

# Multnomah County, Oregon FY 2017 Adopted Budget

## Volume 3

- County Human Services
- Library
- Health Department
- Nondepartmental



# Table of Contents

- Understanding Program Offers ..... 3
- What Makes a Good Program Offer ..... 3
- Program Offer Description..... 4
  - Program Offer Justification*..... 4
  - Performance Measures*..... 4
  - Legal and Contractual Mandates*..... 5
  - Revenue/Expense Detail (Program Costs)* ..... 5
  - Explanation of Revenues* ..... 5
  - Significant Program Changes* ..... 5
- Types of Programs ..... 6
  - Administration*..... 6
  - Support* ..... 6
  - Operating Program* ..... 6
  - New/Innovative*..... 6
  - Program Alternative or Reconstruction* ..... 6
  - Internal Service* ..... 6
  - Revenues*..... 6
- Other Important Notes ..... 7
  - Characteristics of Program Offers*..... 7
  - Scaled Program Offers*..... 8

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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 Department of County Human Services (DCHS) is committed to the delivery of quality social services that promote the success and well being of seniors, adults, youth and families. DCHS serves families in poverty, survivors of domestic violence, adults and children with physical and developmental disabilities, older adults, veterans and offers school-based services for children and families.

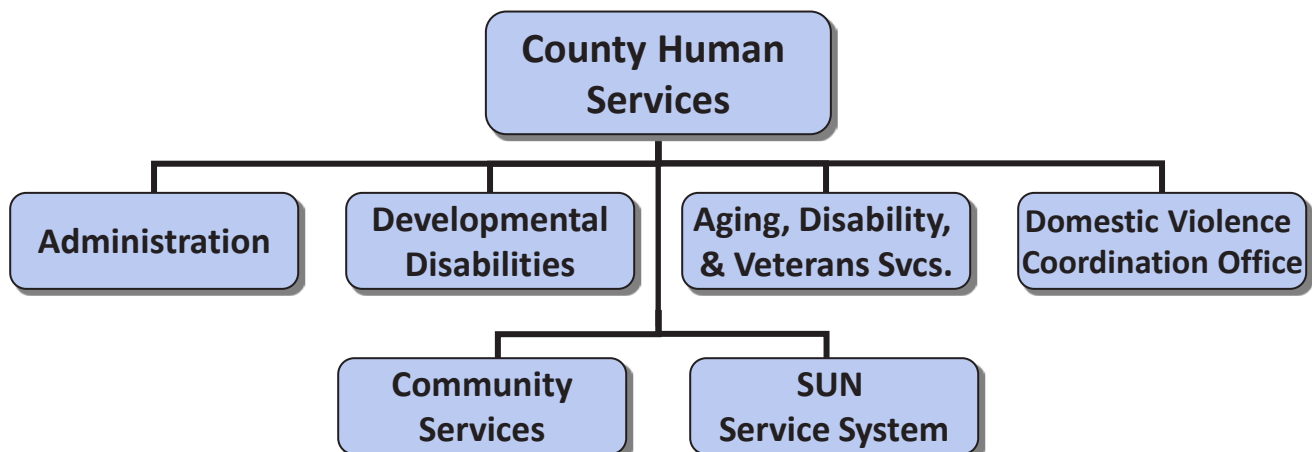
DCHS manages funding and partnerships to ensure the most vulnerable residents are able to live, work and thrive in Multnomah county.

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 to develop systems of care and ensure quality service delivery.

The DCHS Strategic Business Plan identified key goals for DCHS that remain high level guideposts. These goals include:

- Racial and Ethnic Justice
- High Quality and Accountable Service Delivery
- Community Engagement
- Administrative Simplification
- Thriving Learning Organization.

In addition to the key goals mentioned, the department serves as the Area on Aging, the Community Action Agency for Multnomah County, the managing partner for the Schools Uniting Neighborhoods (SUN) program, co-manager of Early Learning Multnomah, Domestic Violence Coordination Office (DVCO) for Multnomah County and the City of Portland and the Community Developmental Disability Program for Multnomah County. DCHS accomplishes its work with a budget of \$142.5 million and over 675.00 FTE.



