically engage and partner with community; utilizing data, research and community input to track and communicate progress toward targeted disparity reduction; and evaluating impact of program activities to highlight/communicate results and ensure continuous quality improvement.

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 providing technical assistance 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 to develop and implement a clearly defined Equity Strategy for targeted and measurable disparity reduction that directs equity activities and guides HEI's work plan and role in accomplishing these goals. Externally, HEI will continue to build relationships with community partners, increase capacity and accountability within the Health Department to authentically engage and partner with community, and work in partnership with the Office of Diversity and Equity to ensure that best practices are institutionalized throughout the County. In FY16, HEI will support the Health Department to meaningfully engage with the community to reduce disparities by initiating the development of a Community Health Improvement Plan, a requirement of public health accreditation.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of new culturally specific policies, programs or practices implemented to address disparities identified in	NA	0	0	10
Outcome	Number of programs adopting community engagement best practices	NA	0	0	15
Output	Number of programs, practices and policies applying the Equity and Empowerment Lens	20	20	20	30

Performance Measures Descriptions

Program Measures non-applicable represent the change in management occurring July 2014 and revised program measures based on the publication of the Report Card on Racial and Ethnic Health Disparities, increased focus on research and evaluation capacity, and an expansion of programmatic focus areas to encompass culturally specific engagement and direction strategies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$398,151	\$0	\$760,139	\$0
Contractual Services	\$0	\$0	\$225,000	\$0
Materials & Supplies	\$15,161	\$0	\$41,846	\$0
Internal Services	\$39,349	\$0	\$38,716	\$0
Total GF/non-GF	\$452,661	\$0	\$1,065,701	\$0
Program Total:	\$452,661		\$1,065,701	
Program FTE	3.40	0.00	6.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40045 Health Equity Initiative (Racial Justice Focus)

Informed by strategies identified as necessary to respond to the disparities outlined in the recently released Report Card on Racial and Ethnic Disparities, this program is adding staff to better align existing resources and expertise related to partnerships with community and to facilitate enhanced capacity to develop and maintain sustainable partnerships with communities experiencing a disproportionate share of health inequities. HEI has also set aside pass-through funds to support a community partner in the development and implementation of a disparity focused Community Health Improvement Plan. 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: Health Department **Program Contact:** Consuelo Saragoza
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Community Wellness and Prevention Program within 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 and nicotine products 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 and nicotine products 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of community partnerships Multnomah County Coalition	20	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 partnerships. Partners will be tracked by # of partnerships established/strengthened through project and 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.

Legal / Contractual Obligation

Healthy Communities Grant and Tobacco Prevention and Education Grant funded by Oregon Public Health Division must comply with required work plans and assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$190,725	\$168,018	\$409,505	\$120,245
Contractual Services	\$0	\$5,082	\$0	\$0
Materials & Supplies	\$15,867	\$1,105	\$11,164	\$213
Internal Services	\$130,354	\$18,205	\$133,388	\$14,510
Total GF/non-GF	\$336,946	\$192,410	\$554,057	\$134,968
Program Total:	\$529,356		\$689,025	
Program FTE	1.80	1.77	4.10	1.20

Program Revenues				
Indirect for Dept. Admin	\$13,105	\$0	\$8,114	\$0
Intergovernmental	\$0	\$132,451	\$0	\$134,968
Other / Miscellaneous	\$0	\$59,959	\$0	\$0
Total Revenue	\$13,105	\$192,410	\$8,114	\$134,968

Explanation of Revenues

The Community Wellness and Prevention Program is funded by:

Healthy Communities grant: \$83,767

State Local Public Health Authority tobacco prevention grant: \$51,201

Significant Program Changes

Last Year this program was: FY 2015: 40047 Public Health Community Initiatives

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$65,000	\$0
Total GF/non-GF	\$0	\$0	\$65,000	\$0
Program Total:	\$0		\$65,000	
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:

Department: Health Department **Program Contact:** Samantha Kaan
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 supports the public health programs in quality improvement, technology management and accreditation readiness through the Quality Leadership Team, the Technology Pipeline Management Team, and the Public Health Accreditation Team.

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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of Quality Improvement training and projects for identified priority CHS programs	6	10	8	8
Outcome	Percent of strategic projects completed successfully	NA	95%	94%	95%
Quality	Internal customers are "satisfied" or "extremely satisfied"	NA	92%	92%	92%

Performance Measures Descriptions

2) Strategic projects include: epidemiology reports and data asks, quality improvement projects, informatics database improvements, and cross-Departmental collaborations.

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$519,031	\$0	\$521,201	\$0
Contractual Services	\$21,000	\$0	\$25,000	\$0
Materials & Supplies	\$25,735	\$0	\$37,453	\$0
Internal Services	\$64,467	\$0	\$57,148	\$0
Total GF/non-GF	\$630,233	\$0	\$640,802	\$0
Program Total:	\$630,233		\$640,802	
Program FTE	4.50	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: FY 2015: 40048 Community Epidemiology

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 100+ youth meet the standards that ensure 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 100+ youth daily in 7 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. Staff also ensure clients in the Sendros unit each receive the necessary care required by the ORR Morrison contract. This includes a full intake assessment by an RN, a History and Physical by a Provider and complete vaccination assessment with vaccines if needed. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of client 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

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs brings harm to individuals entrusted to our care and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$545,738	\$0	\$569,134	\$71,639
Contractual Services	\$0	\$0	\$2,800	\$0
Materials & Supplies	\$16,268	\$0	\$27,365	\$2,893
Internal Services	\$70,048	\$0	\$81,529	\$6,917
Total GF/non-GF	\$632,054	\$0	\$680,828	\$81,449
Program Total:	\$632,054		\$762,277	
Program FTE	3.60	0.00	3.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$4,897	\$0
Service Charges	\$68,132	\$0	\$0	\$81,449
Total Revenue	\$68,132	\$0	\$4,897	\$81,449

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. An additional \$81,449 in funding is provided by the Morrison Child & Family Services Senderos Program.

Significant Program Changes

Last Year this program was: FY 2015: 40049 Corrections Health Juvenile Detention

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 100 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 and self harm symptom identification and TB screening are vitally important at booking for safety while incarcerated. The Mental Health Team is composed of PMHNP, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. Over 60% of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average # of health screenings completed in a month	500	540	540	540
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	50%	55%	55%

Performance Measures Descriptions

Outcome Measure 1 was changed from a daily accounting of health screenings to a monthly accounting because the daily number fluctuates significantly depending upon the day of the week and the shift during the day.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$3,087,158	\$185,009	\$3,116,058	\$0
Contractual Services	\$561,753	\$25,000	\$284,924	\$0
Materials & Supplies	\$249,259	\$2,600	\$127,523	\$0
Internal Services	\$209,083	\$1,455	\$86,403	\$0
Total GF/non-GF	\$4,107,252	\$214,064	\$3,614,908	\$0
Program Total:	\$4,321,316		\$3,614,908	
Program FTE	24.00	0.00	24.10	0.00

Program Revenues				
Intergovernmental	\$0	\$214,064	\$0	\$0
Service Charges	\$12,342	\$0	\$0	\$0
Total Revenue	\$12,342	\$214,064	\$0	\$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, 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.

Significant Program Changes

Last Year this program was: FY 2015: 40050A Corrections Health Multnomah County Detention Center (MCDC)

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 operator, 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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.	0	246	180	160

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.) FY16 narrative reflects the increase in Mental Health Consultant staff who are assessing clients on suicide watch. Now active and constant watches are preformed in the jail.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,398,934	\$0	\$1,589,196	\$0
Contractual Services	\$623,567	\$0	\$219,011	\$0
Materials & Supplies	\$230,358	\$0	\$194,594	\$0
Internal Services	\$69,946	\$0	\$112,565	\$0
Total GF/non-GF	\$2,322,805	\$0	\$2,115,366	\$0
Program Total:	\$2,322,805		\$2,115,366	
Program FTE	13.72	0.00	14.60	0.00

Program Revenues				
Service Charges	\$6,697	\$0	\$0	\$0
Total Revenue	\$6,697	\$0	\$0	\$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.

Significant Program Changes

Last Year this program was: FY 2015: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,556,464	\$0	\$2,306,981	\$0
Contractual Services	\$596,744	\$0	\$362,541	\$0
Materials & Supplies	\$253,740	\$0	\$215,249	\$0
Internal Services	\$93,591	\$0	\$145,321	\$0
Total GF/non-GF	\$2,500,539	\$0	\$3,030,092	\$0
Program Total:	\$2,500,539		\$3,030,092	
Program FTE	16.20	0.00	20.50	0.00

Program Revenues				
Service Charges	\$8,961	\$0	\$50,000	\$0
Total Revenue	\$8,961	\$0	\$50,000	\$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.

The program estimates to collect \$50,000 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: FY 2015: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,967,070	\$0	\$2,127,932	\$0
Contractual Services	\$133,637	\$0	\$220,820	\$0
Materials & Supplies	\$253,396	\$0	\$144,361	\$0
Internal Services	\$205,768	\$0	\$204,104	\$0
Total GF/non-GF	\$2,559,871	\$0	\$2,697,217	\$0
Program Total:	\$2,559,871		\$2,697,217	
Program FTE	13.98	0.00	15.70	0.00

Program Revenues				
Service Charges	\$15,426	\$0	\$0	\$0
Total Revenue	\$15,426	\$0	\$0	\$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.

Significant Program Changes

Last Year this program was: FY 2015: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # of inmate medical requests for care evaluated by the Nurse monthly.	950	930	930	950
Outcome	Avg # of inmate TB tests per month.	70	65	65	65

Performance Measures Descriptions

Performance measures reflect the entire facility.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered, is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,149,317	\$0	\$1,329,425	\$0
Contractual Services	\$67,766	\$0	\$170,421	\$0
Materials & Supplies	\$58,966	\$0	\$144,060	\$0
Internal Services	\$77,726	\$0	\$119,920	\$0
Total GF/non-GF	\$1,353,775	\$0	\$1,763,826	\$0
Program Total:	\$1,353,775		\$1,763,826	
Program FTE	10.20	0.00	11.50	0.00

Program Revenues				
Service Charges	\$8,372	\$0	\$0	\$0
Total Revenue	\$8,372	\$0	\$0	\$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.

Significant Program Changes

Last Year this program was: FY 2015: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	950
Outcome	Avg # of TB tests per month.	70	65	65	65

Performance Measures Descriptions

Performance measures reflect the entire facility.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health care professional and a right to receive that care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$887,276	\$0	\$1,030,352	\$0
Contractual Services	\$90,673	\$0	\$138,283	\$0
Materials & Supplies	\$78,898	\$0	\$101,032	\$0
Internal Services	\$103,999	\$0	\$98,749	\$0
Total GF/non-GF	\$1,160,846	\$0	\$1,368,416	\$0
Program Total:	\$1,160,846		\$1,368,416	
Program FTE	7.80	0.00	9.00	0.00

Program Revenues				
Service Charges	\$11,202	\$0	\$50,000	\$0
Total Revenue	\$11,202	\$0	\$50,000	\$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.

The program estimates to collect \$50,000 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: FY 2015: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

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 6,500 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's 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's Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of deaths requiring investigation	2,268	2,200	2,300	2,380
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	76%	70%	79%	81%

Performance Measures Descriptions

Output: Number of deaths in Multnomah County that require investigations. Because census data and occurrence deaths are tracked at the calendar year level, these data are based on calendar years.

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.

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$926,977	\$0	\$951,102	\$0
Contractual Services	\$64,050	\$0	\$13,050	\$0
Materials & Supplies	\$14,731	\$0	\$65,346	\$0
Internal Services	\$89,183	\$0	\$97,923	\$0
Total GF/non-GF	\$1,094,941	\$0	\$1,127,421	\$0
Program Total:	\$1,094,941		\$1,127,421	
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: FY 2015: 40052 Medical Examiner

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$118,483	\$0
Total GF/non-GF	\$0	\$0	\$118,483	\$0
Program Total:	\$0		\$118,483	
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:

While Oregon and Multnomah County populations have increased 9% since 2003 (with corresponding deaths), ME staff levels have been reduced by 2.5 FTE, and evening/weekend answering services discontinued. The objective of this proposal is to reinstate a Chief Deputy Medical Examiner which was in place from the early 1970s until 2005, in order to: 1) provide on-site leadership and supervision for the 9 permanent and 7 on-call personnel that has been absent for 10 years; 2) increase the number of personnel available to respond to death notifications and associated activities in a timely manner; 3) assess and improve program operations and efficiency; 4) reduce County liability due to improved personnel safety.

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40058
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) is a program funded by the Centers for Disease Control and Prevention (CDC) to create policy, systems, and environmental changes to improve health equity for Multnomah County's African American community. REACH focuses on tobacco and nutrition policies and environmental changes in a variety of settings to improve health across the lifespan, from pre-conception to older adulthood.

Program Summary

More African Americans in Multnomah County die from preventable diseases like diabetes, lung cancer, and heart disease compared to other groups. The Racial and Ethnic Approaches to Community Health (REACH) program addresses pervasive disparities in chronic disease in the African American community by 1) implementing high impact strategies reaching at least 75% of the African American community, 2) decreasing health inequities, and 3) increasing the evidence base by conducting evaluation and research. In partnership with a diverse set of partners through the ACHIEVE coalition, REACH will increase the number of African Americans with improved access to healthy food and decrease the number of African Americans exposed to tobacco and nicotine. Because of REACH, 17,500 African Americans in Multnomah County will have more healthy food in 25 settings, and more transportation options to healthy food retail. Working with the City of Gresham and five community based organizations, REACH will expand the number of healthy retail settings and support retailers to provide healthier options in retail settings. Nutrition policies in faith-based settings and child-care settings will be implemented, and transportation policies will improve access to the newly created healthy food settings.

As a result of this three-year grant, 47,695 African Americans in Multnomah County will have increased access to tobacco/nicotine-free environments. Tobacco strategies will decrease youth access to tobacco and nicotine, provide tobacco cessation for pregnant women, and increase smoke-free policies in places frequented by youth and African Americans. REACH will focus largely in East County to implement nutrition policies in 10 faith-based community institutions/organizations, implement nutrition policies in five child care settings, develop eight healthy retail environments, establish two healthy food access policies, decrease youth access in over 700 tobacco retail settings, initiate tobacco cessation programming across three health care settings, and implement smoke-free policies across 10 community settings.

REACH aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of poor population health by focusing on the social determinants of health and a life course health perspective, and builds capacity in the African American community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of community settings adopting healthy food and/or tobacco- and nicotine-free policies	NA	NA	2	5
Outcome	% of African Americans with increased access to healthy food and decreased exposure to tobacco and nicotine	NA	NA	2%	15%
Quality	Number of community settings with a completed assessment	NA	NA	2	5

Performance Measures Descriptions

Note: This is a 3-year grant. Measures of success will be staged with development of program. As the policy development process builds, the number and % of people impacted will grow larger in the second and third years.

Note: Community settings include faith-based, child care, recreation/after-school, and retail.

Legal / Contractual Obligation

OMB Circular A-87; State/Federal program Requirements; CDC grant requirements (include culturally specific focus on African Americans in Multnomah County) and requirements of the Affordable Care Act.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$589,677
Contractual Services	\$0	\$0	\$0	\$495,490
Materials & Supplies	\$0	\$0	\$0	\$63,349
Internal Services	\$0	\$0	\$0	\$137,680
Total GF/non-GF	\$0	\$0	\$0	\$1,286,196
Program Total:	\$0		\$1,286,196	
Program FTE	0.00	0.00	0.00	6.45

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$77,327	\$0
Intergovernmental	\$0	\$0	\$0	\$1,286,196
Total Revenue	\$0	\$0	\$77,327	\$1,286,196

Explanation of Revenues

REACH grant award: \$1,286,196

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40055, 40056, 40058
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 25 years of extensive research. 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. This program serves over 400 families per year.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and 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. In 2014, the two NFP teams served 486 families.

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, 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, a Community Advisory Council, and rigorous evaluation support through the NFP National Service Office. NFP aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and addresses underlying causes of poor population health by focusing on a life course health perspective. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

Additional work that is supported in this program offer includes funding a contract for the Right from the Start Coalition that works from a collective impact model to support strategies for childhood obesity prevention in formal and informal childcare settings. Additionally, this program offer supports the core public health work of data monitoring and reporting through the development, maintenance, and dissemination of the Multnomah County Maternal Child and Family Health Databook.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	486	400	486	450
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	65%	60%	65%	60%
Quality	Client retention in prenatal phase of NFP program	71%	80%	71%	71%
Quality	Client satisfaction	NA	95%	98%	98%

Performance Measures Descriptions

Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. 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	2015	2015	2016	2016
Personnel	\$1,417,622	\$1,294,655	\$1,908,070	\$812,909
Contractual Services	\$406,847	\$22,756	\$33,038	\$431,012
Materials & Supplies	\$34,870	\$21,011	\$34,641	\$42,659
Internal Services	\$232,871	\$208,646	\$133,068	\$271,706
Total GF/non-GF	\$2,092,210	\$1,547,068	\$2,108,817	\$1,558,286
Program Total:	\$3,639,278		\$3,667,103	
Program FTE	11.92	10.20	17.80	5.40

Program Revenues				
Indirect for Dept. Admin	\$105,372	\$0	\$93,685	\$0
Intergovernmental	\$0	\$120,000	\$0	\$92,120
Other / Miscellaneous	\$13,516	\$0	\$14,190	\$0
Service Charges	\$0	\$1,427,068	\$0	\$1,466,166
Total Revenue	\$118,888	\$1,547,068	\$107,875	\$1,558,286

Explanation of Revenues

NFP is funded in part by Medicaid fees from Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and Targeted Case Management (TCM)* for infants and children up to age 5 years.

*Beginning July 1, 2015 TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Oregon Babies First grant: \$92,120

Significant Program Changes

Last Year this program was: FY 2015: 40054 Nurse Family Partnership

In FY15, Nurse Family Partnership and Healthy Birth Initiative (HBI) began the process of better connecting the two programs so that African American first time mothers are enrolled in NFP and receive all of the wraparound, culturally-specific services and leadership development of the HBI program. Additional families served through the coordinated programs are reflected in the HBI program offer.

In this Program Offer we have added an additional 0.5 FTE in support staff for both NFP teams to come into full compliance with the staffing levels outlined by the NFP National Service Office and we have added expenses to support an NFP Community Advisory Council, also a model element required by the NFP National Service Office.

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 life stability. The Multnomah County CaCoon program serves families with children from birth to age four who have (or are at risk of having) a chronic health condition or disability or are identified as high risk in hospital or community settings. CaCoon care coordination services are offered by Community Health Nurses who are specially trained to care for children with special health needs and families that may be drug-affected. 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 needs requiring coordination across multiple systems of care. Through home visiting, the CaCoon program helps families coordinate their child's care, develop care management skills, and link to appropriate services. 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 developed a special health care need, to families enrolled in the Mt Hood Head Start program, LifeWorks NW, Multnomah Early Childhood Program, and to pregnant/parenting women that are drug-affected in drug treatment and other community settings.

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, compared to children on Medicaid without CaCoon. 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.

CaCoon aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served by CaCoon team	346	300	346	300
Outcome	% of participants breastfeeding at 3 months	71%	60%	71%	70%
Quality	Completion of 6 mandatory assessments as directed by State program for families seen more than 3 times	93%	95%	93%	95%
Quality	Client satisfaction	NA	98%	98%	98%

Performance Measures Descriptions

1) Output: Number of families served includes CaCoon-specific families and high-risk families that do not have a CaCoon diagnosis.

Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$292,573	\$1,074,617	\$833,305	\$373,388
Contractual Services	\$515,396	\$45,611	\$0	\$141,708
Materials & Supplies	\$19,943	\$53,329	\$22,704	\$19,503
Internal Services	\$304,581	\$143,075	\$34,612	\$301,492
Total GF/non-GF	\$1,132,493	\$1,316,632	\$890,621	\$836,091
Program Total:	\$2,449,125		\$1,726,712	
Program FTE	3.12	8.20	6.94	3.16

Program Revenues				
Indirect for Dept. Admin	\$89,678	\$0	\$50,265	\$0
Intergovernmental	\$0	\$120,499	\$0	\$410,315
Other / Miscellaneous	\$6,758	\$3,333	\$4,256	\$10,000
Service Charges	\$0	\$1,192,800	\$0	\$415,776
Total Revenue	\$96,436	\$1,316,632	\$54,521	\$836,091

Explanation of Revenues

CaCoon is funded by the following: Medicaid Targeted Case Management (TCM)*

*Beginning July 1, 2015, TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Mount Hood Community College Head Start grant: \$37,000; Lifeworks CHN contract: \$10,000
Oregon Child Development Coalition contract: \$37,000; David Douglas contract: \$216,315
OHSU CaCoon grant: \$120,000

Significant Program Changes

Last Year this program was: FY 2015: 40055 CaCoon

The CaCoon program has added capacity through a contract to provide a Community Health Nurse and a Community Health Worker to work with the Multnomah Early Childhood Program working in a classroom setting to provide family health support for children identified with developmental delays and disabilities. Additionally we have shifted resources working with corrections-involved families to adding a Mental Health Consultant to work with the same population of women enrolled in our Nurse Family Partnership and CaCoon programs. This change was made to respond to the clear need articulated from home visiting staff for Mental Health Consultation for existing programs to begin to support a trauma-informed approach and address higher acuity families enrolled in home-visiting programs.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Multnomah County Health Department Early Childhood Services (MCHD-ECS) provides a combination of community-based funding and Community Health Nurse staffing to support Head Start and Early Head Start health screening and intervention work for children and families that are accessing services through Albina Head Start, Oregon Child Development Coalition (OCDC) and Mount Hood Community College Head Start (MHCC).