### Budget Overview

The DCHS FY 2017 Adopted budget is \$142.5 million, a \$2.6 million decrease from the FY 2016 Adopted budget. A County reorganization moving \$10.9 million in funding for homelessness-related services from DCHS to the newly created Joint Office of Homeless Services drives the year-over-year budget decrease. The FY 2017 budget is comprised of 34% General Fund (\$48.5 million) and 66% Other Funds (\$94.0 million).

After adjusting for the move of homeless-related services, the FY 2017 budget increased by \$8.3 million (6.2%) from the FY 2016 Adopted budget. The bulk of that increase is in Federal and State funding, where the budgets increased by a total of \$5.9 million. During FY 2016, DCHS received an additional \$6.19 million in revenue from the State of Oregon’s biennial allocation for programs such as senior property tax deferrals, long term/adult care, developmental disability services, weatherization, and educational services. This funding is included in the FY 2017 budget.

The FY 2017 DCHS General Fund allocation contains \$442,376 in additional ongoing funding for the following programs:

- Business Services and Operations (25002B) \$77,349
- ADVSD Public Guardian Expansion (25026B) \$115,027
- Sexual Assault Services (25049) \$200,000
- East County Youth Reception (25138) \$50,000

The FY 2017 DCHS General Fund allocation includes \$2.1 million in one-time-only funding. This one-time-only funding is allocated to 14 program offers and funds 1.00 FTE. A list of programs funded one-time-only can be found on pages 18 and 19 of the Budget Director’s Message.

<b>Budget Trends</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2016</b>	<b>FY 2017</b>	
	<b>Actual</b>	<b>Current</b>	<b>Adopted</b>	<b>Adopted</b>	
		<b>Estimate</b>	<b>Budget</b>	<b>Budget</b>	<b>Difference</b>
Staffing FTE	782.19	675.45	626.65	675.05	48.40
Personnel Services	\$75,783,239	\$59,756,197	\$59,623,202	\$65,699,663	\$6,076,461
Contractual Services	156,427,349	65,317,645	68,760,043	58,390,230	(10,369,813)
Materials & Supplies	2,888,496	2,568,624	2,408,609	2,324,054	(84,555)
Internal Services	17,314,087	14,938,773	14,361,906	16,111,489	1,749,583
Capital Outlay	95,606	672,002	0	0	0
<b>Total Costs</b>	<b>\$252,508,777</b>	<b>\$143,253,241</b>	<b>\$145,153,760</b>	<b>\$142,525,436</b>	<b>(\$2,628,324)</b>

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

## Successes and Challenges

A significant success for the SUN Service System is the increase in funding for culturally specific services and requiring all contractors to be/become culturally responsive. The completion of the Request for Proposal process for the SUN Service System is an accomplishment, and creates opportunities for improved youth outcomes, particularly for youth of color.

Community Services Division is expanding its work around housing stability, eviction prevention and asset building. A Home for Everyone continues to move forward to create shared leadership, including a consolidated lead agency, shared budgeting and joint prioritization of initiatives.

Aging, Disability, and Veterans Services Division implemented the Oregon Project Independence Pilot Expansion to serve 19 - 59 year adults with physical disabilities needing in-home supports. In the first year of the pilot (FY 2015) ADVSD served 196 individuals. The division also expanded services to Veterans, increasing representation for veterans by 37% and intake and referral by almost 300%

The Developmental Disabilities Services Division (DDSD) and department leadership successfully advocated to state partners and the Legislature to fund the CDDP Workload Model at 95% equity, resulting in over 30 additional FTE to provide increased services and access.

The Domestic Violence Coordination Office will continue implementing its grant funded partnerships with the Disability Awareness Response Team to improve responses for people with disabilities who experience domestic violence and sexual assault.

### Challenges:

The community is struggling in the current Housing State of Emergency. As a result it is taking longer and costing more to house individuals and families. The affordable housing crisis is having a significant impact on older adults and people with disabilities. ADVSD is seeing an increase in inquiries for assistance from our clients and individuals new to our services related to no-cause evictions and inability to meet rental increases.

Changes to Department of Labor regulations removed the companionship exemption used by Aging and People with Disability (APD) at the state for individuals receiving In-home Services. Implementation of these changes could lead to a 127% increase in cost of In-home Live-in Plans. APD implemented several rule changes to establish new criteria and definitions for individuals eligible to receive live-in or shift services. DDSD and ADVSD will be monitoring workload and program impact.

### Diversity and Equity

Through targeted recruitment and outreach efforts, DCHS has significantly increased the racial diversity of its workforce, from 22.5% employees of color in FY 2011 to 32% employees of color today. The department has consistently promoted employees of color at high rates (41.5% of promotions were employees of color in FY 2015) and recent efforts have demonstrated increased work out of class opportunities for employees of color (an increase from 12% employees of color in FY 2011 to 46% in FY 2015).

The Department continues its work to expand culturally specific services. The SUN Services System is implementing changes in the system’s structure and focus on culturally responsive and culturally specific services that help eliminate structural barriers that lead to better educational outcomes. The Multnomah Stability Initiative (MSI), the department’s redesign of its Anti-Poverty service system, includes 60% of funding targeted towards culturally specific organizations.

The Veterans Services Office is engaging in targeted outreach, partnership development and community education regarding Veterans who are LGBTQ. Although this population typically under-reports when accessing services, the County Veterans Service Office has seen a significant increase in veterans identifying as LGBTQ accessing services.

DCHS has a long standing history of a robust Diversity and Equity Committee. Over the past year, the team has consulted on the creation of an equity survey for three department wide teams, opened recruitment for new members and increased membership from 8 to 17 members across the department and job classifications.

### Budget by Division

Division Name	FY 2017 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$7,893,431	\$0	\$7,893,431	57.00
Developmental Disabilities	2,769,092	19,253,875	\$22,022,967	157.55
Aging, Disability, and Veteran Services	10,833,702	54,337,015	\$65,170,717	394.50
Domestic Violence Coordination Office	2,593,455	760,756	\$3,354,211	8.10
Community Services	10,506,492	15,375,932	\$25,882,424	30.00
SUN Service System	<u>13,880,969</u>	<u>4,320,717</u>	<u>\$18,201,686</u>	<u>27.90</u>
<b>Total County Human Services</b>	<b>\$48,477,141</b>	<b>\$94,048,295</b>	<b>\$142,525,436</b>	<b>675.05</b>

### Department Administration

The DCHS Administration provides leadership, vision, and strategic direction to the five service divisions. The Director's office meets with state and local partners, sets policy, addresses issues of cultural competency, researches and evaluates programs, directs service delivery, and coordinates policy priorities. The Office provides emergency management coordination, monitors compliance, implements quality improvement, facilitates innovation and population based policy direction, fosters partner relationships, explores enterprise opportunities related to the mission, and coordinates education opportunities for internal staff and external partners.

Human Resources supports more than 670 departmental employees and addresses recruiting, hiring and retention issues, workforce planning, training, employee 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 payable, 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

A Home for Everyone committed funding, policy direction, planning, and human talent to address the homelessness emergency. Next, the City of Portland and Multnomah County Joint Office of Homeless Services will establish a "lead agency" that joins services staff from the City and County in one office, which will move staff and resources from DCHS.

The Youth and Family Division (YFD) will combine Community Services, SUN Service System, and Domestic Violence Coordination Office. YFD will identify needs of core constituencies, develop programming and policies that address those needs and prevention strategies to enable secure housing, education, financial security and quality of life with a focus on addressing shifting demographics.

The Developmental Disabilities Division completed a reorganization to the implement the K-plan which established new Medicaid funded plan options for clients and their families. The Division got additional state funding and increased capacity by 30 staff. Two units were created to accommodate the policy shifts: a High School Transition Team to focus on needs of teens and young adults 16-22 and a Plan of Care Unit to process payroll and purchases for families receiving in-home services.

### 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, when eligible, to Medicaid funded residential, employment, in-home and brokerage services. Additionally, the division provides Intake and Evaluation to more than 1,150 consumers per year and Abuse Investigation services to program consumers, opening more than 200 investigations per year. The goal is to ensure that every person is safe, healthy and integrated into their community.

Person-centered planning assures that each person's choices are respected and honored. For example, several years ago when a client first requested DD services, he and his father were living in their car. The combination of homelessness and special needs was very stressful and intensified health issues for this family. The DD case manager connected them with housing supports through the Shelter Plus Care grant. Once the family stabilized in housing they received in-home supports through the K-Plan. The greater safety and structure provided by the housing and service supports have enabled the client to make significant progress. DDSD serves over 5,300 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.