Program Summary

Early Childhood Services will provide a combination of funding and County nurse staffing support to Head Start and Early Head Start partner agencies. This service includes education and health training for staff and families, individual child health assessment and intervention planning, supportive development of care plans needed for children with special health care needs, and building partnerships for health screening with health care and social service providers.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Trainings focusing on health issues identified by agency-engaged families and/or staff.	0	0	0	3
Outcome	Percent of agency-engaged families screened.	0	0	0	75%

Performance Measures Descriptions

Outcome is measured by the percentage of families using Head Start and/or Early Head Start model guidelines for health screenings.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$39,206	\$0
Contractual Services	\$0	\$0	\$39,770	\$0
Materials & Supplies	\$0	\$0	\$24	\$0
Total GF/non-GF	\$0	\$0	\$79,000	\$0
Program Total:	\$0		\$79,000	
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: FY 2015: 40055 CaCoon

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.

HFMC is connected with 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).

HFMC aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. HFMC responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of population health by focusing on a life course health perspective, and builds capacity among community partners. Long-term benefits to the county include healthy children ready to learn; a healthier workforce; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	601	600	600	600
Outcome	% of participating parents who report reading to/with a child at least 3X/week	94%	94%	93%*	94%
Quality	% of families remaining in intensive services for 12 months or longer	66%	66%	61%*	64%

Performance Measures Descriptions

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$464,570	\$453,829	\$514,665	\$338,472
Contractual Services	\$557,062	\$1,016,456	\$659,686	\$1,055,838
Materials & Supplies	\$26,083	\$143	\$8,717	\$26,441
Internal Services	\$156,189	\$145,921	\$0	\$196,836
Total GF/non-GF	\$1,203,904	\$1,616,349	\$1,183,068	\$1,617,587
Program Total:	\$2,820,253		\$2,800,655	
Program FTE	4.64	5.59	4.91	3.99

Program Revenues				
Indirect for Dept. Admin	\$110,091	\$0	\$97,251	\$0
Intergovernmental	\$0	\$1,616,349	\$0	\$1,617,587
Total Revenue	\$110,091	\$1,616,349	\$97,251	\$1,617,587

Explanation of Revenues

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County paid match of 50%.

Significant Program Changes

Last Year this program was: FY 2015: 40056 Healthy Families

The Health Department will issue an RFP in FY16 to identify culturally-specific service providers with capacity to reach immigrant and refugee families, in order to better target disparities.

Due to program changes at the federal level, the County will be required to submit an RFP to be eligible to continue to operate HFMC, rather than receiving federal funds automatically.

Starting in July, partial funding for HFMC will flow from the State to Early Learning Multnomah (ELM). Per agreements with ELM, MCHD will continue to administer the HFMC program.

Department: Health Department **Program Contact:** Jessica Guernsey
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 (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. Since its start in 2011, the FGC has achieved several successes including securing transformation funding from Health Share of Oregon (the funding period for this grant ends in FY15). Most recently, the FGC has secured funding from the Northwest Health Foundation (NWHF) to support a community-based policy coordinator. Additionally, the FGC has increased stakeholder commitments and in-kind support. The work of the FGC is made possible by county general fund, a \$200,000 grant from NWHF, and generous in-kind support from organizational partners. Strategies include providing continued opportunities for community healing; mobilizing, educating, and informing community through peer-to-peer support and training; increasing use of the relational world view and trauma-informed approaches within health and social service systems; and enhancing participation of Native-identified community health workers and community members in policy and systems changes.

The work of the FGC aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This effort responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of population health by focusing on the social determinants of health and a life course health perspective, and build capacity in the Native community and among Native-serving organizations.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	NA	3	7	3
Outcome	% of native community members attending trainings that increase awareness of Fetal Alcohol Spectrum Disorders	NA	90%	100%	100%
Quality	% of collaborative participants that represent Native-serving organizations and/or self-identify as American-Ind	NA	50%	67%	60%
Quality	% of FGC organizational partners reporting that MC operates with a trauma-informed approach in the FGC	NA	NA	88%	90%

Performance Measures Descriptions

4) We added a quality measure for the coming year to measure partners' perception of Multnomah County operating with a trauma-informed approach. Although we did not include it as a measure last year in the program offer, we did measure it and would like to include it as an ongoing quality measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$60,475	\$5,306	\$143,920	\$0
Contractual Services	\$62,812	\$54,067	\$266,000	\$67,726
Materials & Supplies	\$3,840	\$1,699	\$5,819	\$10,056
Internal Services	\$0	\$0	\$20,595	\$7,218
Total GF/non-GF	\$127,127	\$61,072	\$436,334	\$85,000
Program Total:	\$188,199		\$521,334	
Program FTE	1.00	0.00	1.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$5,110	\$0
Intergovernmental	\$0	\$61,072	\$0	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$85,000
Total Revenue	\$0	\$61,072	\$5,110	\$85,000

Explanation of Revenues

Future Generations Collaborative is funded by county general fund and a Northwest Health Foundation grant of \$85,000.

Significant Program Changes

Last Year this program was: FY 2015: 40057 Future Generations Collaborative

The Future Generations Collaborative (FGC) is adding capacity to the program through a Northwest Health Foundation grant to expand work with community health workers and connect to other culturally-specific programs and initiatives to address policy issues that perpetuate the root causes of health inequities across communities through systems work. This additional funding, combined with county general fund, will allow FGC to contract with Native-serving organizations in order to achieve its goal of building capacity in the Native community.

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. With additional funding in FY15, HBI increased the number of families served and expanded the components of service coordination and collective impact. HBI promotes service coordination by working with Coordinated Care Organizations (CCOs) and health systems to ensure program participants have a culturally responsive medical home and are receiving recommended services. Care coordination is promoted between internal Health Department programs, external health and social service providers, and larger systems in order to avoid duplicating maternal, child, and family health activities in the community. HBI also enrolls uninsured members of the African American community in health insurance through internal and external partnerships. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement, and will include participation from CCOs, Early Learning Multnomah, and state, regional, local, and community-based partners.

HBI aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of poor population health by focusing on the social determinants of health and a life course health perspective, and builds capacity in the African American community. Long-term benefits to the county of investing in this program include healthy children ready to learn; a healthier work force; decreased costs related to school failure, juvenile crime, and chronic disease; strengthened partnerships; and gains in equity for the county's African American community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	150	125	150	125
Outcome	% of mothers initiating breastfeeding after delivery	91%	95%	91%	95%
Quality	% of participants who remain in program until child is two years-old	73%	80%	73%	80%
Quality	% of participants who express satisfaction with cultural specificity of program	91%	87%	84%	87%

Performance Measures Descriptions

Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$988,697	\$104,498	\$640,706	\$687,102
Contractual Services	\$112,530	\$59,106	\$162,383	\$153,563
Materials & Supplies	\$16,058	\$28,811	\$57,242	\$56,733
Internal Services	\$50,338	\$170,273	\$136,889	\$215,290
Total GF/non-GF	\$1,167,624	\$362,688	\$997,220	\$1,112,688
Program Total:	\$1,530,312		\$2,109,908	
Program FTE	10.23	1.00	5.65	7.15

Program Revenues				
Indirect for Dept. Admin	\$24,703	\$0	\$66,896	\$0
Intergovernmental	\$0	\$0	\$0	\$750,000
Service Charges	\$0	\$362,688	\$0	\$362,688
Total Revenue	\$24,703	\$362,688	\$66,896	\$1,112,688

Explanation of Revenues

Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM)* Medicaid Maternity Case Management and a Health Resources and Services Administration grant (\$750,000).

*Beginning July 1, 2015, TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Health Resources Services Administration grant: \$750,000

Significant Program Changes

Last Year this program was: FY 2015: 40058A Healthy Birth Initiative

Healthy Birth Initiatives has worked with Health Department programs Healthy Families Multnomah County and Nurse Family Partnership to create a continuum of care, from prenatal health to early childhood, for African American families in need.

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40050-40051
Program Characteristics:

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. The addition of these staff this past year helped reduce the number of clients on suicide watch from an average of 11.3 daily from January to September to 4.8 daily between October and December. This has significantly reduced the amount of staff needed by the Sheriff's office to watch clients on suicide watch. Additionally, it has allowed for clients to receive more timely mental health care. This has allowed us to identify clients who need mental health treatment earlier in their stay in jail. Being able to provide timely care in our short term setting is essential to assist clients in being able to maintain some level of stability while incarcerated while working towards more active transition plans upon release from jail. Additionally, clients have been able to access mental health staff more than one time per day. This has allowed clients to be reduced from constant suicide watch to active suicide watch much sooner than before these staff were hired.

Performance Measures:

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. With the 4.2 FTE MHC staff who were added to the FY15 budget the average daily clients who are on suicide watch, both active and constant has been reduced from January-September of 11.3 to September to December of 4.8. We continue to believe the average will be closer to the 5 clients daily instead of the almost 12 clients that were on during the first 9 months of 2014. For our outcome measure #2 the next year offer of 6 reflects this reduction in overall clients being on suicide watch.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	n/a	246	180	160
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	n/a	9	12	6

Performance Measures Descriptions

First performance measure is changed to evaluations per month rather than evaluations per shift.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$406,471	\$0
Materials & Supplies	\$0	\$0	\$5,160	\$0
Total GF/non-GF	\$0	\$0	\$411,631	\$0
Program Total:	\$0		\$411,631	
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:

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$173,859	\$811,796	\$363,440	\$655,717
Contractual Services	\$25,000	\$103,000	\$188,925	\$17,744
Materials & Supplies	\$18,471	\$73,230	\$28,243	\$63,853
Internal Services	\$14,900	\$89,959	\$59,652	\$63,111
Total GF/non-GF	\$232,230	\$1,077,985	\$640,260	\$800,425
Program Total:	\$1,310,216		\$1,440,685	
Program FTE	0.67	5.33	1.70	4.80

Program Revenues				
Indirect for Dept. Admin	\$17,132	\$0	\$24,430	\$0
Intergovernmental	\$0	\$951,018	\$0	\$656,604
Other / Miscellaneous	\$0	\$126,967	\$349,883	\$143,821
Total Revenue	\$17,132	\$1,077,985	\$374,313	\$800,425

Explanation of Revenues

\$262,527 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$205,971 - State Mental Health Grant Local Admin: Based on FY15 grant award

\$188,106 - State Mental Health Grant Flex Funding: Based on FY15 grant award

\$143,821 - Care Oregon Incentive: Based on FY15 Estimated cost

Significant Program Changes

Last Year this program was: FY 2015: 25050 MHASD Administration

Department: Health Department **Program Contact:** David Hidalgo
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40070
Program Characteristics:

Executive Summary

This offer is a pilot service enhancement to 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 Probation and Parole, Corrections Health, Jail Diversion Programs and PBB-Behavioral Health Unit. This service enhancement would increase the value, efficiency and use of the CATC program.

Program Summary

The Jail Diversion Stabilization Treatment Preparation (STP) Program is a pilot project in conjunction with the Department of Community Justice to assist in the stabilization and preparation of individuals for behavioral health treatment. It will provide 16 beds for temporary stabilization housing for up to 90 days.

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. The Behavioral Health Triage service provides rapid medical screening and psychiatric assessment to facilitate admission to an available CATC bed. Dedicated staff include a nurse, counselor, and peer, plus access to a MD when needed. The service would operate during peak hours of need. 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.

The goal of the STP program is to address the problem of individuals with a mental illness engaged in the criminal justice system by minimizing incarceration times and preventing recidivism. Length of stay in this transitional housing will be from 30 to 90 days. Individuals from the Mental Health and Addiction Services Division Court Diversion programs and Department of Community Corrections-Mentally Ill Offender Unit who are homeless will be eligible for placement. Twenty-four hour a day, seven day a week staffing will ensure a safe living environment. Individuals will have 24/7 support services provided by a Community Addictions and Mental Health provider. Staff members from both the MHASD Court Diversion programs and Department of Community Justice - Mentally Ill Offenders Unit will use the location as a satellite program where they can provide group and individual services to assist individuals in preparing for formal engagement in addictions and mental health treatment. Participants will also receive assistance with permanent housing.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Percent of triage requests accepted	-	-	90%	90%
Outcome	Total Number of individuals who received triage services	-	-	200	720
Outcome	Total number of individuals receiving STP placement	-	-	0	120

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$658,721	\$0	\$683,500	\$240,000
Internal Services	\$0	\$0	\$0	\$22,272
Total GF/non-GF	\$658,721	\$0	\$683,500	\$262,272
Program Total:	\$658,721		\$945,772	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$15,768	\$0
Intergovernmental	\$0	\$0	\$0	\$262,272
Total Revenue	\$0	\$0	\$15,768	\$262,272

Explanation of Revenues

\$262,272 - Healthshare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was:

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	2015	2015	2016	2016
Personnel	\$646,633	\$69,552	\$565,985	\$135,062
Materials & Supplies	\$3,214	\$357	\$5,987	\$1,552
Internal Services	\$79,600	\$8,600	\$102,577	\$33,382
Total GF/non-GF	\$729,447	\$78,509	\$674,549	\$169,996
Program Total:	\$807,955		\$844,545	
Program FTE	8.00	1.00	6.75	1.75

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$5,429	\$0
Intergovernmental	\$0	\$78,509	\$0	\$169,996
Other / Miscellaneous	\$0	\$0	\$596,707	\$0
Total Revenue	\$0	\$78,509	\$602,136	\$169,996

Explanation of Revenues

\$90,649 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
 \$79,347 - State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25052 Medical Records for MHASD

Legal / Contractual Obligation

1) Each provider of community mental health and developmental disability service must implement and maintain a QA program. 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 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 shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$934,780	\$1,640,738	\$1,035,213	\$2,264,343
Contractual Services	\$198,323	\$1,426,576	\$809,220	\$787,063
Materials & Supplies	\$15,841	\$70,283	\$10,700	\$88,181
Internal Services	\$79,476	\$267,631	\$45,903	\$511,162
Total GF/non-GF	\$1,228,420	\$3,405,228	\$1,901,036	\$3,650,749
Program Total:	\$4,633,648		\$5,551,785	
Program FTE	9.53	13.57	9.38	21.32

Program Revenues				
Indirect for Dept. Admin	\$63,094	\$0	\$157,904	\$0
Intergovernmental	\$0	\$3,405,228	\$0	\$3,650,749
Other / Miscellaneous	\$0	\$0	\$1,162,520	\$0
Total Revenue	\$63,094	\$3,405,228	\$1,320,424	\$3,650,749

Explanation of Revenues

\$2,626,449 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
 \$893,524 - State Mental Health Grant Flex Funds: Based on FY15 grant award
 \$130,776 - State Mental Health Grant Older/Disabled MHS: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25053 Mental Health Quality Management & Protective Services

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

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY14 services included a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week 15.5-hour walk-in clinic. Total number of people served in FY14 was 76,246.

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, crisis housing and transportation. Total number of calls managed in FY14 was 68,940.

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 approximately 8,500.

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 FY14, total number of clients served was 2,198. 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 426 face to face contacts in FY14.

Urgent Walk-In Clinic (UWIC) – Clinic based service contracted with a community-based organization, available from 7:30 a.m. to 10:30 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 FY14 was 4,682 a 30% increase from FY13.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total Crisis System Contacts ¹	75,820	60,200	79,844	79,844
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	96.3%	96.0%	96.8%	96.8%

Performance Measures Descriptions

¹ Total crisis system contacts actual for FY14 = Call center contacts (68,940), Project Respond contacts (2,198), urgent walk in clinic contacts (4,682).

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.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$24,227	\$1,791,184	\$25,090	\$1,714,948
Contractual Services	\$1,234,533	\$3,904,880	\$1,467,648	\$3,661,106
Materials & Supplies	\$0	\$25,617	\$0	\$30,222
Internal Services	\$0	\$476,452	\$29,318	\$565,543
Total GF/non-GF	\$1,258,760	\$6,198,133	\$1,522,056	\$5,971,819
Program Total:	\$7,456,893		\$7,493,875	
Program FTE	0.20	16.34	0.20	15.34

Program Revenues				
Indirect for Dept. Admin	\$95,582	\$0	\$254,460	\$0
Intergovernmental	\$0	\$4,293,636	\$0	\$5,943,739
Beginning Working Capital	\$0	\$1,904,500	\$0	\$0
Service Charges	\$0	\$0	\$0	\$28,080
Total Revenue	\$95,582	\$6,198,136	\$254,460	\$5,971,819

Explanation of Revenues

\$4,204,404 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$1,739,335 - State Mental Health Grant Flex Funds: All Based on FY15 Grant award

\$28,080 - Family Care

Significant Program Changes

Last Year this program was: FY 2015: 25055A Behavioral Health Crisis Services

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

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system that is available to all county residents, regardless of insurance coverage. FY14 services included a 24/7 crisis hot-line, a 24/7 mobile crisis outreach and a seven day a week 15.5-hour walk-in clinic. Total number of people served in FY14 was 76,246.

Program Summary

Over the past four years the Multnomah County Crisis Call Center has experienced an increase of approximately 32% in call volume from 52,336 calls received in FY11, to 68,940 calls received in FY14, with no increase in staffing or administrative support. The Crisis Call Center is moving to a new location in April and this funding would address the need for additional line staff and administrative oversight and support. The objective is to safely and effectively meet the needs of all individuals experiencing a mental health crisis.

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Crisis 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. It also provides the following: Warm transfers from 911, 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 crisis housing and transportation. Total number of calls managed in FY14 was 68,940.

Despite an increased number of Crisis Calls over the past four years the Crisis Call Center has maintained original staffing numbers. A diversified staffing model is needed to best manage various functions of the center. The Crisis Call Center is moving to a new location that will increase the likelihood that it will remain operational in emergency situations. The move will remove the program from direct oversight and support of the MHASD. Additional funding for the Crisis Call Center will provide necessary staffing during high volume call times, training and clinical supervision. Additional administrative oversight will ensure that the program has the proper management leadership for the expanding diversified Behavioral Health Crisis System in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total calls received by Crisis Call Center	68,940	60,000	74,000	-75,000
Outcome	Percentage of calls answered within standard limits for Call Center Performance	95%	95%	95%	96%

Performance Measures Descriptions

Standard limits for Call Center performance is set at a 95% answer rate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$429,846
Contractual Services	\$0	\$0	\$0	\$7,000
Materials & Supplies	\$0	\$0	\$0	\$10,654
Internal Services	\$0	\$0	\$0	\$44,260
Total GF/non-GF	\$0	\$0	\$0	\$491,760
Program Total:	\$0		\$491,760	
Program FTE	0.00	0.00	0.00	5.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$29,565	\$0
Beginning Working Capital	\$0	\$0	\$0	\$491,760
Total Revenue	\$0	\$0	\$29,565	\$491,760

Explanation of Revenues

\$491,760 - Behavioral Health Fund Reserves

Significant Program Changes

Last Year this program was: FY 2015: 25055B Crisis Backfill

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$3,000,000	\$0
Total GF/non-GF	\$0	\$0	\$3,000,000	\$0
Program Total:	\$0		\$3,000,000	
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:

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.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,197,500	\$1,948,795	\$1,226,825	\$1,948,795
Internal Services	\$0	\$302,755	\$0	\$143,248
Total GF/non-GF	\$1,197,500	\$2,251,550	\$1,226,825	\$2,092,043
Program Total:	\$3,449,050		\$3,318,868	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$46,603	\$0	\$101,416	\$0
Intergovernmental	\$0	\$2,251,550	\$0	\$2,092,043
Total Revenue	\$46,603	\$2,251,550	\$101,416	\$2,092,043

Explanation of Revenues

\$1,686,870 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$405,173 - State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25056 Mental Health Crisis Assessment & Treatment Center (CATC)

Department: Health Department **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 adults in Oregon Health Plan are met by local inpatient psychiatric hospitals. Adult subacute services are addressed in program offer 40070-16 CATC. 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.

Program Summary

Three distinct levels of higher intensity care are available in the mental health service continuum for adults, children and families: Psychiatric inpatient hospitalization is the most intensive and restrictive level of treatment for both adults and 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 adults is 7 days and the average length of stay for child is 9 days.

Subacute 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.

The program elements combined provide a continuum of services for approximately 140 children, an 720 adults each year who need secure placement outside the home for mental health care.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving inpatient, subacute & residential care ¹	143	153	133	133
Outcome	Average length of stay in psychiatric residential treatment ²	74	90	78	78

Performance Measures Descriptions

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	2015	2015	2016	2016
Contractual Services	\$0	\$1,425,000	\$0	\$2,430,000
Internal Services	\$0	\$130,294	\$0	\$225,504
Total GF/non-GF	\$0	\$1,555,294	\$0	\$2,655,504
Program Total:	\$1,555,294		\$2,655,504	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$39,256	\$0	\$159,651	\$0
Intergovernmental	\$0	\$1,555,294	\$0	\$2,655,504
Total Revenue	\$39,256	\$1,555,294	\$159,651	\$2,655,504

Explanation of Revenues

\$2,655,504 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

Significant Program Changes

Last Year this program was: FY 2015: 25057 Inpatient, Subacute & Residential MH Services for Children

Department: Health Department **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 FY14 ICP investigated 4,662 total holds; commitment staff monitored 276 patients & 107 trial visits.