### Significant Changes

As part of ongoing implementation of the K-Plan, which establishes new Medicaid-funded plan options for clients and their families, the division received additional state funding to increase capacity and address the significant workload increases from the K-Plan. DDSD is hiring over 30 additional staff to provide case management and required administrative functions. The division and DCHS also negotiated for new office space in west Gresham, to place staff closer to where many clients reside. The division is also undertaking extensive training of the new staff in program and Medicaid requirements. DDSD conducted a planning process, in accordance with division and DCHS strategic objectives, to streamline the additional workload and related processes. As a result, the division has designed a Comp/Plan of Care Unit to process payroll and purchases for families receiving in-home services. DDSD has also created a High School Transition Team, to focus on the specific case management needs of teens and young adults from 16 to 22 years of age.

Although the Legislature has funded the CDDP Workload Model at 95% equity, the model did not account for all required tasks and mandates. Recently state legislators have asked the State of Oregon to cap or cut costs by 10%. Division and DCHS leadership is monitoring these developments and is looking for opportunities to engage and advocate for full funding of services to people with intellectual and developmental disabilities in Multnomah County.



### 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. ADVSD plans and implements services and programs for the county's 235,000 older adults, people with disabilities and veterans.

ADVSD strives for equity and empowerment and works to meet clients' needs with specialized services for racial and ethnic minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQ) consumers, and people with disabilities. ADVSD works to reflect the communities served with its workforce.

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

ADVSD conducted an agencywide process to identify and improve areas of perceived risk for both the county and clients. The result led to 15 prioritized Risk Reduction projects across ADVSD aimed at remedying identified issues, and improving delivery of services and client's quality of life.

### Significant Changes

The state recently recognized the Adult Care Home workload and provided funding for licensing adult care homes for individuals with developmental disabilities. This led to a collaboration between Developmental Disabilities Services Division (DDSD) and ADVSD Adult Care Home Program (ACHP) and resulted in the addition of two new specialized licenser positions in ACHP and funded through the DDSD budget. Smaller specialized caseloads will allow the program to apply expertise necessary to meet the unique needs of residents with developmental disabilities.

ADVSD Long Term Care program successfully piloted and is implementing a banked caseload model for consumers receiving medical and SNAP benefits. Banked caseloads allow individuals to be served by any member of the eligibility case management team. The result is fewer calls going to voice mail and caller concerns addressed by the completion of the call. Pre/post customer satisfaction surveys during the pilot showed improvements in customer service by callers and increased job satisfaction by staff.

Changes in Department of Labor regulations (DOL) have significantly impacted workload for the Long Term Care program. In response to DOL changes, the State implemented several rule changes establishing new criteria and process changes. Implementation of these administrative changes is increasing case manager and business services staff work efforts by six times longer than current processes with no additional state funding.

### 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 Defending Childhood Initiative, a federal 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, including specialized units in multiple 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 for its successes in delivering high-quality services and ensuring coordinated community responses to domestic violence.

### Significant Changes

Supported by the Office of Violence Against Women (OVW) three year federal grant, Multnomah County DVCO will continue partnering with Disability Awareness Response Team (DART), Independent Living Resources (ILR), Raphael House and Native American Youth and Family Center (NAYA) to improve responses to domestic violence, sexual assault and/or stalking against women with disabilities. This project focuses on women 18-64 years of age in Multnomah County with physical disabilities, including those with co-occurring mental health conditions. Grant resources support the enhancement of organizational practices, expand capacity building and programming, and provide systems and policy improvements to service organizations supporting domestic, sexual assault and/or stalking against women with disabilities in Multnomah County.

In Fall of 2015, DVCO launched a strategic planning effort designed to identify gaps and solutions in domestic violence and sexual assault services. Key areas for potential investment were identified including:

1. Strategic partnerships for strengthening domestic and sexual violence response;
2. Awareness and prevention work strengthening community capacity;
3. Support for survivors access to specialized domestic and sexual violence services.

### 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 Services, Housing, and Anti-Poverty and 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 living in poverty
- End the community conditions that cause poverty
- Promote equity and achieve racial/ethnic justice

The economy remains unstable for those we serve, affordable rental housing is scarce in the current state of housing emergency, and too many residents are struggling 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 2017 the division will focus on the following:

- Increased focus on economic security and asset buildings strategies in order to build financial stability.
- Targeted responses to changing demographics and mobility.
- Transition of homelessness services into the City/County Joint Office of Homeless Services.
- Coordinated jurisdictional response to the current Housing State of Emergency.
- Focused programming to increase housing stability and prevent evictions
- Broad focus on both new and proven affordable housing strategies.
- Reduction of child poverty and improved childhood outcomes.
- Implementation of the Multnomah Stability Initiative, the county's redesign of the Anti-Poverty system.
- Ongoing program innovation and program improvements including consolidating training and evaluation functions.

In addition to easing the experience of those living in poverty and ameliorating the community conditions that cause poverty, promoting equity and achieving racial and ethnic justice is a core commitment of CSD and will continue to be an important part of all division activities.

### SUN Service System

The SUN Service System Division (SUN) has three principal areas of oversight: contracting for services that promote academic success and family economic stability through the SUN Service System, service delivery and coordination at the Bienestar de la Familia program at the Baltazar Ortiz Community Center, and management of data collection, reporting and evaluation activities.

As a service delivery system, the division contracts for a continuum of school based and community-sited services that support student success and family self-sufficiency. Services include 85 SUN Community Schools, youth case management, early childhood supports and anti-poverty/prosperity services for families. The SUN SS accomplishes goals through partnership development and administrative staff engage in activities to align services, build partnerships and strengthen the system. Partnering with the United Way in the Early Learning Multnomah Hub and program development are examples of these efforts. The Bienestar de la Familia program is an important gateway into an array of social services for people living in the Cully neighborhood. Direct service 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 provided across both the SUN SS and the Community Services Divisions.

### Significant Changes

A significant focus for Division staff in FY 2017 will be the transition of new contractors into the SUN Service System's programs as a result of the System's Request for Proposals process. This will include orienting contractors and staff, providing technical assistance, training, and other transition supports. Included in this process will be restructured community leadership for the SUN Service System that focuses on System results and key outcomes. The leadership restructuring will be coordinated with the cradle to career strategic education planning.

The focus of Early Learning Multnomah staff will be on cross-sector partnerships in order to align resources to reach early learning goals for children of color and children living in poverty - those most at risk for entering kindergarten not prepared to succeed. This will include a new project with the Oregon Department of Human Services to support stable and attached families and developing a new program at SUN Community Schools to strengthen the bridge between early learning and K-12.

The Bienestar de la Familia program will lose its AmeriCorps Member in FY 2017 as that program is being eliminated by the Red Cross. This will impact the youth services that have developed at Bienestar over the past six years with the support of AmeriCorps members.

### 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 2017 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
25000	Director's Office	\$2,635,033	\$0	\$2,635,033	17.00
25001	Human Resources	1,148,149	0	1,148,149	8.00
25002A	Business Services and Operations	3,527,608	0	3,527,608	28.00
25002B	Business Services and Operations - Finance Specialist 1	77,349	0	77,349	1.00
25002C	Business Services and Operations - Joint Office Fiscal Support	176,548	0	176,548	2.00
25003	Economic Opportunity Initiative	225,000	0	225,000	0.00
25006	Food Policy - SNAP Eligibility	103,744	0	103,744	1.00
<b>Developmental Disabilities Services</b>					
25010	DD Administration & Support	1,835,459	2,182,799	4,018,258	17.90
25011	DD Budget and Operations	659,917	3,520,392	4,180,309	24.50
25012	DD Services for Adults	0	4,184,978	4,184,978	34.90
25013	DD Services for Children and Young Adults	24,140	5,140,424	5,164,564	45.00
25014	DD Abuse Investigations and Monitoring	239,576	1,605,053	1,844,629	15.00
25015	DD Crisis Diversion Services	0	1,152,100	1,152,100	8.25
25016	DD Eligibility & Intake Services	10,000	1,468,129	1,478,129	12.00
<b>Aging, Disability and Veterans Services</b>					
25020A	ADVSD Access & Early Intervention Services	4,460,046	12,805,556	17,265,602	35.10
25020B	Senior Hunger Initiative	261,000	0	261,000	0.00
25020C	Oregon Project Independence Wait List	400,000	0	400,000	0.00
25021	ADVSD Multnomah Project Independence	231,083	0	231,083	0.00
25022	ADVSD Adult Care Home Program	160,960	2,281,547	2,442,507	16.00
25023	ADVSD Long Term Care Program	2,132,531	32,305,237	34,437,768	274.00
25024A	ADVSD Adult Protective Services	852,554	5,333,042	6,185,596	43.40
25024B	ADVSD Adult Protective Services - Risk Outreach	97,128	0	97,128	1.00
25025	ADVSD Veterans Services	523,430	237,959	761,389	7.00
25026A	ADVSD Public Guardian/Conservator	1,321,922	0	1,321,922	10.00
25026B	ADVSD Public Guardian/Conservator Expansion	115,027	0	115,027	1.00
25027	ADVSD Administration	278,021	1,373,674	1,651,695	7.00