Program Summary

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

Involuntary Commitment Program: An E-Hold keeps an individual in a hospital while ICP staff investigate the individual's mental health status. Through an investigation staff determine if the person has a mental illness and as such, is dangerous to self or others, or is unable to meet their basic needs. 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 appropriately 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 three 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of E-Holds investigated for County residents ¹	4,662	3,500	4,251	4,251
Outcome	% of total E-Holds that did not go to Court hearing ²	91.4%	90.0%	90.2%	90.2%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment ²	90.9%	85.0%	90.8%	90.8%
Output	# of commitments monitored annually ³	383	560	401	401

Performance Measures Descriptions

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.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$972,617	\$1,850,648	\$1,010,784	\$1,963,392
Contractual Services	\$205,000	\$1,835,128	\$205,000	\$1,267,628
Materials & Supplies	\$1,500	\$62,181	\$23,042	\$42,227
Internal Services	\$0	\$342,859	\$135,850	\$248,993
Total GF/non-GF	\$1,179,117	\$4,090,816	\$1,374,676	\$3,522,240
Program Total:	\$5,269,933		\$4,896,916	
Program FTE	9.00	16.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$3,183,639	\$0	\$3,022,240
Beginning Working Capital	\$0	\$907,179	\$0	\$500,000
Total Revenue	\$0	\$4,090,818	\$0	\$3,522,240

Explanation of Revenues

\$2,988,640 - State Mental Health Grant Flex Funds: Based on FY15 grant award.

\$500,000 - Beginning Working Capital State Mental Health Grant Flex Funds

\$33,600 - Adult Mental Health Initiative State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25058 Mental Health Commitment Services

Department: Health Department **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 assistance 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 Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Education is tightly linked with income and wealth, and less education is linked with poor health. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, and advocating for reasonable accommodations.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of active members	136	120	200	200
Outcome	Percent of members in paid employment positions	14.7%	14.0%	16.0%	16.0%
Output	Average daily attendance (ADA)	17.7	15	25	25

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
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: FY 2015: 25059 Peer-run Supported Employment Center

Department: Health Department **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 provide mental health residential treatment to persons who suffer from severe mental illness, and who require structured care, foster care, and mental health rehabilitative services. Populations served include those who are AMHI-eligible, those who are under the jurisdiction of the Psychiatric Security Review Board, and those who meet neither criteria, but whose mental illness prevents them from functioning safely in the community. Most clients enter the Residential system of care through the Oregon State Hospital, though some enter through the community, i.e., acute care and outpatient mental health provider referral.

Residential Services staff provides regulatory oversight to licensed residential treatment programs, monitoring and supporting the treatment programs' compliance with OARs. Residential staff also provides monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare. This typically occurs in the context of scheduled and unscheduled consultation, problem-solving, participation in client staffings, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. As a part of oversight of safety, health and welfare, Residential Services is responsible for review of program incident reports, referral to protective services where appropriate, and for conducting Critical Incident Reviews with providers. In its role as the regulatory arm of the state, Residential Services also assists state licensors with licensure inspections and quality audits of programs.

FY 14, there were:

- 376 persons referred to 86 residential providers, with 165 persons accepted (44%)
- 31 licensed structured care programs
- 4 supportive housing programs
- 27 licensed adult foster care programs with more in development
- A total of 587 beds

FY 14 Incident reports reviewed: 10,900

- 270 Assaults • 190 Incidents involving police
- 702 Threats/Intimidation • 190 critical incident reports reviewed

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of New Residential Services Referrals ¹	376	350	379	379
Outcome	% of Residential Services referrals placed	44.0%	45.0%	40.4%	40.4%

Performance Measures Descriptions

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

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement
Revenue Contract with City of Portland Bureau of Housing and Community Development

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$470,392	\$333,662	\$466,802	\$535,884
Contractual Services	\$609,635	\$6,976,695	\$324,980	\$13,107,356
Materials & Supplies	\$9,440	\$7,290	\$9,223	\$24,375
Internal Services	\$22,216	\$182,759	\$67,727	\$69,463
Total GF/non-GF	\$1,111,683	\$7,500,406	\$868,732	\$13,737,078
Program Total:	\$8,612,090		\$14,605,810	
Program FTE	4.50	3.50	4.50	5.50

Program Revenues				
Indirect for Dept. Admin	\$62,121	\$0	\$11,883	\$0
Intergovernmental	\$0	\$7,100,405	\$0	\$13,118,048
Beginning Working Capital	\$0	\$400,000	\$0	\$619,030
Total Revenue	\$62,121	\$7,500,405	\$11,883	\$13,737,078

Explanation of Revenues

\$4,206,568 - State Mental Health Grant Non-Residential Adult Mental Health: Based on FY15 grant award
\$2,642,422 - State Mental Health Grant Flex Funds: Based on FY15 grant award
\$2,587,410 - State Mental Health Grant Residential Treatment Services: Based on FY15 grant award
\$509,636 - State Mental Health Grant Residential Treatment for Youth: Based on FY15 grant award
\$496,412 - State Mental Health Grant Community MH Block Grant: Based on FY15 grant award
\$416,144 - State Mental Health Grant Flex Funds BWC: Based on FY15 grant award
\$231,700 - PDX Housing & Comm Dev
\$219,712 - State Mental Health Grant Community Support Services Homeless: Based on FY15 grant award
\$197,654 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
\$88,836 - State Mental Health Grant Older/Disabled Mental Health Services: All Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25060A Mental Health Residential Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$250,000	\$0
Total GF/non-GF	\$0	\$0	\$250,000	\$0
Program Total:	\$0		\$250,000	
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:

Department: Health Department **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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of Clients Served in AMHI	876	877	846	846
Outcome	Number of Qualifying Events ¹	616	233	600	550

Performance Measures Descriptions

¹ The contractual measure of performance includes total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living).

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$705,365	\$0	\$966,388
Contractual Services	\$0	\$3,710,461	\$0	\$2,568,586
Materials & Supplies	\$0	\$9,848	\$0	\$9,465
Internal Services	\$0	\$175,746	\$0	\$208,790
Total GF/non-GF	\$0	\$4,601,420	\$0	\$3,753,229
Program Total:	\$4,601,420		\$3,753,229	
Program FTE	0.00	7.25	0.00	9.67

Program Revenues				
Indirect for Dept. Admin	\$37,836	\$0	\$69,405	\$0
Intergovernmental	\$0	\$3,705,951	\$0	\$3,703,229
Beginning Working Capital	\$0	\$895,469	\$0	\$50,000
Total Revenue	\$37,836	\$4,601,420	\$69,405	\$3,753,229

Explanation of Revenues

\$2,548,798 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$1,154,431 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$50,000 - State Mental Health Grant Adult Mental Health Initiative funds Beginning Working Capital: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25061 Adult Mental Health Initiative (AMHI)

Department: Health Department
Program Offer Type: Existing Operating Program

Program Contact: Joan Rice
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. Additional 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

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 hospitalization. Since expansion of Oregon Health Plan an average of 5200 adults receive outpatient services each month, with many remaining in treatment for several months. The average number of adults receiving services each month increased by 16 percent in FY15.

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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total adults receiving outpatient mental health services ¹	8,965	8,787	9,146	9,146
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	20.3%	20.2%	18.9%	18.9%

Performance Measures Descriptions

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.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$347,928	\$0	\$718,002
Contractual Services	\$0	\$24,348,386	\$0	\$32,250,625
Materials & Supplies	\$0	\$3,049	\$0	\$5,815
Internal Services	\$0	\$1,276,402	\$0	\$3,010,414
Total GF/non-GF	\$0	\$25,975,764	\$0	\$35,984,856
Program Total:	\$25,975,764		\$35,984,856	
Program FTE	0.00	3.45	0.00	7.16

Program Revenues				
Indirect for Dept. Admin	\$664,838	\$0	\$2,089,920	\$0
Intergovernmental	\$0	\$25,975,764	\$0	\$35,984,856
Total Revenue	\$664,838	\$25,975,764	\$2,089,920	\$35,984,856

Explanation of Revenues

\$34,763,022 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
\$1,221,834 - State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25062 Mental Health Services for Adults

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,131,254	\$141,794	\$1,221,357	\$107,418
Total GF/non-GF	\$1,131,254	\$141,794	\$1,221,357	\$107,418
Program Total:	\$1,273,048		\$1,328,775	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$91,794	\$0	\$107,418
Beginning Working Capital	\$0	\$50,000	\$0	\$0
Total Revenue	\$0	\$141,794	\$0	\$107,418

Explanation of Revenues

\$107,418 - State Mental Health Grant Flex Funding: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25063 Mental Health Treatment & Medications for the Uninsured

Department: Health Department **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 141 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, peer support specialist and mental health consultants. The team's composition and activities are designed to meet the standards of a defined evidence-based practice model as required by the state. Research suggests that the median age for the onset of initial episodes of psychosis is under the age of 25. Research also suggests that early intervention and immediate access to treatment can directly reduce hospitalization rates and the incidence of psychosis' long-term disabling consequences.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total individuals enrolled in program receiving ongoing services	81	82	77	77
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment ¹	85.0%	68.0%	75.0%	75.0%
Output	Number of unduplicated individuals receiving EASA services	141	138	141	141

Performance Measures Descriptions

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.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$783,051	\$0	\$947,840
Contractual Services	\$0	\$342,391	\$0	\$328,260
Materials & Supplies	\$0	\$12,275	\$0	\$14,446
Internal Services	\$0	\$153,360	\$0	\$132,310
Total GF/non-GF	\$0	\$1,291,077	\$0	\$1,422,856
Program Total:	\$1,291,077		\$1,422,856	
Program FTE	0.00	7.95	0.00	9.45

Program Revenues				
Indirect for Dept. Admin	\$1,117	\$0	\$6,883	\$0
Intergovernmental	\$0	\$1,291,079	\$0	\$1,422,856
Total Revenue	\$1,117	\$1,291,079	\$6,883	\$1,422,856

Explanation of Revenues

\$1,308,363 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$114,493 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

Significant Program Changes

Last Year this program was: FY 2015: 25064A Early Assessment & Support Alliance

Department: Health Department **Program Contact:** David Hidalgo

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of unique clients served annually	130	250	152	152
Outcome	Percentage of clients reporting they are better able to make informed decisions.	100.0%	90.0%	100.0%	100.0%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$67,000	\$0	\$67,000	\$0
Total GF/non-GF	\$67,000	\$0	\$67,000	\$0
Program Total:	\$67,000		\$67,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25065 Mental Health Services for Victims and Survivors of Domestic Violence

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

Executive Summary

Community Based Mental Health for children and youth serves over 11,000 at risk children up to age 21 through a continuum of prevention, early intervention and treatment services. The majority of funding is contracted to Certified Mental Health Providers in Multnomah County. A small portion supports Early Childhood Headstart Mental Health Prevention Services and Child Abuse Mental Health services at CARES NW.

Program Summary

Services range from prevention/early intervention to a comprehensive continuum of treatment services in treatment centers, in clinics, in homes, in schools, and in the community. These services support children and youth in the least restrictive setting. The continuum of services for at risk children includes: Early Childhood and Head Start Mental Health Services and Child Abuse Mental Health Services at CARES NW provided by Multnomah County Direct Clinical Services and HSO Multnomah contracted services for Outpatient, Intensive Home Based Services, Psychiatric Day Treatment, Psychiatric Residential Treatment Services, Subacute, and Respite.

Evidence-based practices for at risk children and their families are used to deliver: 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, Dept of Community Justice Juvenile Justice, Wraparound, School Based Mental Health and Physical Healthcare to ensure the best outcomes for children and youth.

Culturally competent services 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 with their families, or permanent foster care or with other long-term caregivers. The prevention and early intervention services, provided by the Early Childhood and Head Start Programs, for 5,485 children, addresses child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces the trauma of 1175 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 to 4,352 children and parents, and seek to promote long term stability. Intensive mental health treatment services intervene 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total children receiving outpatient services ¹	4,162	4,352	4,154	4,154
Outcome	% of children demonstrating improvement in their global distress score ²	75%	71%	76%	76%

Performance Measures Descriptions

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.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement
Head Start Revenue Contract

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,339,535	\$1,076,660	\$1,421,780	\$1,411,361
Contractual Services	\$138,543	\$14,362,524	\$101,970	\$11,245,047
Materials & Supplies	\$15,825	\$16,974	\$0	\$10,888
Internal Services	\$159,000	\$847,465	\$169,543	\$1,271,936
Total GF/non-GF	\$1,652,903	\$16,303,623	\$1,693,293	\$13,939,232
Program Total:	\$17,956,526		\$15,632,525	
Program FTE	11.84	9.56	12.27	12.55

Program Revenues				
Indirect for Dept. Admin	\$393,233	\$0	\$795,957	\$0
Intergovernmental	\$0	\$16,303,622	\$111,432	\$13,939,232
Service Charges	\$111,432	\$0	\$0	\$0
Total Revenue	\$504,665	\$16,303,622	\$907,389	\$13,939,232

Explanation of Revenues

\$13,159,984 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
\$627,556 - State Mental Health Grant Flex Funds: Based on FY15 grant award
\$151,692 - Head Start Contracts: Based on FY15 grant awards

Significant Program Changes

Last Year this program was: FY 2015: 25067A Community Based MH Services for Children & Families

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

Executive Summary

Multnomah Wraparound in line System of Care Principles and Values is a contracted service through HSO Multnomah and Local Mental Health Authority. HSO Multnomah has oversight of the screening and eligibility determination for children in need of the most intensive mental health services including SCIP/SAIP, Psychiatric Residential Treatment Services, Psychiatric Day Treatment Services, Home Based Services, and Wraparound Care Coordination.

Program Summary

Wraparound Multnomah is a combination of funding from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice -Juvenile Justice and HSO Multnomah. Approximately 172 children, youth, and families are served engaging multi-system coordination.

Wraparound Multnomah 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. Wraparound Multnomah utilizes flex funding and community resources to meet the needs of families; ensures quality assurance; utilization management; and evaluates effectiveness. Coordinating resources to serve clients involved in more than one system, reduces duplication and fragmentation of services and reduces cost shifting.

Multnomah Wraparound ensures the policies and procedures are culturally competent and that services provided are compatible with the families' cultural beliefs, practices, literacy skills and language.

The HSO Multnomah and LMHA intake unit provides 219 screenings on children per year for intensive service level care and provides wraparound team facilitation and care coordination for up to 164 children/youth with severe mental health needs who are involved in at least two other systems or are in a target population group (African American or Latino). 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. Multnomah Wraparound on behalf of HSO Multnomah is responsible for appropriate mental health service authorizations and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of unique children served through Wraparound	164	140	172	172
Outcome	% of children who are meeting their goals on Wraparound service plan ¹	84%	85%	84%	84%
Outcome	% of children completing the ISA Progress review each quarter	87%	90%	76%	76%
Output	Number of unique children screened for Integrated Service Array eligibility	230	267	219	219

Performance Measures Descriptions

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

Legal / Contractual Obligation

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$1,220,913	\$0	\$2,137,530
Contractual Services	\$0	\$220,347	\$0	\$592,525
Materials & Supplies	\$0	\$17,200	\$0	\$845
Internal Services	\$0	\$253,322	\$0	\$462,468
Total GF/non-GF	\$0	\$1,711,782	\$0	\$3,193,368
Program Total:	\$1,711,782		\$3,193,368	
Program FTE	0.00	12.67	0.00	19.47

Program Revenues				
Indirect for Dept. Admin	\$40,000	\$0	\$191,988	\$0
Intergovernmental	\$0	\$1,711,781	\$0	\$3,193,368
Total Revenue	\$40,000	\$1,711,781	\$191,988	\$3,193,368

Explanation of Revenues

\$3,193,368 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

Significant Program Changes

Last Year this program was: FY 2015: 25068 Multnomah Wraparound

Department: Health Department **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 1300 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 70% 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 1989. Through this program children and teens with mental health disorders or at risk of harming themselves or others are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services and improve lifelong socio-economic and wellness outcomes. This program meets a child's basic need for mental health and is congruent with the goals of Cradle to Career Framework.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving mental health services	1,296	1,112	1,300	1,500
Outcome	% of children receiving services showing improved school behavior & attendance ¹	82.5%	81.5%	82%	82%

Performance Measures Descriptions

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

Legal / Contractual Obligation

Revenue contracts with school districts.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$733,254	\$1,140,161	\$792,940	\$943,265
Materials & Supplies	\$4,085	\$23,963	\$923	\$0
Internal Services	\$3,051	\$151,075	\$73,030	\$153,151
Total GF/non-GF	\$740,390	\$1,315,199	\$866,893	\$1,096,416
Program Total:	\$2,055,589		\$1,963,309	
Program FTE	7.00	8.83	6.39	8.51

Program Revenues				
Indirect for Dept. Admin	\$6,440	\$0	\$0	\$0
Intergovernmental	\$0	\$1,315,199	\$137,266	\$1,096,416
Other / Miscellaneous	\$0	\$0	\$0	\$0
Service Charges	\$92,731	\$0	\$0	\$0
Total Revenue	\$99,171	\$1,315,199	\$137,266	\$1,096,416

Explanation of Revenues

\$777,040 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$234,376 - Fee for Service Insurance Receipts: Based on current year projections

\$75,000 - Centennial School District

\$10,000 - Parkrose School District

Significant Program Changes

Last Year this program was: FY 2015: 25075A School Based Mental Health Services

Scale up from FY 2015 (25075B) Cultural Outreach Specialist African American resulted in 125% increase in service from the prior year to African American students. Services include Prevention, Education and Outreach as well as Screening, Assessment and Treatment Services and is fully incorporated into this program offer.

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40082A
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. This program reaches youth who have not accessed services in a mental health center and over 50% of those served are children of color. Approximately 70% of the children served are uninsured or insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/ support for students and their families. No one partner is prepared or responsible to the needs of all identified. There is also a need for increased mental health treatment and outreach capacity that focuses on culturally specific/responsive services, in addition to suicide prevention and education.

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 1989. 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.

This program offer adds 9 positions, preserving added services and staff funded by a State Health Capacity Grant for 2014 -2015. The scale up would support increased culturally specific SBMH services, serving an additional 350 students and families. Seven of the FTE would be dedicated to Mental Health Consultants with the majority supporting Culturally Specific Consultants to aid in meeting the needs of Latino and African American students. The balance would provide administrative staff to support the expansion. This new funding will sustain/increase mental health treatment and supports to assist with improving attendance for students served, leading to school completion and raising indicators for economic well being and improved health.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving mental health services	0	0	0	350
Outcome	% of children receiving services showing improvement in school behavior and attendance (1)	0	0	0	82%

Performance Measures Descriptions

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

Legal / Contractual Obligation

Revenue contracts with 6 school districts

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$276,105	\$435,073
Contractual Services	\$0	\$0	\$238,918	\$0
Materials & Supplies	\$0	\$0	\$11,624	\$14,927
Total GF/non-GF	\$0	\$0	\$526,647	\$450,000
Program Total:	\$0		\$976,647	
Program FTE	0.00	0.00	2.86	4.95

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$450,000
Total Revenue	\$0	\$0	\$0	\$450,000

Explanation of Revenues

\$177,176 - Postland Public School
\$74,830 - David Douglas School District
\$78,588 - Reynolds School District
\$38,917 - Centennial School District
\$58,543 - Gresham Barlow School District
\$21,946 - Parkrose School District

Significant Program Changes

Last Year this program was: FY 2015: 25075B SBMH - Cultural Outreach Scale Up

Department: Health Department **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 trainings 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 FY15 we estimate that 600 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY16, Mental health First Aid will continue to be offered to all county employees; and identified community groups and members who express a need for increased awareness and training in preventing mental health crisis in the community.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of individuals trained in Mental Health First Aid ¹	239	720	600	720
Outcome	% of individuals who report greater understanding of mental illness.	87.5%	90%	90%	90%

Performance Measures Descriptions

¹ The Suicide Prevention Coordinator position funded in FY15, has provided the necessary program administration to increase promotion of mental health awareness and increased community involvement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$86,107	\$0	\$88,306	\$0
Contractual Services	\$103,500	\$10,000	\$85,945	\$0
Materials & Supplies	\$0	\$20,000	\$20,062	\$0
Internal Services	\$0	\$0	\$14,148	\$0
Total GF/non-GF	\$189,607	\$30,000	\$208,461	\$0
Program Total:	\$219,607		\$208,461	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25076A Mental Health First Aid

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

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five underserved communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 688 indigent individuals received services in FY14.

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, MCHD contracts for mental health services for individuals from five communities currently under-served or insufficiently served. Those communities are: Eastern European/Slavic/Russian Speaking, African-American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. 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. Culturally-specific services address mental health problems through early access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

A growing population of African and Middle East refugees was identified in stakeholder discussions and culturally specific behavioral health provider meetings this past year. Programs and benefits for refugees are time limited and do not offer comprehensive mental health treatment. Culturally specific providers reported that the majority of uninsured refugee referrals (72%) came from Multnomah County Health Department clinics. Funding targeted for comprehensive mental health treatment and support services specific to refugee populations will decrease the need for crisis services, hospitalization and/or unnecessary involvement in the criminal justice system.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total culturally diverse individuals receiving services ¹	688	598	718	820
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.3	2.8	3.4	3.4

Performance Measures Descriptions

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 2013.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,354,347	\$0	\$1,567,513	\$0
Total GF/non-GF	\$1,354,347	\$0	\$1,567,513	\$0
Program Total:	\$1,354,347		\$1,567,513	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$180,000	\$0
Total Revenue	\$0	\$0	\$180,000	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25078A Culturally Specific Mental Health Services

Department: Health Department **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 2,575 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 insurance issues. 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 help 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 through access to services which addresses the negative consequences of alcohol and other drugs and teaches pro-social alternatives to addictive behaviors through clinical therapy, skill 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, as well as 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 continuum treats about 2,575 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 and hope. Clients address issues that are barriers to recovery, and develop strategies and skills to overcome them. Providers also address their self sufficiency needs through help with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and recreation and healthy use of leisure time.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number served in treatment (all levels of care)	2,672	3,500	3,364	3,395
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	44%	50.0%	39%	45%

Performance Measures Descriptions

Performance measures reflect a move towards more intensive serves for a fewer number of individuals with higher-level needs.