# County Human Services

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
<b>Domestic Violence Services</b>					
25041	Domestic Violence Crisis Services	423,789	0	423,789	0.00
25044A	Domestic Violence Coordination	782,821	189,125	971,946	5.30
25045	Defending Childhood Initiative	50,000	390,146	440,146	1.80
25046A	Domestic Violence Legal Services	199,844	0	199,844	0.00
25047	Domestic Violence Enhanced Response Team	452,333	181,485	633,818	1.00
25048A	Culturally Specific and Underserved Domestic & Sexual Violence Services	484,668	0	484,668	0.00
25049	Sexual Assault Services	200,000	0	200,000	0.00
<b>Community Services</b>					
25115A	Benefit Recovery Program	443,453	223,000	666,453	0.00
25115B	Benefit Recovery Program - Benefits Services	250,000	0	250,000	0.00
25115C	Benefit Recovery Program - Benefits Services	272,631	0	272,631	0.00
25118	Community Services Administration (CSA)	972,518	0	972,518	7.50
25119	Energy Assistance	0	9,207,454	9,207,454	6.25
25121	Weatherization	0	3,953,870	3,953,870	8.75
25133A	Housing Stabilization for Vulnerable Populations (HSVP)	1,818,406	409,630	2,228,036	1.69
25135	Commercial Sexual Exploitation of Children (CSEC) - Victims System of Care	603,987	191,151	795,138	1.00
25137	Promise Neighborhoods	2,032,000	0	2,032,000	0.00
25137B	Promise Neighborhoods Technical Assistance	50,000	0	50,000	0.00
25138	Runaway Youth Services (RYS)	922,535	175,000	1,097,535	0.00
25139A	Multnomah Stability Initiative	2,627,238	845,259	3,472,497	2.81
25139B	Multnomah Stability Initiative - Employment Services	250,000	0	250,000	0.00
25139C	Multnomah Stability Initiative - Earl Boyles	64,000	0	64,000	0.00
25139D	Multnomah Stability Initiative - Computers	20,000	0	20,000	0.00
25140	Community Development	69,759	322,247	392,006	1.00
25140B	Rosewood Community Safety Initiative	65,000	0	65,000	0.00
25141	Supplemental Nutrition Assistance Program (SNAP) Outreach	44,965	48,321	93,286	1.00

# County Human Services

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
<b>SUN Service System</b>					
25143	SUN Service System Administration	1,325,279	8,500	1,333,779	9.80
25145A	SUN Community Schools	5,957,729	1,835,127	7,792,856	3.00
25145B	SUN Staff Restoration	56,189	0	56,189	0.50
25145C	Culturally Specific Art for School-Age Children	50,000	0	50,000	0.00
25147	Child & Family Hunger Relief	369,408	0	369,408	1.00
25147B	Growing Gardens	36,000	0	36,000	0.00
25149A	SUN Youth Advocacy Program	2,076,634	350,000	2,426,634	1.00
25151	SUN Parent & Child Development Services	1,445,018	412,079	1,857,097	1.00
25152	Early Kindergarten Transition Program	334,236	312,524	646,760	1.00
25154	SUN Youth Substance Abuse Prevention Services	130,000	0	130,000	0.00
25155	Sexual & Gender Minority Youth Services	276,323	0	276,323	0.00
25156	Bienestar Social Services	976,142	0	976,142	7.60
25158	Early Learning Multnomah HUB	153,359	1,402,487	1,555,846	3.00
25159A	School Attendance Supports	204,652	0	204,652	0.00
25159B	School Attendance Supports: Expand Services	240,000	0	240,000	0.00
25160	SUN Innovative Services	250,000	0	<u>250,000</u>	<u>0.00</u>
<b>Total Department of County Human Services</b>		<b>\$48,477,141</b>	<b>\$94,048,295</b>	<b>\$142,525,436</b>	<b>675.05</b>



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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 a \$142 million budget, funding contracted and direct services, and a workforce of over 675 FTE.