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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$193,751	\$700,228	\$200,963	\$649,002
Contractual Services	\$2,750,954	\$5,861,358	\$3,386,881	\$14,421,211
Materials & Supplies	\$3,575	\$7,025	\$7,640	\$8,207
Internal Services	\$21,050	\$195,562	\$39,917	\$793,076
Total GF/non-GF	\$2,969,330	\$6,764,173	\$3,635,401	\$15,871,496
Program Total:	\$9,733,503		\$19,506,897	
Program FTE	1.50	7.33	1.50	6.43

Program Revenues				
Indirect for Dept. Admin	\$68,694	\$0	\$490,011	\$0
Intergovernmental	\$0	\$6,694,301	\$0	\$15,871,496
Beginning Working Capital	\$0	\$69,868	\$0	\$0
Total Revenue	\$68,694	\$6,764,169	\$490,011	\$15,871,496

Explanation of Revenues

\$8,150,436 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14
 \$2,483,039 - State Mental Health Grant Residential Capacity Services: Based on FY15 grant award
 \$1,793,776 - State Mental Health Grant Flex Funds: Based on FY15 grant award
 \$1,285,560 - State Mental Health Grant Alcohol Residential Care 61: Based on FY15 grant award
 \$1,109,996 - State Mental Health Grant SAPT Block Grant: Based on FY15 grant award
 \$605,300 - Local 2145 Beer and Wine Tax Revenues: Based on FY15 revenue projections
 \$431,649 - State Mental Health Grant Drug Residential Care: Based on FY15 grant award
 \$11,740 - State Mental Health Grant A&D Adult Residential Capacity: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25080A Adult Addictions Treatment Continuum

Because of Medicaid expansion through the Affordable Care Act, we can continue to reallocate a portion of funding previously used for treatment to now fund community recovery support services that are not covered by Medicaid but which improve and enhance treatment outcomes. Performance measures reflect a move towards more intensive serves for a fewer number of individuals with higher-level needs .

Department: Health Department **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 2013-2014 data the county's community-based providers treated approximately 262 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 2013-2014, 216 gamblers enrolled in treatment. As noted, family participation is important and 46 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	216	343	300	330
Outcome	Gambler successful treatment completion rate ²	59%	40%	50%	50%

Performance Measures Descriptions

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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$16,898	\$0	\$19,190
Contractual Services	\$0	\$500,505	\$0	\$696,000
Materials & Supplies	\$0	\$0	\$0	\$11
Internal Services	\$0	\$0	\$0	\$2,405
Total GF/non-GF	\$0	\$517,403	\$0	\$717,606
Program Total:	\$517,403		\$717,606	
Program FTE	0.00	0.17	0.00	0.17

Program Revenues				
Intergovernmental	\$0	\$517,402	\$0	\$717,606
Total Revenue	\$0	\$517,402	\$0	\$717,606

Explanation of Revenues

\$717,606 - State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25085 Addiction Services Gambling Treatment & Prevention

Department: Health Department **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 abuse prevention program provides prevention services for children and families at high risk for substance abuse. These services for residents of public housing sites include structured after-school activities (homework assistance, tutoring, home visits), individualized support for youth, and a family engagement program. On other fronts, the County has added grant-funded initiatives to prevent substance abuse and underage drinking among youth 18 and under in Central Portland, while continuing to address alcohol abuse and dependence among young adults (18-25 years).

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 youth and families who 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.

As one of 12 counties to receive an Oregon Strategic Prevention Framework State Incentive Grant (SPF-SIG) in 2011, Multnomah County is in its 4th year of 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). The county has conducted a needs assessment, formed Safe Neighborhood Advocacy Partnership (SNAP), a coalition of diverse stakeholders working to reduce high risk and underage drinking in downtown Portland, developed an action plan, and obtained additional grant funding to sustain its mission. The coalition is currently focusing on implementation and evaluation of the SPF-SIG project. The SNAP coalition has formed a volunteer Steering Committee to establish the sustainability of SNAP'S work and to direct the expansion of the coalition in FY16.

In 2014, Multnomah County received an Innovative Prevention Project grant from the Oregon Health Authority to expand SNAP's work to address underage drinking. SNAP also received a Drug Free Communities (DFC) grant in 2014 from the Office of National Drug Control Policy to address underage drinking and underage marijuana use through community-based prevention strategies, including: 1) educating youth, parents, schools and communities on the negative effects of substance use; 2) reducing underage access to alcohol and marijuana; 3) ensuring fair and appropriate consequences for youth caught with alcohol or marijuana, including early interventions; and 4) reducing promotion of alcohol and marijuana to youth.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Youth served at public housing sites ¹	372	200	250	275
Outcome	Core group youth w/ improved behavior ²	89%	75%	75%	75%
Outcome	Core group youth w/ improved academic achievement	82%	75%	75%	75%

Performance Measures Descriptions

- 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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$104,043
Contractual Services	\$0	\$465,193	\$0	\$214,354
Materials & Supplies	\$0	\$7,623	\$0	\$7,623
Internal Services	\$0	\$2,377	\$0	\$5,379
Total GF/non-GF	\$0	\$475,193	\$0	\$331,399
Program Total:	\$475,193		\$331,399	
Program FTE	0.00	0.00	0.00	0.90

Program Revenues				
Indirect for Dept. Admin	\$1,263	\$0	\$2,279	\$0
Intergovernmental	\$0	\$475,193	\$0	\$331,399
Total Revenue	\$1,263	\$475,193	\$2,279	\$331,399

Explanation of Revenues

\$206,399 - State Mental Health Grant Flex Funds: Based on FY15 grant award
 \$125,000 - State of Oregon SNAP (Safe Neighborhood Advocacy Partnership)

Significant Program Changes

Last Year this program was: FY 2015: 25086 Addiction Services Alcohol & Drug Prevention

Multnomah County's SNAP program received the Drug Free Communities (DFC) grant from the Office of National Drug Control Policy to support the coalition's goal of reducing underage drinking and youth substance abuse in Central Portland (as defined by the Portland Police Bureau's Central Precinct boundaries). The grant provides \$125,000/year for five years, with the possibility of renewing for another five years. Additionally, SNAP received a one-time \$50,000 grant from the Oregon Health Authority to address underage drinking in Central Portland

Department: Health Department **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 FY14 Community Court: 1,175, Forensic Diversion: 543, Mental Health Court: 103.

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 monitoring 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 53 new participants in FY14.

The Forensic Diversion Program focuses on diversion from the criminal justice system for persons charged with felony and 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of participants in Community Court	1175	1105	1375	1375
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	543	397	600	600
Outcome	% of participants successfully engaged with Forensic Diversion	68.0%	68%	66%	68%

Performance Measures Descriptions

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

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services

State of Oregon Safe Neighborhood Advocacy Partnership grant

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$224,045	\$789,465	\$209,612	\$1,044,761
Contractual Services	\$0	\$182,589	\$0	\$300,027
Materials & Supplies	\$2,925	\$5,650	\$1,184	\$13,100
Internal Services	\$9,121	\$97,979	\$62,999	\$87,902
Total GF/non-GF	\$236,091	\$1,075,683	\$273,795	\$1,445,790
Program Total:	\$1,311,774		\$1,719,585	
Program FTE	2.00	7.20	2.00	9.20

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$7,498	\$0
Intergovernmental	\$0	\$1,040,683	\$0	\$1,445,790
Beginning Working Capital	\$0	\$35,000	\$0	\$0
Total Revenue	\$0	\$1,075,683	\$7,498	\$1,445,790

Explanation of Revenues

\$1,100,500 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$345,290 - State of Oregon SNAP (Safe Neighborhood Advocacy Partnership)

Significant Program Changes

Last Year this program was: FY 2015: 25088 Coordinated Diversion for Persons with Mental Illness

Department: Health Department **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 managed inpatient service, is the primary entrance point into addiction services for many low income people who face a severe addiction. Supportive Housing targets individuals who are homeless addicts who have completed any needed detoxification and are continuing treatment. In benefiting from both clinical and housing supports, clients are more likely to move from active addiction through treatment and into recovery.

Program Summary

Supportive Housing greatly increases post-detoxification treatment retention rates and promotes recovery. Supportive housing for people who are homeless addicts can be a vital resource in the work towards long-term recovery. 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 attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

The program supports capacity for detoxification services to be 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 referrals (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 (up to \$2,348 per day) or residential treatment (\$124 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 public costs when supportive housing was provided. The 58 supportive housing units can each house two to three clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of admissions annually to detoxification ¹	2,375	2,400	2,375	2,400
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	90%
Output	Number served in supportive housing units	132	133	133	133

Performance Measures Descriptions

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.

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	2015	2015	2016	2016
Contractual Services	\$1,410,343	\$2,081,207	\$917,424	\$1,538,783
Total GF/non-GF	\$1,410,343	\$2,081,207	\$917,424	\$1,538,783
Program Total:	\$3,491,550		\$2,456,207	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,081,207	\$0	\$1,538,783
Total Revenue	\$0	\$2,081,207	\$0	\$1,538,783

Explanation of Revenues

\$1,538,783 - State Mental Health Grant SAPT Block Grant: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25090 Addictions Detoxification & Post Detoxification Housing

Department: Health Department **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 which target 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 FY15, a minimum of 90 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. 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 allows 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.

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 89 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, which include rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family retention or reunification in cases of child welfare involvement; building family stability, economic self-sufficiency, healthy community involvement; and eventual success in permanent housing.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households that received rent assistance	97	62	90	90
Outcome	Exiting families that move into long-term permanent housing	58%	52%	52%	52%
Output	Number of families that received housing coordination services	132	105	120	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. State funds to staff housing coordination were 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	2015	2015	2016	2016
Contractual Services	\$134,279	\$835,733	\$337,133	\$702,614
Total GF/non-GF	\$134,279	\$835,733	\$337,133	\$702,614
Program Total:	\$970,012		\$1,039,747	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$835,733	\$0	\$702,614
Total Revenue	\$0	\$835,733	\$0	\$702,614

Explanation of Revenues

\$414,554 - State Mental Health Grant Flex Funds: Based on FY15 grant award.
\$172,320 - State Mental Health Grant A&D Special Projects: Based on FY15 grant award
\$24,700 - Local 2145 Beer & Wine Tax Revenues: Based on FY15 revenue projections

Significant Program Changes

Last Year this program was: FY 2015: 25094 Family & Youth Addictions Treatment Continuum

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	2015	2015	2016	2016
Contractual Services	\$0	\$759,935	\$0	\$1,067,134
Total GF/non-GF	\$0	\$759,935	\$0	\$1,067,134
Program Total:	\$759,935		\$1,067,134	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$272,435	\$0	\$1,067,134
Beginning Working Capital	\$0	\$487,500	\$0	\$0
Total Revenue	\$0	\$759,935	\$0	\$1,067,134

Explanation of Revenues

\$1,067,134 - State Mental Health Grant Flex Funds: Based on FY15 grant award

Significant Program Changes

Last Year this program was: FY 2015: 25098A Family Involvement Team

Department Overview

Multnomah County Library’s mission: Empowering our community to learn and create.

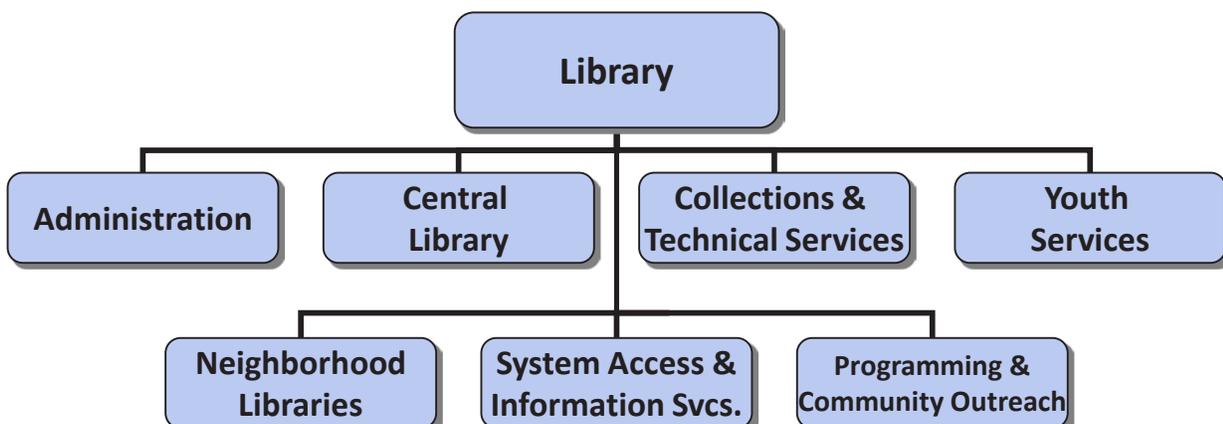
Multnomah County Library is a key community asset, serving people and enabling individual and community development. The Library uses three-year strategic priorities to shape services, programs and culture. As the world changes rapidly, the Library holds constant three pillars that define its role and value in this community:

- Free access for all
- A trusted guide for learning
- The leading advocate for reading

Multnomah County Library makes forward-thinking decisions to ensure that the library remains relevant for people of all ages and backgrounds and uses resources wisely. The Library anticipates the changing needs of its community and adapts to provide the best service possible. Our strategic priorities:

- We reflect and serve a diverse community
- We enable creation and learning
- We champion reading
- We build digital literacy
- We re-imagine library service and spaces

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 pillar also ties closely with Multnomah County’s 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

This is the third year of the Multnomah County Library District, which provides dedicated and stable funding for the library with no General Fund resources. The submitted budget sustains current service level plus targeted strategic investments. Some actions taken in FY 2015 impact the FY 2016 budget including the board approved \$15 minimum wage Countywide and the library’s implementation of the Access Services Assistant classification to better meet business needs.

The library’s budget is \$74.1 million, which is \$4.8 million (6.9%) higher than FY 2015 Adopted Budget. Targeted additions to help the library remain relevant and responsive to the changing needs of Library patrons include:

- IT capacity and support to meet patron demands.
- Safety and security to ensure that library spaces are welcoming and safe places for all patrons.
- Enhanced staff support and coordination.
- Direct service to patrons, by adding more books, e-books and librarians.

The submitted budget is within the initial library district 10-year financial model, which assumed no increases to the tax rate until year six. The library district tax rate of \$1.18 per \$1,000 of assessed value is unchanged from last year. Operating hours will also remain the same as FY 2015 (57 or 53 hours per week).

Budget Trends	FY 2014	FY 2015	FY 2015	FY 2016	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	514.62	518.25	518.00	527.50	9.50
Personnel Services	\$41,192,942	\$42,571,227	\$43,888,146	\$46,861,811	\$2,973,665
Contractual Services	1,251,106	1,650,205	1,834,995	1,729,590	(\$105,405)
Materials & Supplies	8,830,671	9,912,170	10,170,065	11,000,573	\$830,508
Internal Services	12,359,707	14,226,418	13,395,234	14,089,959	\$694,725
Capital Outlay	25,084	0	0	451,997	\$451,997
Debt Service	0	13,303	0	0	0
Total Costs	\$63,659,510	\$68,373,323	\$69,288,440	\$74,133,930	\$4,845,490

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

Successes and Challenges

With stable funding in place, Multnomah County Library is better aligned than ever in support of community goals and will make strategic choices to ensure the organization's relevance far into the future.

Fiscal Year 2015 was a year of many successes for Multnomah County Library. The library garnered high marks from patrons for its My Librarian program, funded by a grant from the Paul G. Allen Family Foundation to The Library Foundation. This service allows readers to select a "personal librarian" for tailored reading recommendations via phone, e-mail, chat or text, as often as the reader wishes.

This year also saw the launch of the library's Information Services for the 21st century (IS21), a rethinking of "reference" services, which looks to librarians to lead a major cultural transformation to a new model of library service. The three-year plan is focused around four areas: serving as a creative partner, transforming space, providing open access and creating an adaptive culture.

The library worked with county partners in Talent Development to create an adaptive culture training curriculum around the works of renowned author and academic Marty Linksy, along with book discussions and interactive sessions with library and county staff in February 2015. The library also launched the "Curiosity Kick!" Innovation Fund, designed to solicit service improvement ideas from staff. Staff members submitted over 70 ideas and voted for their top choices to be evaluated for feasibility and implementation.

To meet evolving community demand, the library allocated additional funds for books, DVDs and streaming content. In the first half of FY 2015, patrons checked out 50 percent more e-books than in the same period the prior year; they checked out twice as many streaming audio and video items.

In FY 2015, the board approved a \$15 minimum wage countywide and the library implemented the Access Services Assistant classification to better meet changing business needs.

Challenges remain, particularly in the areas of Information Technology and security. Demand for online tools and resources continues to increase. An expanding range of third-party services for virtual content and increasingly sophisticated patron demands for web content development and delivery require additional resources to ensure that the library remains relevant.

Security needs are becoming more complex and require increased resources. The library added the position of Safety and Security Manager this year to direct and coordinate these efforts. Persistent needs of patrons experiencing homelessness and mental health issues have become more challenging and the library will assess and evaluate potential options moving forward.

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 communities 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.

This year saw major steps forward in increasing opportunities for under served populations. Thanks to a \$300,000 grant from the Mt. Hood Cable Regulatory Commission, the Rockwood Innovation Station will pair youth with adult mentors to build science, technology, engineering, arts and math (STEAM) skills. In the coming year, the library will launch related programming, and The Library Foundation is raising private funds to help build a new 1,000 sq. ft. addition to house the makerspace, expected to open in January 2016. In November, the library partnered with businesses, local governments, non-profits and human service providers on digital inclusion efforts, hosting the first-ever digital inclusion summit to better coordinate service and policy efforts regionally.

This year, the library hired a Bilingual Spanish Regional Technology Coordinator in East County. This position manages the operations of four library computer labs and creates and implements public technology training programs for Spanish and English speakers. This position also serves as a liaison between the library and the community, conducting outreach to engage patrons who could benefit from technology-related training. Also, Human Resources participated in Equity and Empowerment Lens training and is using the lens to help redesign the library's hiring process.

Budget by Division

Division Name	FY 2016 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$8,629,544	\$8,629,544	58.25
Central Library	0	13,756,139	13,756,139	136.50
Collections & Technical Services	0	11,559,522	11,559,522	32.00
Youth Services	0	3,053,384	3,053,384	19.75
Neighborhood Libraries	0	26,364,567	26,364,567	251.25
System Access & Information Services	0	8,466,070	8,466,070	13.00
Programming & Community Outreach	0	2,304,704	2,304,704	16.75
Total Library	\$0	\$74,133,930	\$74,133,930	527.50

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; oversees safety and security; 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 22 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; Systemwide 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 Used Bookstore.

Significant Changes

The library is committed to ensuring safe and welcoming library facilities for patrons and staff. Program offer 80018 includes additional resources for the replacement and upgrading of security cameras as well as funding for expanded security coverage.

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 from 1994 to 1997, 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 demonstrate heavy Central Library use. In an average year, staff answer 150,000 reference questions for a diverse population — from students who need homework help to entrepreneurs who need information on starting a new business. Each year, members of the public use more than 550,000 library Internet and wi-fi sessions for a wide variety of activities such as completing job applications, searching for housing or human 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 2016, 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

A key provision in the Local 88 contract negotiated in the fall of 2015 is a \$15 minimum wage for all Local 88 bargaining members, phased in over three years. Program offer 80000 reflects the implementation of the Access Services Assistant classification as part of the library’s effort to implement this minimum wage provision. The Access Services Assistant classification will allow for greater flexibility in staffing and is a reflection of the changing nature of library work.

Program offer 80012 increases the library’s ability to ensure a safe and secure environment for patrons and staff. Additional resources are included for a mental health crisis worker pilot program as well as a second day porter at the Central Library.

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 2015, the division added over 60,000 new print and electronic titles to the library collection. It also managed approximately 2,500 periodical subscriptions, more than 120 databases and a growing number of online resources. These electronic materials can be accessed 24/7.

Significant Changes

In FY 2015 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. The library is currently working to establish service agreements with vendors to allow patrons expanded access to virtual and streaming content in FY 2016.

Program offer 80014 includes funding in the library book budget that will enable the reduction of the holds ratio for high demand books and e-books. This will reduce the length of time people spend waiting for popular books and materials.

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 over 110,000 participants in FY 2015.
- Every Child programs support kindergarten readiness by working with children's adult caregivers and key community partners. In FY 2015, the library presented nearly 6,000 storytimes to over 130,000 children and parents. 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 over 26,000 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

Multnomah County Library is viewed as a leader in state and local birth-to-third- grade reading success campaigns. The library was the lead partner in the debut Early Learning Multnomah HUB project that created culturally-specific early childhood learning tools for county non-profits to use with parents. The Youth Services Director co-founded the Early Literature Success Alliance with other key literacy non-profits and deploys staff to key collaborative and partnership meetings with other education and literacy stakeholders.