The Director's Office provides department-wide services designed to maximize the Department's efforts to achieve goals. The Multnomah Idea Lab, or MIL, is a learning laboratory for active experimentation with new ideas to better achieve our outcomes. It involves practices and inspiration from outside traditional human services, a search for human-centered solutions, and a bias for action that moves us to test instead of talk.

The Quality Improvement Center (QIC) works with teams to improve processes and and tracks whether or not improvements achieve desired goals. The QIC focuses on quality improvement, training and HIPAA privacy compliance. The team provides technical assistance, training, resources, and coaching to support work teams and ensure high quality performance using continuous improvement tools and techniques.

The Director's Office regularly engages with nonprofits both to identify areas of business improvements needed at the county level and to build nonprofit capacity to achieve county contracted deliverables. Community engagement efforts focused on the nonprofit sector round out efforts to address improved client/customer outcomes, cost-effectiveness, accountability and quality.

The Director's Office develops strategies and partnerships that address health, safety, quality of life, education, and earnings with an explicit focus on racial and ethnic diversity.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of formal communications to employees <sup>1</sup>	57	50	50	50
Outcome	Conditions needed for innovation are created. <sup>2</sup>	N/A	N/A	N/A	80%

### Performance Measures Descriptions

<sup>1</sup> Formal communications include director's brown bag sessions, all staff emails and meetings with staff groups such as district offices or the department Employees of Color employee group. <sup>2</sup> This is a new measure and baseline data will be collected in spring 2016, using a draft tool from P.S.U.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,427,130	\$112,566	\$2,203,274	\$0
Contractual Services	\$554,490	\$121,988	\$54,445	\$0
Materials & Supplies	\$328,656	\$4,540	\$207,827	\$0
Internal Services	\$121,920	\$7,064	\$169,487	\$0
<b>Total GF/non-GF</b>	<b>\$2,432,196</b>	<b>\$246,158</b>	<b>\$2,635,033</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,678,354</b>		<b>\$2,635,033</b>	
<b>Program FTE</b>	11.12	0.88	17.00	0.00

Program Revenues				
Intergovernmental	\$0	\$255,316	\$0	\$0
Other / Miscellaneous	\$1,342,018	\$0	\$224,527	\$0
<b>Total Revenue</b>	<b>\$1,342,018</b>	<b>\$255,316</b>	<b>\$224,527</b>	<b>\$0</b>

Explanation of Revenues

\$220,820 - County General Fund Department Indirect: Based on FY17 Dept Indirect Rates published by Central Finance

Significant Program Changes

Last Year this program was: FY 2016: 25000A-16 Director's Office

Additional FTE reflect organization shifts within the department.

**Department:** County Human Services

**Program Contact:** Chris Robasky

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

DCHS Human Resources will continue to support 600-700 regular and temporary/on-call employees in FY17, with the significant addition of staff in the Developmental Disabilities division due to state funding. 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 services 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of recruitments	349	290	320	320
Outcome	Number of employee grievances that rise to step 2	1	4	1	4
Output	Number of classification/reclassification requests	113	99	100	105

### Performance Measures Descriptions

Recruitments (measured by requisitions) continue to increase. Additional funding and staffing occurred to DD programs. Recruitments will also increase generally due to changing workforce (e.g., retirement eligibility). Reduction of grievances was added in FY15 offer to indicate increased efforts and success in employee and labor relations, to prevent grievances.