As a result of the Paul G. Allen Family Foundation grant that will wrap up in 2015, the library is creating new services to connect families with new readers to our collection and expertise. The library will request funding from The Library Foundation to expand successful pilot projects that include new circulating collections and a county-wide promotion to first grade teachers. Youth Services also debuted new Teen Services Strategies to focus service and measure success in connecting with the teen population. All Youth Services staff will add a teen-specific PPR into their FY 2016 plan and the Teen Services Specialist will consult with all workgroups on creating and measuring their own service plan.

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 3.8 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, over 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, use popular job-seekers labs to fill out applications, and participate in book groups. Dedicated volunteers contributed nearly 45,000 hours of service this past year. All 18 Neighborhood Libraries locations have developed outreach plans to ensure strategic outreach in their communities, and each location is now embarking on developing annual programming plans. This programming and outreach planning has been done in collaboration with the Programming and Community Outreach staff.

Significant Changes

A key provision in the Local 88 contract negotiated in the fall of 2015 is a \$15 minimum wage for all Local 88 bargaining members, phased in over three years. Program offers 80001 and 80002 reflect the implementation of the Access Services Assistant classification as part of the library's effort to implement this minimum wage provision. The Access Services Assistant classification will allow for greater flexibility in staffing and is a reflection of the changing nature of library work.

Program offer 80002 includes a Community Access Capital grant from the Mt. Hood Cable Regulatory Commission for the creation of the Rockwood makerspace. This will be a cooperative learning environment where underserved youth in the Rockwood community can cultivate STEAM (science, technology, engineering, arts, math) skills through hands-on learning experiences with the help of adult mentors. The Library Foundation has committed to providing the necessary matching funds.

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 907 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 62,000 new cardholders in FY 2015. It manages IT support, develops and trains staff on new policies and procedures, ensures good stewardship of library collections, and manages systemwide service.

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 435,000 information requests annually.

Significant Changes

Multnomah County Library has served as the fiscal agent for Oregon's 24/7 virtual reference service, Answerland, since it first started in 2003. This service has been funded by federal grant money received through the Oregon State Library. As of July 1, 2015, the state library will be assuming the fiscal agent role. Program offer 80019 reflects this change and the corresponding reduction of 2.00 FTE.

Information Technology continues to be the backbone of library service, and the need for quickly implementing responsive technologies for service delivery has never been more urgent. Current IT capacity has not been sufficient to meet the need. In partnership with County IT, program offer 80017 proposes an expanded model for IT functionality including the addition of 3.00 FTE.

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 oversees more than 4,100 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. LOS 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, 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

Program offer 80005 includes a Community Access Capital grant from the Mt. Hood Cable Regulatory Commission for the creation of the Rockwood makerspace. This will be a cooperative learning environment where underserved youth in the Rockwood community can cultivate STEAM (science, technology, engineering, arts, math) skills through hands-on learning experiences with the help of adult mentors. The Library Foundation has committed to providing the necessary matching funds.

Multnomah County Library

The following table shows the programs that make up the department's total budget. The individual programs follow their respective divisions.

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
Department Administration					
80007	Library Director's Office	\$0	\$1,165,275	\$1,165,275	7.00
80008	Marketing + Online Engagement	0	1,076,987	1,076,987	7.50
80009	Business Services	0	1,133,262	1,133,262	5.50
80010	Volunteer Svcs/Title Wave Book Store	0	535,765	535,765	4.00
80011	Human Resources/Learning Systems/System Wide Staffing	0	2,198,430	2,198,430	19.50
80018	Facilities & Logistics	0	2,519,825	2,519,825	14.75
Central Library					
80000	Central Library	0	11,192,171	11,192,171	133.75
80012	Central Director's Office	0	2,563,968	2,563,968	2.75
Collections & Technical Services					
80013	Library Book Budget	0	7,478,000	7,478,000	0.00
80014	Library Books-Acquisition & Processing	0	4,081,522	4,081,522	32.00
Youth Services					
80003	School-Age Services	0	1,282,993	1,282,993	9.00
80004	Every Child Initiative	0	1,042,879	1,042,879	7.50
80015	Youth Services Management	0	727,512	727,512	3.25
Neighborhood Libraries					
80001	Regional Libraries	0	10,762,210	10,762,210	106.75
80002	Neighborhood Libraries	0	14,803,742	14,803,742	139.75
80016	Neighborhood Libraries Management	0	798,615	798,615	4.75
System Access & Information Services					
80017	IT Services	0	6,963,790	6,963,790	3.00
80019	System Access Services	0	1,162,055	1,162,055	7.00
80020	System Information Services	0	340,225	340,225	3.00
Programming & Community Outreach					
80005	Programming & Community Outreach	0	1,423,092	1,423,092	8.50
80006	Adult Outreach	0	881,612	881,612	8.25
Total Library		\$0	\$74,133,930	\$74,133,930	527.50

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 systemwide services (many online and virtual) provided by Central Library 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 883,000 people visit Central Library annually, averaging over 2,500 visits per day. Central Library fosters opportunities and resources for lifelong learning by offering access to more than 747,000 books and other items. Central Library provides 99 public computers with free Internet access used more than 211,000 hours each year. Central Library provides high-speed wireless access by way of 316,000 wi-fi sessions; answers over 146,000 reference questions; offers nearly 1,000 programs; and contributes to sustainability by sharing resources that would have cost nearly \$27 million annually if purchased by individuals.

This offer provides opportunities for diverse neighbors to interact and engender a sense of community. People attend programs are conducted in partnership with other organizations to improve 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, including the provision of meeting rooms for community-sponsored meetings and events. Central Library provides essential services to those without computers by providing free Internet access through Internet stations, wireless access, laptop checkout, and a variety of free computer labs and classes. Central Library provides people of all ages and backgrounds with a lifetime of learning through books, magazines, and online resources in an array of subjects across a full spectrum of interests and needs, including art, music, small business, car repair, poetry, philosophy, 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 tools to develop life skills.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Books and items checked out or renewed	2,765,729	2,500,000	2,600,000	2,600,000
Outcome	Patrons who found books and items they wanted	91%	90%	91%	91%
Efficiency	Books and items checked out per capita	25.8	26.0	27.0	27.0

Performance Measures Descriptions

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$10,056,314	\$0	\$10,621,615
Contractual Services	\$0	\$82,300	\$0	\$84,900
Materials & Supplies	\$0	\$153,620	\$0	\$190,350
Internal Services	\$0	\$242,329	\$0	\$295,306
Total GF/non-GF	\$0	\$10,534,563	\$0	\$11,192,171
Program Total:	\$10,534,563		\$11,192,171	
Program FTE	0.00	132.25	0.00	133.75

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80000 Central Library

Added 1.0 FTE for Ask-the-Librarian systemwide reference services.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$8,242,570	\$0	\$8,808,324
Contractual Services	\$0	\$9,300	\$0	\$8,900
Materials & Supplies	\$0	\$164,978	\$0	\$167,780
Internal Services	\$0	\$1,654,900	\$0	\$1,777,206
Total GF/non-GF	\$0	\$10,071,748	\$0	\$10,762,210
Program Total:	\$10,071,748		\$10,762,210	
Program FTE	0.00	105.25	0.00	106.75

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80001 Regional Libraries

Net increase of 1.75 FTE in librarian positions; implemented the Access Services Assistant classification as part of the FY 2016 \$14/hour minimum wage for all Library Page positions.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$11,068,316	\$0	\$11,639,147
Contractual Services	\$0	\$13,500	\$0	\$29,650
Materials & Supplies	\$0	\$218,659	\$0	\$272,662
Internal Services	\$0	\$2,305,961	\$0	\$2,410,286
Capital Outlay	\$0	\$0	\$0	\$451,997
Total GF/non-GF	\$0	\$13,606,436	\$0	\$14,803,742
Program Total:	\$13,606,436		\$14,803,742	
Program FTE	0.00	139.50	0.00	139.75

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$181,880 comes from the Mt. Hood Cable Regulatory Commission (as noted below); an additional \$375,500 comes from The Library Foundation, 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: FY 2015: 80002 Neighborhood Libraries

Increase of 0.5 FTE librarian.

This offer includes a \$181,880 Community Access Capital grant from the Mt. Hood Cable Regulatory Commission for the development and construction of the Rockwood Makerspace with additional funding of \$375,500 from The Library Foundation. It also includes the implementation of the Access Services Assistant classification as part of the FY 2016 \$14/hour minimum wage for all Library Page positions.

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 use public library resources effectively and efficiently for 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, B2U staff attend and present at parent and family night programs; provide library cards to children served; and promote the library's Summer Reading program, as well as the neighborhood library and its services.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Youth served in Books 2 U & School Corps (duplicated)	82,037	75,000	73,000	74,000
Outcome	% of students whose research skills increase after School Corps presentation	94%	90%	90%	90%
Outcome	% of teachers indicating that they will ask for School Corps services again	100%	90%	90%	90%
Outcome	% of schools served that show improvement in 3rd and 5th grade reading scores	39%	45%	50%	45%

Performance Measures Descriptions

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$1,019,102	\$0	\$992,360
Contractual Services	\$0	\$0	\$0	\$2,000
Materials & Supplies	\$0	\$214,573	\$0	\$242,274
Internal Services	\$0	\$38,084	\$0	\$46,359
Total GF/non-GF	\$0	\$1,271,759	\$0	\$1,282,993
Program Total:	\$1,271,759		\$1,282,993	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$276,675 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: FY 2015: 80003 School-Age Services

No significant changes.

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 (ECI) prepares children for kindergarten by offering education, motivation and support for parents and caregivers to provide language and literacy experiences that foster children's brain development and early literacy skills. This builds the foundation for learning to read. Experts in early learning and literacy, ECI staff deliver engaging programs and hands-on literacy activities that open up the wonder of stories, music, culture and play. 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 pre-reading skills during these most important years. Program evaluations show that parents and caregivers gain clear knowledge of their role in their children's preparedness for reading.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	The number of parents, caregivers, and adults served in Every Child Initiative outreach	13,318	14,000	13,000	14,000
Outcome	% of participants who show an increase in five reading and literacy activities	94%	90%	88%	90%
Output	Number of books circulated in Every Child Initiative	667,706	2,200,000	1,700,000	1,700,000

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.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$737,532	\$0	\$748,166
Contractual Services	\$0	\$11,000	\$0	\$14,000
Materials & Supplies	\$0	\$182,519	\$0	\$236,830
Internal Services	\$0	\$30,233	\$0	\$43,883
Total GF/non-GF	\$0	\$961,284	\$0	\$1,042,879
Program Total:	\$961,284		\$1,042,879	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$210,368 comes from The Library Foundation for the Every Child A Reader program and other early literacy 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: FY 2015: 80004 Every Child Initiative

No significant changes.

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 that 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, exhibition 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 in-person and virtual activities, experiences, learning opportunities and exhibitions that complement library materials and services. Programs include arts and cultural programming for all ages, author and literature programs, 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. Programming and Community Outreach staff provide the professional and technical expertise to make more than 4,100 programs possible each year and help 53,400 people learn about and interact with their community.

Community outreach extends library services and programs to a broader section of the population by taking services and programs out of the library and into the particular environment of a patron or group of patrons. This work ranges from outreach programs and services for older adults, new immigrants and adult learners to promoting the library and providing information services, community events and presentations to local organizations.

Reader Services is responsible for establishing, implementing and keeping current the vision of readers' 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 goodwill 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of financial literacy programs offered	83	50	23	30
Outcome	Attendees who say library programs connect them to their community	41%	50%	38%	50%
Outcome	Attendees who say they learned something new at a library program	85%	80%	81%	80%
Quality	Attendees of library programs who rate them as good or excellent	94%	95%	95%	95%

Performance Measures Descriptions

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$765,848	\$0	\$903,703
Contractual Services	\$0	\$324,912	\$0	\$248,500
Materials & Supplies	\$0	\$185,600	\$0	\$231,500
Internal Services	\$0	\$31,069	\$0	\$39,389
Total GF/non-GF	\$0	\$1,307,429	\$0	\$1,423,092
Program Total:	\$1,307,429		\$1,423,092	
Program FTE	0.00	7.50	0.00	8.50

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$103,676 comes from the Mt. Hood Cable Regulatory Commission (as noted below); an additional \$47,000 comes from The Library Foundation for Everybody Reads and for 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: FY 2015: 80005 Programming & Community Outreach

Increase of 1.0 FTE Program Specialist, Sr. for the Rockwood Makerspace project, part of the \$103,676 Community Access Capital grant from the Mt. Hood Cable Regulatory Commission.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$769,550	\$0	\$802,957
Contractual Services	\$0	\$0	\$0	\$8,000
Materials & Supplies	\$0	\$18,100	\$0	\$31,350
Internal Services	\$0	\$32,173	\$0	\$39,305
Total GF/non-GF	\$0	\$819,823	\$0	\$881,612
Program Total:	\$819,823		\$881,612	
Program FTE	0.00	8.25	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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80006 Adult Outreach

No significant changes.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$891,457	\$0	\$1,019,885
Contractual Services	\$0	\$46,500	\$0	\$62,500
Materials & Supplies	\$0	\$56,445	\$0	\$44,274
Internal Services	\$0	\$32,444	\$0	\$38,616
Total GF/non-GF	\$0	\$1,026,846	\$0	\$1,165,275
Program Total:	\$1,026,846		\$1,165,275	
Program FTE	0.00	6.00	0.00	7.00

Program Revenues				
Intergovernmental	\$0	\$68,749,439	\$0	\$74,098,930
Taxes	\$0	\$200,000	\$0	\$0
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Interest	\$0	\$10,000	\$0	\$0
Total Revenue	\$0	\$68,994,439	\$0	\$74,133,930

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$1,017,038 (\$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: FY 2015: 80007 Library Director's Office

Increase of 1.0 FTE Program Communication Specialist.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$808,593	\$0	\$832,175
Contractual Services	\$0	\$116,200	\$0	\$113,700
Materials & Supplies	\$0	\$89,769	\$0	\$99,717
Internal Services	\$0	\$27,193	\$0	\$31,395
Total GF/non-GF	\$0	\$1,041,755	\$0	\$1,076,987
Program Total:	\$1,041,755		\$1,076,987	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$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: FY 2015: 80008 Marketing + Online Engagement

No significant changes.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$830,958	\$0	\$873,469
Contractual Services	\$0	\$20,500	\$0	\$24,836
Materials & Supplies	\$0	\$40,982	\$0	\$58,970
Internal Services	\$0	\$166,857	\$0	\$175,987
Total GF/non-GF	\$0	\$1,059,297	\$0	\$1,133,262
Program Total:	\$1,059,297		\$1,133,262	
Program FTE	0.00	5.50	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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80009 Business Services

No significant changes.

Department: Library
Program Offer Type: Support

Program Contact: June Bass
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Volunteer Services provides opportunities for 1,900 people who contribute their time and talents to Multnomah County Library each year. Volunteers are active across the library system, including Central Library, the 18 neighborhood libraries, the Isom Building, 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 1,900 volunteers. Volunteers enhance library services at locations throughout the community. The scope of volunteer opportunities includes booktalking with Books 2 U, conducting citizenship classes and delivering library materials to shelters through Adult Outreach, and 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 percent of library volunteers are students 10-18 years old. Students and adults 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 monthly volunteers who are supported by one paid staff person. Because the used books are sold at reasonable prices, many of The Title Wave Used Bookstore'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 Used Bookstore generated nearly \$200,000 in revenue.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Hours contributed by volunteers	66,220	70,000	67,000	67,000
Outcome	Student volunteers who report using their volunteer service for school/community requirement	40%	50%	40%	45%

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. 40% of respondents reported that their volunteer hours counted toward school or community service requirements.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$445,275	\$0	\$467,866
Contractual Services	\$0	\$9,075	\$0	\$10,400
Materials & Supplies	\$0	\$38,973	\$0	\$40,228
Internal Services	\$0	\$15,313	\$0	\$17,271
Total GF/non-GF	\$0	\$508,636	\$0	\$535,765
Program Total:	\$508,636		\$535,765	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80010 Volunteer Svcs/Title Wave Book Store

No significant changes.

Department: Library **Program Contact:** Shelly Kent

Program Offer Type: Administration **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Learning Systems (HR/LS) promotes resource management of highly qualified staff through the employment life cycle, including recruiting, hiring and retaining. HR/LS consults with employees and managers; provides technical assistance, time entry and staff training/development; and plans for future workforce needs. Systemwide 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 administrative staff.

Program Summary

Human Resources/Learning Systems (HR/LS) supports the library's mission and goals by ensuring HR systems are collaboratively implemented; assisting and consulting with over 606 regular and 93 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. HR/LS provides internal consultation to managers and employees on a wide range of HR, employee and labor relations issues, including performance management to ensure a highly functioning workforce; recruitment to attract highly qualified, diverse applicants to serve the changing needs of county residents; legal, contractual and policy compliance to reduce liability and the costs of unlawful employment actions; and accurate time entry to ensure that employees are paid correctly for hours worked.

HR/LS works with staff and managers to assess organizational needs; provide strategic direction, succession and workforce planning; and provide learning opportunities to ensure highly qualified and competent staff who have the requisite skills to serve their customers. HR/LS partners with Central HR/Labor Relations to develop and implement integrated HR initiatives and solutions.

Systemwide 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Staff training sessions offered by Learning Systems	198	200	198	225
Outcome	Increase in bilingual/bicultural FTEs	23%	5%	5%	0%

Performance Measures Descriptions

Outcome: significant increase in FY14, due to passage of library district funding which allowed MCL to increase service and staffing levels that had been reduced in FY13.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$1,960,833	\$0	\$1,966,156
Contractual Services	\$0	\$17,700	\$0	\$29,000
Materials & Supplies	\$0	\$96,880	\$0	\$138,530
Internal Services	\$0	\$61,880	\$0	\$64,744
Total GF/non-GF	\$0	\$2,137,293	\$0	\$2,198,430
Program Total:	\$2,137,293		\$2,198,430	
Program FTE	0.00	19.50	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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80011 Human Resources/Learning Systems/System Wide Staffing

No net change in FTE: moved 1.0 HR manager from a limited duration position; transferred 1.0 office assistant, sr. to Library Books-Acquisition & Processing (offer 80014-16).

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$290,872	\$0	\$299,153
Contractual Services	\$0	\$9,000	\$0	\$89,000
Materials & Supplies	\$0	\$69,968	\$0	\$67,348
Internal Services	\$0	\$1,933,828	\$0	\$2,108,467
Total GF/non-GF	\$0	\$2,303,668	\$0	\$2,563,968
Program Total:	\$2,303,668		\$2,563,968	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80012 Central Director's Office

Increased the capacity for addressing security needs by adding contract funding for a mental health crisis worker as well as funding for an additional day porter.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Materials & Supplies	\$0	\$7,100,000	\$0	\$7,478,000
Total GF/non-GF	\$0	\$7,100,000	\$0	\$7,478,000
Program Total:	\$7,100,000		\$7,478,000	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$53,000 comes from The Library Foundation for books and 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: FY 2015: 80013 Library Book Budget

Increased funding in order to reduce the holds ratio on high demand print books and e-books.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$2,723,703	\$0	\$2,919,612
Contractual Services	\$0	\$813,198	\$0	\$733,904
Materials & Supplies	\$0	\$174,220	\$0	\$312,225
Internal Services	\$0	\$96,329	\$0	\$115,781
Total GF/non-GF	\$0	\$3,807,450	\$0	\$4,081,522
Program Total:	\$3,807,450		\$4,081,522	
Program FTE	0.00	31.00	0.00	32.00

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80014 Library Books-Acquisition & Processing

1.0 FTE office assistant, sr. was transferred from Human Resources/Learning Systems (offer 80011-16).

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; creates and nurtures high-level literacy partnerships; 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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	County children and teens who have library cards	50%	54%	50%	50%
Outcome	Staff who report improved/reinforced skills after Youth Services training	95%	90%	95%	90%
Output	Card-holding children and teens who used their library card within the past year	62%	70%	65%	65%

Performance Measures Descriptions

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$414,237	\$0	\$431,398
Contractual Services	\$0	\$49,000	\$0	\$13,000
Materials & Supplies	\$0	\$233,390	\$0	\$262,080
Internal Services	\$0	\$18,457	\$0	\$21,034
Total GF/non-GF	\$0	\$715,084	\$0	\$727,512
Program Total:	\$715,084		\$727,512	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%). \$37,500 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: FY 2015: 80015 Youth Services Management

No significant changes.

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. NLM plans services; develops and evaluates programs and staff; and administers the budget for regional and neighborhood libraries. NLM also manages systemwide library services to the county's largest immigrant communities (through services, materials and programs in 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 (1.75 FTE), and a Senior Office Assistant. In collaboration with the Library Director, 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.

NLM supports and directs the work of regional and neighborhood libraries, which were visited 3.8 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of front line staff who are bilingual or possess cultural knowledge, skills, and abilities	76	89	78	78
Outcome	Patron satisfaction with Book-a-Librarian service	0	90%	100%	90%

Performance Measures Descriptions

Both measures are new.

Output measure: Current year purchased represents systemwide staffing.

Outcome measure: Book-a-Librarian service is new and evaluations have recently been implemented; FY15 will be the first year of evaluation data.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$535,733	\$0	\$589,566
Contractual Services	\$0	\$21,000	\$0	\$32,400
Materials & Supplies	\$0	\$61,400	\$0	\$72,380
Internal Services	\$0	\$95,350	\$0	\$104,269
Total GF/non-GF	\$0	\$713,483	\$0	\$798,615
Program Total:	\$713,483		\$798,615	
Program FTE	0.00	4.50	0.00	4.75

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80016 Neighborhood Libraries Management

Increase of 0.25 FTE outreach specialist.

Department: Library **Program Contact:** Cindy Gibbon
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

IT Services maintains 907 public computers and mobile devices, 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, stream audio and video content, 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, develops and maintains software, computers, printers, adaptive technology for those with special needs, electronic self-service equipment, servers and related equipment for library patrons and staff.

Children and adults use library computers to do personal and business research, complete homework assignments, apply for jobs, find recreational reading, communicate with government agencies, manage their library accounts and participate in the social web.

Public computers also provide office automation software, such as word processing, to accomplish personal, business or school work. The library has computers and software in training rooms, teen after-school homework lounges, and for checkout to be used in-house with the library's public wireless network. Many public computer users have no access to a computer or the Internet at home, so the library is their only window to the world of 21st century technology, communication and information.

IT Services also maintains equipment and software for library staff, supporting general office computing and library systems such as the library catalog, patron database, circulation system, materials acquisition system, website, provision of electronic resources, and other internal operations.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of public computers	890	857	907	930
Outcome	% of time wired public internet computers are in use	76%	75%	74%	74%
Output	Wi-fi sessions	901,858	750,000	968,000	975,000

Performance Measures Descriptions

Outcome: This measure is trending downward due to 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.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$488,290
Contractual Services	\$0	\$100,000	\$0	\$100,000
Materials & Supplies	\$0	\$797,522	\$0	\$784,019
Internal Services	\$0	\$5,478,647	\$0	\$5,591,481
Total GF/non-GF	\$0	\$6,376,169	\$0	\$6,963,790
Program Total:	\$6,376,169		\$6,963,790	
Program FTE	0.00	0.00	0.00	3.00

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80017 IT Services

Increase of 3.0 FTE for additional IT project management and development capacity.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$1,082,928	\$0	\$1,323,887
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$0	\$79,191	\$0	\$69,916
Internal Services	\$0	\$1,070,271	\$0	\$1,125,022
Total GF/non-GF	\$0	\$2,233,390	\$0	\$2,519,825
Program Total:	\$2,233,390		\$2,519,825	
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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80018 Facilities & Logistics

Increased funding for security camera replacements and upgrades; added funding for increased security coverage.

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 virtual 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 virtual 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total new library cards/welcome notices issued annually	60,715	60,000	62,000	60,000
Outcome	Average \$ value of customer accounts sent to collection agency	\$124	\$130	\$127	\$130
Efficiency	Cost per item checked out or renewed	\$2.58	\$3.25	\$3.27	\$3.25
Output	% of checkouts done by self-checkout	77%	78%	76%	76%

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.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$817,571	\$0	\$821,298
Contractual Services	\$0	\$103,780	\$0	\$122,900
Materials & Supplies	\$0	\$167,297	\$0	\$184,955
Internal Services	\$0	\$27,850	\$0	\$32,902
Total GF/non-GF	\$0	\$1,116,498	\$0	\$1,162,055
Program Total:	\$1,116,498		\$1,162,055	
Program FTE	0.00	7.00	0.00	7.00

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80019 System Access Services

Net reduction of 2.0 FTE librarians: Multnomah County Library has served as the fiscal agent for Oregon's 24/7 virtual reference service, Answerland, since it started in 2003. This service has been funded by federal grant money received through the state library. Effective July 1, 2015, the Oregon State Library will be assuming the fiscal agent role.

Legal / Contractual Obligation

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	2015	2015	2016	2016
Personnel	\$0	\$209,425	\$0	\$312,784
Contractual Services	\$0	\$51,000	\$0	\$1,000
Materials & Supplies	\$0	\$14,960	\$0	\$15,185
Internal Services	\$0	\$6,444	\$0	\$11,256
Total GF/non-GF	\$0	\$281,829	\$0	\$340,225
Program Total:	\$281,829		\$340,225	
Program FTE	0.00	1.00	0.00	3.00

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 (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.2%) and other revenues such as overdue fines, delinquent library levy taxes, interest earnings, grants, and user charges for services provided to library patrons (3.8%).

Significant Program Changes

Last Year this program was: FY 2015: 80020 System Information Services

Net increase of 2.0 FTE: moved 1.0 program specialist, sr. from a limited duration position; added 1.0 librarian.

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 2016 budget is \$116.8 million and 100.48 FTE. The year over year increase of \$8.4 million is due to primarily to a \$7.0 million increase in contractual payments to Metro for the Transient Lodging Tax in the Convention Center Fund. Debt service decreased by \$2.0 million from the FY 2015 Adopted Budget due to refunding in the Capital Debt Retirement Fund. The General Fund increased by \$2.2 million as highlighted below.

Ongoing General Fund:

- Increased payments of \$907,304 to the East County Cities for the Business Income Tax Revenue Sharing (10022)
- Increased SummerWorks by \$32,000 to meet Oregon’s minimum wage increase (10029A)

\$440,207 of new or expanded ongoing General Fund programs:

- RPDO/Community Emergency Notification System (10012B) \$85,000
- East County Liaison (10016B) \$139,040
- DSS-Justice Funding (10009C) \$86,849
- Regional Arts & Culture Council (10020A) Expansion \$129,318

\$630,440 of one-time-only General Fund for new programs:

- Regional Arts & Culture Council Right Brain Initiative (10020B) \$75,000
- A Home for Everyone Initiative (10030A-B) \$305,440
- SummerWorks Expanded Internship Program (10029B) \$250,000

Additional changes to Other Funds include:

- The County Attorney’s Office (10008) increased by 2.00 FTE and \$400,000 for specialized legal counsel in cybersecurity and capital construction.
- An increase of \$686,000 in the Fed/State Fund from HB 3194 for victim services in the Local Public Safety Coordinating Council (10009B).

Budget Trends	FY 2014	FY 2015	FY 2015	FY 2016	Difference
	Actual	Current	Adopted	Adopted	
	Actual	Estimate	Budget	Budget	
Staffing FTE	100.24	94.63	94.63	100.48	5.85
Personnel Services	\$11,883,668	\$12,745,968	\$12,634,712	\$14,012,257	\$1,377,545
Contractual Services	38,644,344	42,053,036	40,795,833	50,285,656	9,489,823
Materials & Supplies	961,627	1,272,863	1,257,896	1,325,328	67,432
Internal Services	7,389,917	8,047,367	8,009,867	7,983,381	(26,486)
Debt Service ^{1/}	72,158,340	45,383,865	45,383,865	43,210,190	(2,173,675)
Capital Outlay	0	4,000	4,000	0	(4,000)
Total Costs	\$131,037,896	\$109,507,099	\$108,086,173	\$116,816,812	\$8,730,639

1/In FY 2014 the County refinanced \$22.5 million of debt obligations, resulting in double counting for the actuals

*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 Sustainability leads the County's involvement in the Climate Action Plan (CAP) in partnership with the City of Portland. The White House has identified Portland as one of 16 national climate champions.
- 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 in the Regional Disaster Preparedness Organization (RPDO). By developing relationships with community partners, Emergency Management bolsters citizen preparedness community resilience.
- Reports by the Auditor's Office since 2014 include: Property Tax Equity; Mental Health & Addiction Services, Risk and Changing Environment; Community Services Division Housing Assistance programs; Housing Programs Inventory interactive and special reports; Fleet Fuel Management. To be released before the end of the fiscal year: Mental Health and Addiction Services Claims Processing; County Services Distribution; Juvenile Justice food services; Contracts follow-up; Financial Condition; Capital Planning; and reports on Pay Equity and County Employment.
- In the fifth 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. Multnomah County residents and school children are admitted free to the Oregon History of Museum and Davies Family Research Library.

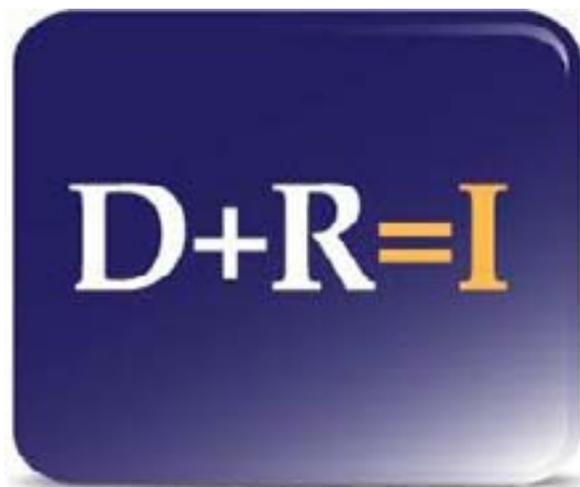
Diversity and Equity

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.

The Office also launched the Dignity + Respect = Inclusion campaign that is grounded in the principle that simple behavioral changes help build a culture of inclusion where we can foster awareness of the root causes and the cost of social injustice.

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

fy2016 adopted budget

Nondepartmental

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

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,512,315	\$0	\$1,512,315	9.00
10001	BCC District 1	589,672	0	589,672	4.00
10002	BCC District 2	589,672	0	589,672	4.00
10003	BCC District 3	589,672	0	589,672	4.00
10004	BCC District 4	589,672	0	589,672	4.00
10005	Auditor's Office	1,502,059	0	1,502,059	8.78
10006	Tax Supervising and Conservation Commission	324,789	0	324,789	1.90
10007	Communications Office	1,185,812	0	1,185,812	9.00
10008	County Attorney's Office	0	4,736,462	4,736,462	24.80
10009A	Local Public Safety Coordinating Council	559,080	486,849	1,045,929	3.00
10009B	LPSCC - HB3194 Justice Reinvestment	0	812,163	812,163	0.00
10009C	DSS-Justice Funding	86,849	0	86,849	0.00
10010	Citizen Involvement Committee	242,989	0	242,989	2.00
10011	Office of the Board Clerk	935,846	0	935,846	2.00
10012A	Office of Emergency Management	1,196,122	493,221	1,689,343	8.00
10012B	Emergency Management - RDPO/Community Emergency Notification System	85,000	0	85,000	0.00
10016A	Government Relations Office	781,151	0	781,151	4.00
10016B	East County Liaison	139,040	0	139,040	1.00
10017A	Office of Diversity and Equity	945,132	0	945,132	5.00
10017B	Multnomah Youth Commission Support	115,985	0	115,985	1.00
10018	Office of Sustainability	610,926	0	610,926	5.00
10020A	Regional Arts & Culture Council	300,000	0	300,000	0.00
10020B	RACC: Right Brain Initiative	75,000	0	75,000	0.00
10021	State Mandated Expenses	5,623,826	392,089	6,015,915	0.00
10022	Pass-Through Payments to East County Cities	7,798,013	0	7,798,013	0.00
10023	OHS Local Option Levy	0	2,122,143	2,122,143	0.00
10024	County School Fund	0	77,230	77,230	0.00
10025	Convention Center Fund	0	37,146,403	37,146,403	0.00

Nondepartmental

fy2016 adopted budget

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
10026	Capital Debt Retirement Fund	0	18,705,360	18,705,360	0.00
10027	GO Bond Sinking Fund	0	12,037,600	12,037,600	0.00
10028	PERS Pension Bond Sinking Fund	0	97,171,626	97,171,626	0.00
10029A	SummerWorks Internship Program	32,000	370,000	402,000	0.00
10029B	SummerWorks Expanded Internship Program	250,000	0	250,000	0.00
10030A	Home for Everyone Initiative	255,440	0	255,440	0.00
10030B	A Home for Everyone: Program Evaluation	<u>50,000</u>	<u>0</u>	<u>50,000</u>	<u>0.00</u>
Total Nondepartmental		\$26,966,062	\$174,551,146	\$201,517,208	100.48

*DOES include cash transfers, contingencies, and/or unappropriated balances.

Fund Level Programs

The following program offers account for General Fund revenues and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	\$84,351,387	\$86,930,967	\$171,282,354	0.00
<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>					
95001	General Fund Revenues	\$461,249,556	\$0	\$461,249,556	0.00
<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>					

Department: Nondepartmental **Program Contact:** Deborah Kafoury
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 Relations.

Program Summary

The Chair oversees a \$1.6 billion budget and more than 4,500 Full Time Employees. 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 Kafoury, who also served as the District 1 Commissioner for five years, has long championed issues supporting the most vulnerable in our community such as preventing and ending homelessness, creating stability for families, and providing health care to under-served populations. She has also led successful plans to replace the Sellwood Bridge and replace the Central County Courthouse. Chair Kafoury and her staff are committed to developing and advancing policies and programs that are innovative, evidence-based, cost effective and enhance the lives of all Multnomah County residents.

In Fiscal Year 2016, Chair Kafoury will focus on the following priorities:

1. Expand culturally specific, trauma-informed healthcare services to reduce the significant health disparities identified in the 2014 Report Card on Racial and Ethnic Health Disparities in Multnomah County.
2. Align existing programs and new county resources to the prioritized populations identified in A Home for Everyone, the community plan to end homelessness.
3. Expand culturally specific school based mental health services, so kids can access the care they need to be healthy, in school and ready to learn.
4. Expand violence prevention initiatives for youth and continue public safety justice reinvestment efforts.
5. Continue the planning and design of the central courthouse project, Health Department headquarters, and other key infrastructure projects.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Ensure broad community input by conducting community listening sessions	n/a	6	6	8
Outcome	Respond to all constituent emails, phone calls, & meeting requests timely & resolve constituent concerns	n/a	100%	100%	100%
Output	Align prog. & services to respond to recommendations from the Home for Everyone Committee	n/a	n/a	n/a	65%
Output	Complete next steps on the Central Courthouse & Health Department HQ planning, design & construction	n/a	n/a	n/a	50%

Performance Measures Descriptions

The Chair's office will continue to provide access and engagement opportunities for the community on the budget and policy development to ensure the county's agenda reflects the needs of the entire community. As Chair of the Home for Everyone governance committee on homelessness, Chair Kafoury will continue to lead the cross jurisdictional discussion on housing and homeless issues. In FY16, Chair Kafoury will oversee the next steps on planning, design, and construction of the central courthouse and Health Department headquarters projects.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,104,901	\$0	\$1,194,757	\$0
Contractual Services	\$30,000	\$0	\$34,125	\$0
Materials & Supplies	\$47,054	\$0	\$59,573	\$0
Internal Services	\$282,325	\$0	\$223,860	\$0
Total GF/non-GF	\$1,464,280	\$0	\$1,512,315	\$0
Program Total:	\$1,464,280		\$1,512,315	
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: FY 2015: 10000 Chair's Office

No significant changes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$455,679	\$0	\$462,637	\$0
Contractual Services	\$4,331	\$0	\$7,000	\$0
Materials & Supplies	\$27,399	\$0	\$37,423	\$0
Internal Services	\$72,812	\$0	\$82,612	\$0
Total GF/non-GF	\$560,221	\$0	\$589,672	\$0
Program Total:	\$560,221		\$589,672	
Program FTE	3.85	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: FY 2015: 10001 BCC District 1

Commissioner Bailey was elected in May 2014 to serve out the remainder of the former District 1 Commissioner's term.

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, and specifically with the United Way of Oregon.

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 2014-2015 include the following activity: 1) Budget development for the SummerWorks Program (\$120,000 in County General Fund dollars and \$250,000 in partnership resources with the City of Portland and Worksystems, Inc.); 2) Multnomah County funding for Disparity Reduction in Communities of Color, \$1,000,000; 3) Sponsorship of the Linda Hornbuckle "Week in Multnomah County" Proclamation, October 30, 2014 through November 6, 2014; 4) Conducted senior town halls throughout Multnomah County to educate seniors about the dangers of elder financial fraud and abuse; 5) Sponsorship of National Civil Rights Week in Multnomah County, August 21, 2014. Priorities for FY 2015-2016 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, maintaining focus on the FY 2014-2015 Disparity Reduction in Communities of Color Initiative, and ensuring the mechanism for enrolling and maintaining 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Respond to constituent inquiries, emails and information requests	NA	NA	120	120
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks Program	125	150	150	150
Output	Participate in Regional Disaster Planning Organization and Emergency Preparedness Activity	NA	12	12	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.

Legal / Contractual Obligation

The Multnomah County Board of Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$426,167	\$0	\$463,282	\$0
Contractual Services	\$13,500	\$0	\$8,652	\$0
Materials & Supplies	\$44,200	\$0	\$30,750	\$0
Internal Services	\$76,354	\$0	\$86,988	\$0
Total GF/non-GF	\$560,221	\$0	\$589,672	\$0
Program Total:	\$560,221		\$589,672	
Program FTE	3.00	0.00	4.00	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: FY 2015: 10002 BCC District 2

No significant changes anticipated within the District 2 budget request for FY 2015-16.

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, comprising most of SE Portland. 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.us/ds3.

Program Summary

As the need for county services continues to shift east, Commissioner Shiprack works with her community to provide programs and a county budget that serves their growing need. She will continue to provide leadership and engage the community to create county services honoring ethnic and cultural diversity while recognizing the complexity of community need. Promoting evidence-based programs and services is a high priority.

Replacement of the Multnomah County Central Courthouse continues to move forward. Site selection, selection of a construction delivery method and selection of the general contractor are all on target for this year. Serving as Co-Chair of the nationally-lauded Local Public Safety Coordinating Council (LPSCC), Commissioner Shiprack continues to work with this collaborative group to deliver a just and efficient public safety system. Current focal issues for LPSCC include reducing racial and ethnic disparities in juvenile justice, identifying and addressing mental health gaps in our public safety system, youth and gang violence prevention, and information-sharing across jurisdictions. Commissioner Shiprack promotes elder issues by serving as liaison to Elders in Action. She continues to advocate for improvements in the state's Senior Property Tax Deferral Program and advocates for resources for elder abuse investigation. She supports arts in school through her liaison role to the Regional Arts and Culture Coalition (RACC) and participation on the governing committee of the Right Brain Initiative. Commissioner Shiprack also represents the county on the Advisory Council of the Gateway Center for Domestic Violence Services.

Commissioner Shiprack promotes the county's legislative agenda by furthering the state/county partnership to build a new Multnomah County Courthouse, securing funding for mental health crisis services, increasing resources for affordable housing and advocating for full funding for justice reinvestment. She serves as a vice chair of the National Association of Counties (NACo) Justice and Public Safety Steering Committee and as the official representative for the Association of Oregon Counties (AOC) to NACo.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Local Public Safety Coordinating Council's (LPSCC) What Works Conference	1	1	1	1
Outcome	Multnomah County Downtown Courthouse - Site Acquisition and Procurement of Contractor Phase	10%	50%	100%	NA
Input	Community Meetings	73	34	50	50
Input	Local Public Safety Coordinating Council (LPSCC) Meetings - Executive and Subcommittee	44	19	44	44

Performance Measures Descriptions

LPSCC's conference was on 1/9/15. The theme was, "Juvenile Justice: A Developmental Approach". The event brought together over 275 leaders, policy makers and stakeholders in Oregon's juvenile justice system. It received high marks from participants for content and as essential in advancing issues; a safe and efficient courthouse is vital for delivering justice in Multnomah County; community meetings and the policies resulting from them indicate Commissioner Shiprack's dedication to community-building.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$434,812	\$0	\$458,374	\$0
Contractual Services	\$14,000	\$0	\$5,000	\$0
Materials & Supplies	\$40,847	\$0	\$47,071	\$0
Internal Services	\$70,562	\$0	\$79,227	\$0
Total GF/non-GF	\$560,221	\$0	\$589,672	\$0
Program Total:	\$560,221		\$589,672	
Program FTE	4.00	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: FY 2015: 10003 BCC District 3

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 FY15-16, 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 continue to fight against human trafficking, with a particular focus on reducing the demand for sex solicitation. She commits to ensuring our community maintains the support programs for the victims of sex trafficking. Commissioner McKeel will engage the Multnomah County Business Advisory Council to best understand impacts on the business community as the county develops policy and initiatives. Commissioner McKeel supports further economic development throughout the county to bring family-wage jobs to Multnomah County. Commissioner McKeel will monitor the comprehensive planning project for Land Use in Multnomah County and will work to ensure community input, advise, and values are upheld throughout the process in order to preserve natural areas, improve community relations, and provide recommendations to the BCC. 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 Committee, Vice-Chair of the National Association of Counties (NACo) Veterans and Military Subcommittee.
 - 3) Health Care- Member of the NACo Health Steering Committee
 - 4) Economic Development- Member of the Governor's Portland Metro Regional Solutions Advisory Committee, Travel Portland, East Metro Economic Alliance
 - 5) CSEC- Chair of the Local Public Safety Coordinating Council Subcommittee on the Commercial Sexual Exploitation of Children

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Respond to constituent communications within two days; provide/receive guidance. input	95%	95%	95%	95%
Outcome	Policies & budget developed in response to constituent, public, & service provider input	0	0	100%	100%
Outcome	Engage the Business Advisory Council & incorporate input in development of public policy	0	0	Monthly Meeting	Monthly Meeting
Output	Increase employee participation in Wednesday Walkers by hosting events at multiple locations	2	2	2	4

Performance Measures Descriptions

- 1) VETERANS - workforce development to increase employers understanding about the benefits of hiring veterans; conduct outreach to younger veterans; decrease stigma of post-traumatic stress injuries. 2) CSEC - Convene the CSEC exec. committee; ID best practices for anti-trafficking; victim svcs, justice, demand reduction.
- 3) LAND USE- ensure the recommendations from the CAC are incorporated into the Land Use Comprehensive Plan. 4) WORKPLACE WELLNESS - Continue weekly summer events & increase to four site locations.

Legal / Contractual Obligation

The Board of County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III,3.10 (3).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$463,504	\$0	\$473,062	\$0
Contractual Services	\$0	\$0	\$0	\$0
Materials & Supplies	\$26,104	\$0	\$25,503	\$0
Internal Services	\$70,613	\$0	\$91,107	\$0
Total GF/non-GF	\$560,221	\$0	\$589,672	\$0
Program Total:	\$560,221		\$589,672	
Program FTE	4.00	0.00	4.00	0.00

Program Revenues

Total Revenue	\$0	\$0	\$0	\$0
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Explanation of Revenues

Commissioner McKeel's office is funded by the County General Fund.

Significant Program Changes

Last Year this program was: FY 2015: 10004 BCC District 4

Legal / Contractual Obligation

County Charter 8.10 states, "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted 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 redistricting after the census every ten years. 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	2015	2015	2016	2016
Personnel	\$1,109,718	\$0	\$1,159,199	\$0
Contractual Services	\$145,000	\$0	\$160,785	\$0
Materials & Supplies	\$9,558	\$0	\$25,110	\$0
Internal Services	\$171,716	\$0	\$156,965	\$0
Total GF/non-GF	\$1,435,992	\$0	\$1,502,059	\$0
Program Total:	\$1,435,992		\$1,502,059	
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: FY 2015: 10005 Auditor's Office

No significant changes.

Legal / Contractual Obligation

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 Districts)

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 an 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	2015	2015	2016	2016
Personnel	\$276,458	\$0	\$291,503	\$0
Contractual Services	\$500	\$0	\$8,000	\$0
Materials & Supplies	\$33,947	\$0	\$19,387	\$0
Internal Services	\$4,424	\$0	\$5,899	\$0
Total GF/non-GF	\$315,329	\$0	\$324,789	\$0
Program Total:	\$315,329		\$324,789	
Program FTE	1.90	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 (\$269,000 for FY14-15) and the state's County Assessment Function Funding Assistance (CAFFA) Grant (\$62,540 for FY14-15). The County also provides office space for the Commission (valued at \$28,710 for FY14-15).

Member districts contribute on a pro-rated share per a statutory formula (ORS 294.632). Contributions range from \$250 to \$134,000.

Significant Program Changes

Last Year this program was: FY 2015: 10006 Tax Supervising and Conservation Commission

Last year's budget anticipated a significant cost for the purchase of a data base information system. That project has been undertaken using County IT resources at a significant cost savings and that line item has been removed from this year's budget. There are no other changes in the budget.

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$963,243	\$0	\$1,012,950	\$0
Contractual Services	\$26,166	\$0	\$16,000	\$0
Materials & Supplies	\$24,539	\$0	\$25,500	\$0
Internal Services	\$110,960	\$0	\$131,362	\$0
Total GF/non-GF	\$1,124,908	\$0	\$1,185,812	\$0
Program Total:	\$1,124,908		\$1,185,812	
Program FTE	7.50	0.00	9.00	0.00

Program Revenues				
Other / Miscellaneous	\$130,219	\$0	\$0	\$0
Total Revenue	\$130,219	\$0	\$0	\$0

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2015: 10007A Communications Office

Review of program activities and assignments resulted in an addition of 1.50 FTE.

Legal / Contractual Obligation

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$3,513,505	\$0	\$4,077,053
Contractual Services	\$0	\$30,000	\$0	\$25,000
Materials & Supplies	\$0	\$114,764	\$0	\$137,539
Internal Services	\$0	\$543,693	\$0	\$496,870
Total GF/non-GF	\$0	\$4,201,962	\$0	\$4,736,462
Program Total:	\$4,201,962		\$4,736,462	
Program FTE	0.00	22.80	0.00	24.80

Program Revenues				
Other / Miscellaneous	\$0	\$4,201,962	\$0	\$4,736,462
Total Revenue	\$0	\$4,201,962	\$0	\$4,736,462

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: FY 2015: 10008 County Attorney's Office

The County Attorney's Office increased by 2.00 Assistant County Attorney, Sr. FTE. The following highlights the services:

- Cybersecurity (1.00 FTE) - The ongoing use of cloud service providers, and escalating cybersecurity threats highlight the need for legal counsel to assist in revising the Google and Amazon contracts; as well as, develop a cloud vendor contract template. This position will provide legal counsel and assist with training.
- Capital Construction (1.00 FTE) - Because of increases in construction litigation and support needed to manage large and complicated capital projects, this position will work with departments, elected officials, and outside partners to plan and complete construction projects.

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 Racial and Ethnic Disparities and implementing House Bill 3194/Justice Reinvestment (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 2016, 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, and a full-time Executive Assistant, who provides organizational and communications support.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of LPSCC Executive Committee and Subcommittee Meetings	10	10	10	68
Outcome	Average percentage of statutorily mandated LPSCC representatives present at Executive Committee meeting	75	65	66	75
Output	Number of policy recommendations made to County Commissioners	10	10	10	10
Output	Number of DSS-J web-based reports, automated reports, and ad hoc reporting models available to users	50	50	40	60

Performance Measures Descriptions

FY 15 performance measures have been enhanced for FY 16. FY 15 measure 1 read: # of LPSCC Executive Committee meetings. Measure 2 read: % of LPSCC pleased with meetings (90%). Measure 4 CYE is low due to technical challenges with the Oregon Court IT system upgrade and insufficient staffing on the DSS-J team.

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities (ORS 423.560). As part of House bill 3194, counties apply for justice reinvestment grant funds. The State Criminal Justice Commission, which oversees 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	2015	2015	2016	2016
Personnel	\$0	\$317,320	\$0	\$401,710
Contractual Services	\$0	\$38,690	\$0	\$10,000
Materials & Supplies	\$0	\$53,365	\$0	\$70,351
Internal Services	\$543,376	\$38,796	\$559,080	\$4,788
Total GF/non-GF	\$543,376	\$448,171	\$559,080	\$486,849
Program Total:	\$991,547		\$1,045,929	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$425,171	\$0	\$476,849
Other / Miscellaneous	\$0	\$0	\$0	\$10,000
Beginning Working Capital	\$0	\$23,000	\$0	\$0
Total Revenue	\$0	\$448,171	\$0	\$486,849

Explanation of Revenues

LPSCC is funded by the State Department of Corrections through SB 1145 at \$476,849. Each year, the LPSCC puts on the What Works in Public Safety conference. Partner public safety associations typically support the conference through donations. This year we added \$10,000 in revenues to reflect the donations.

Significant Program Changes

Last Year this program was: FY 2015: 10009A Local Public Safety Coordinating Council

Department: Nondepartmental **Program Contact:** Abbey Stamp
Program Offer Type: Innovative/New 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. This program offer is specifically for the justice reinvestment funds allocated from HB 3194.

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, including implementation of HB 3194 and justice reinvestment.

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. As LPSCC partner data requests and needs have become more complex over the last few years, the staffing of DSS-J has reduced. In order to become responsive to data analysis of our criminal justice system, respond capably to grant opportunities, and to provide data for timely program evaluation, the staffing needs to increase to enhance DSS-J's functionality.

This Program Offer is to grow the Internal Services portion of the LPSCC budget by \$162,120. This will add a Senior Development Analyst to the DSS-J team, funded by HB 3194. This position will be a Limited Duration Assignment. This Program Offer also continues funding, previously in the LPSCC budget (FY15 10009A), for a LDA Project Manager at \$56,648. This position is slated to end on 12/8/2015. In addition, this program offer will house the \$593,395 for victim's services, as part of HB 3194. As indicated in the rules developed by the Criminal Justice Commission, County LPSCCs are responsible for choosing victim's services programs and to illustrate how use of the funds will positively impact victims

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of meetings facilitated through the justice reinvestment project manager.	55	67	67	56
Outcome	Percentage of justice reinvestment measures/analyses potentially automated by DSS-J	-	-	-	60

Performance Measures Descriptions

Measure 2 illustrates potential if the DSS-J LDA developer position is purchased.

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities (ORS 423.560). As part of House bill 3194, counties apply for justice reinvestment grant funds. The State Criminal Justice Commission, which oversees 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	2015	2015	2016	2016
Personnel	\$0	\$123,796	\$0	\$56,648
Contractual Services	\$0	\$0	\$0	\$593,395
Internal Services	\$0	\$3,095	\$0	\$162,120
Total GF/non-GF	\$0	\$126,891	\$0	\$812,163
Program Total:	\$126,891		\$812,163	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$126,891	\$0	\$812,163
Total Revenue	\$0	\$126,891	\$0	\$812,163

Explanation of Revenues

Senate Bill 3194 established the Justice Reinvestment Grant Program. These funds will cover the Limited Duration Assignment in LPSCC's Internal Services (\$162,120). One position, the limited duration Project Manager, is also funded through HB 3194 at \$56,648. The remaining revenue (\$593,395) is the amount to be allocated to victim's services programs through a process developed by LPSCC.

Significant Program Changes

Last Year this program was:

Significant increase in state funding for victim's services, as part of HB 3194.

Legal / Contractual Obligation

In its FY 2010 adopted budget, Multnomah County's Board of Commissioners formally transferred responsibility for the administration of DSS-J to the LPSCC, which agreed to oversee the development and maintenance of DSS-J and ensure data accuracy and security through a Policy Committee. In FY 15, DSS-J's total allocated General Fund was \$770,083. This included funding by a One Time Only program offer and LPSCC Beginning Working Capital (BWC). The BWC is exhausted, and FY16 DSS-J GF total need is \$645,929. The IT DSS-J team completed projects (and thus the need for temporary staff), and has been able to reduce overhead costs. This request reflects the ongoing funds needed to minimally support the system. Without adequate funding and staff, DSS-J will not be able to respond to the public safety system's baseline data needs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Internal Services	\$205,336	\$0	\$86,849	\$0
Total GF/non-GF	\$205,336	\$0	\$86,849	\$0
Program Total:	\$205,336		\$86,849	
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: Nondepartmental **Program Contact:** Gary Marschke
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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Database of volunteers is current and available at all times	100%	100%	98%	100%
Outcome	Percentage of participants in activities who felt time was well spent	95%	90%	98%	90%
Output	Outreach & recruitment events attended	-	10	12	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.

Legal / Contractual Obligation

Chapter Re: Chapter 3.75 Multnomah County Home Rule Charter; Resolution 8-86, Resolution 95-245, Multnomah County Code 2.30.640; 3.30-3.306 1. The County Charter states that the commission "shall appropriate sufficient funds for the operation of the office and the committee".

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$183,169	\$0	\$188,798	\$0
Contractual Services	\$1,500	\$0	\$1,500	\$0
Materials & Supplies	\$8,251	\$0	\$12,358	\$0
Internal Services	\$45,119	\$0	\$40,333	\$0
Total GF/non-GF	\$238,039	\$0	\$242,989	\$0
Program Total:	\$238,039		\$242,989	
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: FY 2015: 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.

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.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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.

Legal / Contractual Obligation

Commissioners affirm to support the Constitutions of the United States, the State of Oregon, the Multnomah County Home Rule Charter, and Multnomah County Laws. The Board adopts and publishes rules for the conduct of Board meetings, they serve as the governing body for Dunthorpe-Riverdale Sanitary and Service District No. 1; Mid-County Street Lighting Service District No. 14; sit as the County Budget Committee; The Hospital Facilities Authority; Public Contract Review Board; Multnomah County Board of Health and Multnomah County Library District Board.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$222,687	\$0	\$277,219	\$0
Contractual Services	\$5,000	\$0	\$30,000	\$0
Materials & Supplies	\$228,638	\$0	\$234,374	\$0
Internal Services	\$453,395	\$0	\$394,253	\$0
Total GF/non-GF	\$909,720	\$0	\$935,846	\$0
Program Total:	\$909,720		\$935,846	
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: FY 2015: 10011 Office of the Board Clerk

No significant changes.

Department: Nondepartmental **Program Contact:** Rachel Philofsky
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County Emergency Management (MCEM) coordinates disaster preparedness activity in Multnomah County. This includes planning, training, exercise and equipment procurement for County staff and departments as well as coordination with cities, special districts and non-governmental organizations. MCEM also coordinates the County's Continuity of Operations Planning (COOP) for all departments. MCEM fosters citizen preparedness and community resilience through working relationships with a diverse group of community partner organizations.

Program Summary

This is the core MCEM Program offer. Program focus includes: 1) County general and departmental preparedness, 2) Intergovernmental and regional preparedness, 3) Citizen and community preparedness and resilience and 4) the County's ability to continue critical operations in an emergency situation. MCEM regularly collaborates with 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.

Program activity is informed by the Emergency Management Performance Grant (EMPG) work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, state and federal partners.

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.

In a 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 it coordinates emergency and disaster declarations.

After a disaster, Emergency Management coordinates with state and federal agencies that provide post-disaster assistance and also guides the community recovery process.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 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

Output: Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR). Exercises are expected to reveal performance deficiencies and lead to focused improvements. Actual emergency activation may substitute for an exercise and a self-reported AAR is submitted to the State. Outcome: There are 8 eligible funding areas, each with multiple planning activities, in the Emergency Performance Grant(EMPG). This annual measurement covers required activities for a competent emergency management program.

Legal / Contractual Obligation

ORS 401.305 requires Multnomah County to establish an emergency management program and Multnomah County Code Chapter 25.410 establishes the County's Office of Emergency Management.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$571,035	\$411,430	\$649,007	\$411,771
Contractual Services	\$30,000	\$0	\$30,000	\$65,000
Materials & Supplies	\$130,579	\$30,000	\$166,544	\$16,450
Internal Services	\$400,109	\$0	\$350,571	\$0
Capital Outlay	\$4,000	\$0	\$0	\$0
Total GF/non-GF	\$1,135,723	\$441,430	\$1,196,122	\$493,221
Program Total:	\$1,577,153		\$1,689,343	
Program FTE	4.50	3.50	4.70	3.30

Program Revenues				
Intergovernmental	\$0	\$441,430	\$0	\$493,221
Total Revenue	\$0	\$441,430	\$0	\$493,221

Explanation of Revenues

MCEM receives EMPG funds which provide a maximum of a 50% match to eligible program costs paid for by the County general fund. Congressional decisions on Department of Homeland Security (DHS) funding are pending at the time of this offer, so we are projecting no increase in EMPG match for FY16 until the DHS budget is passed and we receive updated revenue projections from Oregon Emergency Management. MCEM also applies for and receives State Homeland Security Grant Program (SHSP) funds which are used for specific planning, training, equipment or exercise-related projects. MCEM applied for \$81,450 for the Federal FY 15 grant.

Significant Program Changes

Last Year this program was: FY 2015: 10012A Office of Emergency Management

No significant changes.

Legal / Contractual Obligation

CENS: Upon execution of the contract, the County will be obligated for annual payments to the City of Portland.
RDPO: IGA approved by the County Board of Commissioners provides for the County contributions to the RDPO at the Board's discretion.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$38,200	\$0	\$30,000	\$0
Materials & Supplies	\$0	\$0	\$55,000	\$0
Total GF/non-GF	\$38,200	\$0	\$85,000	\$0
Program Total:	\$38,200		\$85,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was:

Last year, the RDPO contribution was budgeted with OTO funds in the amount of \$38,200 in program offer #10030.

Legal / Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$591,342	\$0	\$603,520	\$0
Contractual Services	\$110,000	\$0	\$117,910	\$0
Materials & Supplies	\$14,500	\$0	\$16,500	\$0
Internal Services	\$40,467	\$0	\$43,221	\$0
Total GF/non-GF	\$756,309	\$0	\$781,151	\$0
Program Total:	\$756,309		\$781,151	
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: FY 2015: 10016 Government Relations Office

No significant changes.

Department: Nondepartmental **Program Contact:** Claudia Black
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This position will support community engagement, planning and revitalization efforts to coordinate existing and potential federal, regional, and local investment in East County. This strategic partnership seeks to increase investment and alignment that will benefit residents and reduce barriers to create jobs, leverage private contributions, increase economic activity, expand educational opportunities, and reduce violent crime.

Program Summary

Geographic distribution of diversity has shifted as communities of color have moved into East Multnomah County. Concentrations of poverty, unemployment, and low educational attainment have also emerged in mid to East County. Many residents of the County (49%) have an annual income of \$30,000 or less. Unemployment rates rose from 4%-6% with some cities in East County tripling the number of people receiving public assistance. The percentage of people who hold a high school diploma, GED or lower is 56%-64% for many communities in East County. Aggravated assault and Part 1 violent crimes have increased in the same communities struggling with other instabilities. Rockwood saw an increase of 8% in aggravated assault and 62% in Part 1 violent crimes (2014 OJJDP Gang Assessment).

This is a multi-sector approach for engagement, programming and policy work to directly impact stability and a framework for revitalization in East County. This builds on positive, collaborative momentum of the 2014 Promise Zone designation application submitted in partnership with the City of Gresham, 25 community implementation partners and nearly 200 stakeholders who were engaged in the process. This position will work with County Departments, Elected Officials and external stakeholders to prioritize revitalization of East Multnomah County. In the first six months, Promise Zone planning groups will reconvene to determine priorities, action steps, timelines and budget needs. Output examples include: collaborative grant applications, multi-jurisdictional policy recommendations, programmatic expansion to meet needs in the areas of: Jobs, Education, Economic Development, Crime, Health, and Infrastructure. This work will be informed by the Equity and Empowerment Lens to maintain attention to inequities and structural challenges to revitalizing East County. If the federal Promise Zone designation is successful, the liaison will work with federal partners in early implementation stages in year one.

This work will be informed by the Equity and Empowerment Lens to maintain attention to inequities, overcome structural challenges to community revitalization and utilize strategies focused on mitigating displacement.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Stakeholders engaged in East County revitalization	n/a	n/a	150	200
Outcome	Development of action plans across prioritized issue areas	n/a	n/a	20%	100%
Output	Opportunities to engage in dialogue about revitalization	n/a	n/a	20	100
Quality	Percentage of stakeholders who feel engaged	n/a	n/a	n/a	80%

Performance Measures Descriptions

The engagement of stakeholders as implementation partners is a priority in FY16. Number of engaged stakeholders is measured by members of the email distribution list. Development of action plans across six prioritized issue areas is measured by level of completeness. Number of opportunities to engage in dialogue is measured by meetings with multi-sector stakeholders. Percentage of stakeholders who feel engaged will be measured by stakeholder survey

Legal / Contractual Obligation

Multnomah County and the City of Gresham have a pending application to HUD for a federal designation of a Promise Zone in Rockwood. This announcement will be made in Spring 2015. If the designation is received, this will result in an unfunded agreement with HUD (performance outcomes, AmeriCorps members and a Promise Zone liaison), if the designation is not received, work will begin to adjust the application for submission in a future round of awards.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$129,140	\$0
Materials & Supplies	\$0	\$0	\$9,900	\$0
Total GF/non-GF	\$0	\$0	\$139,040	\$0
Program Total:	\$0		\$139,040	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

General Fund.

Significant Program Changes

Last Year this program was:

This is a new program expansion for Government Relations to support collaborations with the City of Gresham and communities of Rockwood and Rosewood. This expansion increases staffing within Government Relations by 1.0 FTE. www.multco.gov.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$717,671	\$0	\$751,511	\$0
Contractual Services	\$28,000	\$0	\$24,000	\$0
Materials & Supplies	\$57,000	\$0	\$72,351	\$0
Internal Services	\$52,678	\$0	\$97,270	\$0
Total GF/non-GF	\$855,349	\$0	\$945,132	\$0
Program Total:	\$855,349		\$945,132	
Program FTE	5.40	0.00	5.00	0.00

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

Explanation of Revenues

General Fund

Significant Program Changes

Last Year this program was: FY 2015: 10017A Office of Diversity and Equity

Reduction of 0.4 FTE administrative assistant position due to a re-allocation in Sustainability. This was a shared 0.8 FTE position last year.

Department: Nondepartmental **Program Contact:** Ben Duncan
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 as an equity, inclusion and social justice resource at Multnomah County. The Multnomah Youth Commission (MYC) sits within the Office of Diversity and Equity.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	#Youth Commission Meetings	22	22	22	22
Outcome	Youth-Led, issue specific summit	1	1	1	1

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$120,150	\$32,301	\$115,985	\$0
Contractual Services	\$1,000	\$75,000	\$0	\$0
Materials & Supplies	\$14,232	\$39,700	\$0	\$0
Total GF/non-GF	\$135,382	\$147,001	\$115,985	\$0
Program Total:	\$282,383		\$115,985	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$110,801	\$0	\$0
Beginning Working Capital	\$0	\$36,200	\$0	\$0
Total Revenue	\$0	\$147,001	\$0	\$0

Explanation of Revenues

Penney Family Foundation grant estimate \$10,000 for FY 2016

Significant Program Changes

Last Year this program was: FY 2015: 10017B Multnomah Youth Commission Support

Multnomah Youth Commission did not receive funding from two significant sources: State Farm (previously at \$100,000) and the Penny Family Fund.

Department: Nondepartmental **Program Contact:** John Wasiutynski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Multnomah County Office of Sustainability was established in 2010 to help plan, implement and coordinate the County's environmental Sustainability Program. The Office of Sustainability's mission is to work with County Departments and the community to promote programs and policies that lead to a more equitable, prosperous, and environmentally sound Multnomah County.

Program Summary

The Office of Sustainability has worked with the community and County departments to develop unique partnerships that help make Multnomah County a better place to live, work, and do business. The Office of Sustainability is not only committed to a healthy planet, but also firmly roots our work in Multnomah County's mission to protect the most vulnerable in our community. This value shapes the way we approach sustainability, an approach based on achieving social, economic, and environmental justice.

Major focus areas for FY 2016 include, implementation of the Climate Action Plan, developing a policy mechanism that will promote energy efficiency and renewable energy in commercial buildings, working to improve air quality, providing fresh organically grown food to food-insecure individuals and families, providing meaningful volunteer and workshop opportunities for County residents, and supporting a culture of resource-conservation in County operations. The Office of Sustainability will accomplish these goals by working with the County's elected leaders to develop new policies; by providing technical support to County departments; through direct program delivery; and through research, data analysis, and reporting.

Climate Action Plan activities will include implementation of the Climate Change Preparation Strategy (CCPS) in partnership with the Health Department, Office of Emergency Management, and Department of County Human Services. The purpose of these activities will be to build a more resilient community by educating people on the risks associated with climate change and steps that people can take to protect themselves; and to develop policies and procedures that the County can advocate for or implement that will create a more resilient community, e.g. heat emergency response plan.

The Office of Sustainability will also support Rockwood Promise Zone activities specific to the infrastructure goal, including convening a comprehensive, policy group to address infrastructural barriers to livability, including safe, stable, affordable housing; multi-modal transportation; and community-oriented destinations.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Servings of fresh, culturally appropriate, produce donated. Servings are calculated by tracking the pounds	83,563	0	111,381	115,000
Outcome	% decrease in community wide greenhouse gas emissions over 1990 levels. The projected decrease is b	11%	0	12%	13%
Output	Number of volunteer hours contributed to Office of Sustainability events or programs.	0	0	1370	1500

Performance Measures Descriptions

Output: Donation of healthy, culturally appropriate food from the CROPS program, as identified by our community partners.
Outcome: The Office of Sustainability implements BCC adopted Climate Action Plan that calls for County wide greenhouse gas emissions reduction of 80% over 1990 levels by the year 2050. Changes: County programs on which the Office is asked to provide strategic support - FY 2015 CYE 15; % increase in participant diversity in programs over FY 2015 offer 20% . These metrics were removed because they are vague, and not accurately bounded, tracked, or defined.

Legal / Contractual Obligation

None.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$482,823	\$18,000	\$502,191	\$0
Contractual Services	\$22,500	\$7,000	\$22,000	\$0
Materials & Supplies	\$19,940	\$8,000	\$29,144	\$0
Internal Services	\$65,738	\$0	\$57,591	\$0
Total GF/non-GF	\$591,001	\$33,000	\$610,926	\$0
Program Total:	\$624,001		\$610,926	
Program FTE	4.40	0.00	5.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$33,000	\$0	\$0
Total Revenue	\$0	\$33,000	\$0	\$0

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2015: 10018A Office of Sustainability

In FY 2016 the Office of Sustainability will focus on the development and implementation of a policy mechanism that will promote energy efficiency and renewable energy in commercial buildings. This new policy tool will support the Climate Action Plan goal to reduce greenhouse gas (GHG) emissions by 80% over 1990 levels by the year 2050. In Multnomah County 40% of greenhouse gas emissions are attributed to the commercial buildings. To reach the CAP 2030 GHG reduction goals commercial buildings would need to produce 5% of their energy from renewable energy and become 8% more energy efficient. The Climate Action Plan calls on the County to develop a financing program for commercial buildings to help achieve these goals. Changes in staffing include a reduction of 0.40 FTE Admin and an addition of an 1.0 FTE Program Technician; net effect increase 0.60FTE

Department: Nondepartmental **Program Contact:** Lisa Whedon
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; (5) RACC is developing comprehensive Arts Education solutions for our community; and (6) RACC will continue to support arts programs that work within Multnomah County's system of care for vulnerable populations, particularly those for people experiencing homelessness.

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 competing to attract sustainable businesses and an innovative, well-educated workforce. Multnomah County is home to the 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 FY16 County dollars include allotments to the following RACC programs: Advocacy and Development (including Work for Art), \$12,000; Grants, \$107,700; Technical Assistance, \$5,200; Arts Education (including The Right Brain Initiative), \$31,275; Management/General (including outreach to under served communities), \$14,507 and \$129,318 in additional administration, grants and projects that serve vulnerable populations (as described by (6) above).

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Dollars leveraged from other sources	\$7,925,000	\$8,000,000	\$8,171,000	\$8,500,000
Outcome	Individuals served by RACC-funded projects and programs (total combined attendance)	6,500	7,000	7,000	7,500
Output	Multnomah County children engaged in creative learning of standard curriculum subjects	0	0	3.2 Million	3.3 Million
Outcome	Improvement in reading and math scores, compared to average annual rate of increase*	0	0	2.5 times	2.5 times

Performance Measures Descriptions

*Evaluation data reveals that as schools work with The Right Brain Initiative, students reading and math scores increase at least 2.5 times more than the average annual rate of increase. This growth is even greater for English Language Learners, whose scores increased 10 times more after schools partnered with Right Brain.

Legal / Contractual Obligation

RACC operates as a steward of Multnomah County investments in arts and culture as per contract #440000704 which expires on June 30, 2018.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$167,008	\$0	\$300,000	\$0
Total GF/non-GF	\$167,008	\$0	\$300,000	\$0
Program Total:	\$167,008		\$300,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2015: 10020 Regional Arts & Culture Council

1. RACC published a free resource to help local arts organizations focus work around equity and inclusion: An Introduction to Engaging Diverse Audiences and other resources are available online at racc.org/equity. 2. The Right Brain Initiative is now serving 20,000 students in 59 schools across 7 districts in Clackamas, Multnomah and Washington Counties. 3. RACC's professional development workshops serve more than 350 artists/year. 4. Awarded more than \$2 million to 126 nonprofit organizations, 11 schools and 125 individual artists. Increase expected in 2014-15 thanks to special funding from the City of Portland and growth in Portland's voter-approved Arts Education and Access Fund. 5. RACC acquired 34 pieces for the Portable Works Collection with the focus of increasing representation of Native American artists in the collection. 6. Work for Art, raised \$776,007 2013-14 campaign year, and is expected to raise similar amount in 2014-15.

Department: Nondepartmental **Program Contact:** Lisa Whedon
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Right Brain Initiative is an innovative, systemic, and equitable approach to arts education, promoting educational experiences for K-8 students that support whole-brain thinking. The Initiative serves approximately 20,000 students and 1,542 classroom teachers and teaching artists located in a variety of urban, suburban, and rural communities within seven participating regional school districts. Right Brain is the only program of its kind in the region that develops artist residencies designed specifically for the needs of each participating classroom, regardless of language, neighborhood, or income.

Program Summary

Launched in 2008, the Initiative has worked tirelessly towards its vision: to transform learning for all children through the arts, creativity, and innovation. By collaborating with teachers and artists, the Initiative delivers creative learning experiences with direct connections to other core curriculum, engaging students as more active learners, developing children's critical thinking skills, and leaving students better prepared for college and the workplace. Now in its seventh year, the Initiative serves approximately 20,000 students and 1,542 classroom teachers and teaching artists located in a variety of urban, suburban, and rural communities within seven participating regional school districts: Corbett, Estacada, Gresham-Barlow, Hillsboro, North Clackamas, Oregon Trail, and Portland Public Schools. In 2014 an independent study showed that students who participate in Right Brain do better in school, specifically on their math and reading tests. English language learners experience especially dramatic increases in their test scores.

Right Brain is poised to expand into at least five new schools in Multnomah County next year. For each new school admitted into the program, RACC must raise \$5,000 per year to cover the cost of an implementation coach, professional development for teachers and other planning expenses that help schools become familiar with how Right Brain works, and setting up classroom-by-classroom strategies for artist residencies the following school year that will weave the arts into other standard curriculum.

This proposal would sustain the county's investments in the same five new schools for three years (2015-16, 2016-17 and 2017-18). Starting in year two, each school district matches RACC's investment with their own resources at a rate of \$15 per student, which covers the costs of artists working in classrooms. As a result of this funding, 2,100 more children will experience the benefits of Right Brain learning each year for the next three years, and the five additional schools can become fully invested in the program and experience measurable increases in student performance over the next three years.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participating students in Multnomah County	12,255	N/A	13,160	13,681*
Outcome	Teachers use arts-based instructional strategies as part of regular instruction to engage and deepen learning.	45%	N/A	50%	55%
Outcome	Teachers provide opportunity for creative/critical thinking through arts and address Common Core Standards.	N/A	N/A	46%	60%
Outcome	Right Brain students practice creative thinking, critical thinking and communicate through multiple modes.	N/A	N/A	68%	75%

Performance Measures Descriptions

(*) Please note: In the first year of the program's implementation at any school, teachers are served, but not students – the first year is always a planning year. In the FY 2016 offer numbers – the # of students served won't go up significantly until FY 2017.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$75,000	\$0
Total GF/non-GF	\$0	\$0	\$75,000	\$0
Program Total:	\$0		\$75,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

One-Time-Only General Funds

Significant Program Changes

Last Year this program was:

None

Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms."

(1) The county in which a circuit court is located or holds court shall:

(a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.

(b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

(2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,000,000	\$0	\$1,000,000	\$0
Materials & Supplies	\$161,054	\$0	\$191,000	\$0
Internal Services	\$4,318,711	\$392,088	\$4,432,826	\$392,089
Total GF/non-GF	\$5,479,765	\$392,088	\$5,623,826	\$392,089
Program Total:	\$5,871,853		\$6,015,915	
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: FY 2015: 10021 State Mandated Expenses

No significant changes.

Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$6,890,709	\$0	\$7,798,013	\$0
Total GF/non-GF	\$6,890,709	\$0	\$7,798,013	\$0
Program Total:	\$6,890,709		\$7,798,013	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$329,200	\$0	\$202,667	\$0
Total Revenue	\$329,200	\$0	\$202,667	\$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: FY 2015: 10022 Pass-Through Payments to East County Cities

No significant changes.

Department: Nondepartmental **Program Contact:** Mark Campbell
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, estimated at \$1,818,287 in FY 2014/2015, 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 97% 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Multnomah County citizens admitted free of charge.	21,334	10,000	22,140	22,140
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	188	35	227	227
Quality	Care of Collections through additional curator/registrar	1	1	1	1

Performance Measures Descriptions

In 2014, Lincoln: Two Years, One Month exhibit opened to the public, which has helped increase Multnomah County residence visits by 53% since 2011.

Legal / Contractual Obligation

Measure 26-118 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$150,000 per year from the levy proceeds.

FY 2016 is the fifth 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	2015	2015	2016	2016
Contractual Services	\$0	\$1,821,824	\$0	\$2,114,643
Internal Services	\$0	\$7,500	\$0	\$7,500
Total GF/non-GF	\$0	\$1,829,324	\$0	\$2,122,143
Program Total:	\$1,829,324		\$2,122,143	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$1,807,922	\$0	\$2,107,075
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$18,402	\$0	\$12,068
Total Revenue	\$0	\$1,829,324	\$0	\$2,122,143

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: FY 2015: 10023 OHS Local Option Levy

No significant changes.

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 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. It also includes revenues dedicated to the County School Fund received from the sale of timber cut on federal forest land and the Secure Rural Schools program. Federal legislation governing these payments has sunset several times, but has been reauthorized for FY 2016.

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.

In April of 2015, Congress once again reauthorized the Secure Rural Schools program, but for two years. Payments are retroactive for the County's FY 2015 budget and will provide funds FY 2016.

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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

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.

Legal / Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$20,275	\$0	\$77,230
Total GF/non-GF	\$0	\$20,275	\$0	\$77,230
Program Total:	\$20,275		\$77,230	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$20,000	\$0	\$20,000
Taxes	\$0	\$0	\$0	\$57,000
Interest	\$0	\$25	\$0	\$30
Beginning Working Capital	\$0	\$250	\$0	\$200
Total Revenue	\$0	\$20,275	\$0	\$77,230

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: FY 2015: 10024 County School Fund

Includes re-authorization of the Secure Rural Schools program for FY 2016, which was not included in the Adopted FY 2015 budget.

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 \$750-\$850 during a three-day stay in the region. A report prepared in 2014 by Crossroads Consulting Services documents the dollar impact of the visitors facilities managed by METRO. The report estimates the economic impact at just a little more than \$714 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	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	\$ (In Millions) Impact of Convention Center Visitors to County Economy	517	490	518	525
Outcome	# of Employees in Travel/Tourism Industry (Est.)	5,000	4,900	5,000	5,200

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.

Legal / Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated.

There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$29,991,130	\$0	\$37,146,403
Cash Transfers	\$0	\$765,000	\$0	\$0
Total GF/non-GF	\$0	\$30,756,130	\$0	\$37,146,403
Program Total:	\$30,756,130		\$37,146,403	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$30,176,630	\$0	\$36,826,533
Interest	\$0	\$4,500	\$0	\$4,500
Beginning Working Capital	\$0	\$575,000	\$0	\$315,370
Total Revenue	\$0	\$30,756,130	\$0	\$37,146,403

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: FY 2015: 10025 Convention Center Fund

Hotel/Motel occupancy continues to see strong growth in FY 15 resulting in continued Transient Lodging Tax (TLT) revenue growth. 14-16% TLT growth is expected in FY 15 and 10% into FY 2016.

Legal / Contractual Obligation

Principal and interest on the full faith and credit obligations, capital leases and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$4,000	\$0	\$3,000
Debt Service	\$0	\$19,525,590	\$0	\$17,009,090
Cash Transfers	\$0	\$250,000	\$0	\$0
Unappropriated & Contingency	\$0	\$107,397	\$0	\$1,693,270
Total GF/non-GF	\$0	\$19,886,987	\$0	\$18,705,360
Program Total:	\$19,886,987		\$18,705,360	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$320,800	\$0	\$297,702
Other / Miscellaneous	\$0	\$16,670,465	\$0	\$16,691,963
Financing Sources	\$0	\$1,800,000	\$0	\$1,400,000
Interest	\$0	\$10,000	\$0	\$10,000
Beginning Working Capital	\$0	\$1,085,722	\$0	\$305,695
Total Revenue	\$0	\$19,886,987	\$0	\$18,705,360

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: FY 2015: 10026 Capital Debt Retirement Fund

In June of 2014 the County issued \$22.5 million in Full Faith and Credit Refunding Obligations Series 2014 at a premium of \$2.5 million (interest rate from 3.00% to 5.00%). Proceeds from the Series 2014 obligation were used to refund future debt service on Full Faith Credit Series 2004 (matured 8/1/14).

Legal / Contractual Obligation

Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997. Multnomah County has never defaulted on any debt issues.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Debt Service	\$0	\$6,771,675	\$0	\$6,014,500
Unappropriated & Contingency	\$0	\$5,896,400	\$0	\$6,023,100
Total GF/non-GF	\$0	\$12,668,075	\$0	\$12,037,600
Program Total:	\$12,668,075		\$12,037,600	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$6,094,322	\$0	\$6,078,331
Interest	\$0	\$35,000	\$0	\$35,000
Beginning Working Capital	\$0	\$6,538,753	\$0	\$5,924,269
Total Revenue	\$0	\$12,668,075	\$0	\$12,037,600

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: FY 2015: 10027 GO Bond Sinking Fund

Legal / Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$25,000	\$0	\$1,000
Debt Service	\$0	\$19,086,600	\$0	\$20,186,600
Unappropriated & Contingency	\$0	\$69,206,330	\$0	\$76,984,026
Total GF/non-GF	\$0	\$88,317,930	\$0	\$97,171,626
Program Total:	\$88,317,930		\$97,171,626	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$18,050,922	\$0	\$20,286,427
Interest	\$0	\$340,000	\$0	\$320,000
Beginning Working Capital	\$0	\$69,927,008	\$0	\$76,565,199
Total Revenue	\$0	\$88,317,930	\$0	\$97,171,626

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2016, departments will pay 6.25% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: FY 2015: 10028 PERS Pension Bond Sinking Fund

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$95,000	\$0	\$0	\$95,000
Contractual Services	\$0	\$250,000	\$32,000	\$250,000
Materials & Supplies	\$25,000	\$0	\$0	\$25,000
Total GF/non-GF	\$120,000	\$250,000	\$32,000	\$370,000
Program Total:	\$370,000		\$402,000	
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 ongoing Video Lottery and General Fund resources.

Significant Program Changes

Last Year this program was: FY 2015: 10029 SummerWorks Internship Program

In Fiscal Year 2015, the program added additional slots from 100 to 125. In Fiscal Year 2016, the program will maintain the 125 slots. Temporary personnel costs for the position that supported this program will again seek one-time only funding. Conversations between the Chair and the members of the BOCC will address the structure of youth development services, inclusive of SummerWorks, during FY 2016.

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$250,000	\$0
Total GF/non-GF	\$0	\$0	\$250,000	\$0
Program Total:	\$0		\$250,000	
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 one-time-only General Fund resources

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

“A Home for Everyone” is a community-wide effort to house homeless Multnomah County residents by making smart investments in the areas of housing, income, survival, emergency services, health, access to services, and systems coordination. Key partners in the effort include Multnomah County, the City of Portland, the City of Gresham, Home Forward, local nonprofits and members of the public. The Vision: No one should be homeless – everyone needs a safe, stable place to call home.

Program Summary

Since the adoption of The Ten Year Plan to End Homelessness in 2004, our community has come together in unprecedented ways to respond to the crisis of homelessness. In 2012, community leaders and stakeholders created a new community plan to end homelessness called “A Home for Everyone.” In 2014, Multnomah County, the cities of Portland and Gresham, and the Boards of Directors of Home Forward and Meyer Memorial Trust chartered a new advisory body, the Home for Everyone Coordinating Board, to provide shared oversight of our community’s work to end homelessness. This program offer funds the Home for Everyone Initiative Director and a support position, that will reside within Multnomah County Chair’s Office and report to the inter-jurisdictional Home for Everyone Executive Committee.

Role of the Director:

- Develop a recommendation for a Lead Agency to oversee and coordinate the implementation of the Home For Everyone strategic plans in our community.
- Coordinate the work of the inter-jurisdictional staff team.
- Advance the vision of A Home for Everyone: A United Community Plan to End Homelessness for Portland/Multnomah County <https://multco.us/file/35839/download>.
- Support the Executive Committee and Board.

Achieving A Home for Everyone will require:

- Coordinating investments in safety net services and permanent solutions, which will help “break down silos” among various systems (health, community justice, mental health).
- Preserving public and private investments, with a commitment to align dollars to be used effectively and efficiently.
- Setting ambitious goals and holding ourselves accountable to measuring and achieving them.
- Creating strategies to leverage additional resources among public, philanthropic, business, faith and secular nonprofit sectors.
- Identifying new resources and developing proactive strategies to meet our goals.

Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Lead agency structure recommended to the Executive Committee by December 2015.	N/A	N/A	N/A	1
Outcome	Percent of adopted action plans that are meeting implementation benchmarks on time.	N/A	N/A	N/A	100%

Performance Measures Descriptions

The Home for Everyone Executive Committee will adopt Action Plans in March 2015. A tracking system to monitor implementation of the Action Plans will be developed post-adoption and will be used to monitor progress towards benchmarks.

Legal / Contractual Obligation

The City of Portland and Multnomah County developed an Intergovernmental Agreement to share the costs of a Home for Everyone Initiative Director.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$236,940	\$0
Materials & Supplies	\$0	\$0	\$18,500	\$0
Total GF/non-GF	\$0	\$0	\$255,440	\$0
Program Total:	\$0		\$255,440	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$42,796	\$0
Total Revenue	\$0	\$0	\$42,796	\$0

Explanation of Revenues

The City agreed to pay one-half of the cost of the annual salary and benefits for the Home for Everyone Initiative Director for the calendar year. The revenue for FY 2016 is \$42,796

Significant Program Changes

Last Year this program was:

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
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:

Legal / Contractual Obligation

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	2015	2015	2016	2016
Cash Transfers	\$9,139,000	\$16,358,600	\$36,997,184	\$0
Unappropriated & Contingency	\$44,699,877	\$80,473,261	\$47,354,203	\$86,930,967
Total GF/non-GF	\$53,838,877	\$96,831,861	\$84,351,387	\$86,930,967
Program Total:	\$150,670,738		\$171,282,354	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,678,943	\$0	\$4,895,916
Interest	\$0	\$108,568	\$0	\$367,000
Beginning Working Capital	\$0	\$80,523,923	\$0	\$86,628,878
Total Revenue	\$0	\$85,311,434	\$0	\$91,891,794

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 95000 Fund Level Transactions

No significant changes.

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	\$4,579,271	\$0	\$5,401,651	\$0
Taxes	\$334,424,420	\$0	\$364,667,607	\$0
Other / Miscellaneous	\$7,086,458	\$0	\$9,843,619	\$0
Financing Sources	\$765,000	\$0	\$0	\$0
Interest	\$1,040,400	\$0	\$1,066,930	\$0
Beginning Working Capital	\$50,916,534	\$0	\$80,269,749	\$0
Total Revenue	\$398,812,083	\$0	\$461,249,556	\$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: FY 2015: 95001 General Fund Revenues