## 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 related 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	2016	2016	2017	2017
Personnel	\$801,859	\$112,962	\$1,001,484	\$0
Contractual Services	\$1,500	\$0	\$4,000	\$0
Materials & Supplies	\$24,345	\$2	\$21,656	\$0
Internal Services	\$79,374	\$0	\$121,009	\$0
<b>Total GF/non-GF</b>	<b>\$907,078</b>	<b>\$112,964</b>	<b>\$1,148,149</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,020,042</b>		<b>\$1,148,149</b>	
<b>Program FTE</b>	6.96	1.04	8.00	0.00

Program Revenues				
Intergovernmental	\$0	\$112,964	\$0	\$0
Other / Miscellaneous	\$364,963	\$0	\$1,061,084	\$0
<b>Total Revenue</b>	<b>\$364,963</b>	<b>\$112,964</b>	<b>\$1,061,084</b>	<b>\$0</b>

## Explanation of Revenues

\$1,061,084 - County General Fund Department Indirect: Based on FY17 Dept Indirect Rates published by Central Finance.

## Significant Program Changes

Last Year this program was: FY 2016: 25001-16 Human Resources

**Department:** County Human Services

**Program Contact:** Rob Kodiriy

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

The Department of County Human Services (DCHS) Business Services 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; information systems coordination; procurement and contracting, and customer service.

**Program Summary**

Business Services and Operations staff serve as liaisons between the department and internal service providers such as County Finance, Central Budget, Central Purchasing, and County Assets. Business Services and Operations 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; and serve as liaisons 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; produces 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Percent of invoices paid in 30 days or less	76%	82%	77%	78%
Outcome	Percent of financial reports submitted to the grantor error free	99%	98%	99%	99%
Output	Number of executed contracts and amendments (*estimated based on FY16 volume)	400	360	320	350*
Outcome	Percent of annual contracts executed prior to start date	75%	85%	85%	85%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,492,346	\$352,892	\$2,945,309	\$0
Contractual Services	\$62,256	\$7,000	\$125,010	\$0
Materials & Supplies	\$90,146	\$3	\$67,447	\$0
Internal Services	\$257,967	\$0	\$389,842	\$0
<b>Total GF/non-GF</b>	<b>\$2,902,715</b>	<b>\$359,895</b>	<b>\$3,527,608</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,262,610</b>		<b>\$3,527,608</b>	
<b>Program FTE</b>	25.41	3.59	28.00	0.00

Program Revenues				
Intergovernmental	\$0	\$350,737	\$0	\$0
Other / Miscellaneous	\$978,327	\$0	\$1,680,037	\$0
<b>Total Revenue</b>	<b>\$978,327</b>	<b>\$350,737</b>	<b>\$1,680,037</b>	<b>\$0</b>

Explanation of Revenues

\$1,680,037 - County General Fund Department Indirect: Based on FY17 Dept Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2016: 25002A-16 Business Services and Operations



**Department:** County Human Services      **Program Contact:** Rob Kodiriy  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25026B  
**Program Characteristics:**

**Executive Summary**

DCHS Business Services and Operations provides administrative, financial and business support for the department. An additional Finance Specialist 1 position is requested to ensure that we comply with administrative procedures, make timely payments and abide by all fiduciary obligations of the Public Guardian Program.

**Program Summary**

The Accounts Payable Unit of Business Services is responsible for accurate and timely payment of all invoices for the Department. This includes all payments on purchase orders, contract payments and direct payments. The unit is also responsible for administering and monitoring procurement cards, travel and training, mileage and employee reimbursements for all divisions of the department.

A Finance Specialist 1 is needed to meet improvements in the following areas: External/Internal Audit Documentation, Internal (Financial) Controls, and Accounting Principles Application for the department. This position will support the Public Guardian Program by assisting with data entry to each individual client account, setting up new vendors in SAP, updating the auto pay list, filing and archiving for a total of 162 clients. The Public Guardian Trust Funds are resources received and held by the County in a fiduciary capacity (held in trust on behalf of clients). Disbursements are made in accordance with the agreement or applicable legislative enactment for each fund. Over the previous 5 years there has been an increase in clients of 11%. The Public Guardian Program Offer includes an additional position that, if funded, is projected to increase the caseload by an additional 6%. It is estimated that the increase of 6% will continue over the next 3-4 years (24% total increase). If these accounts are not maintained in a timely fashion, client benefits like Supplemental Security Income (SSI), Social Security and Pension can be decreased or even eliminated.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of payment transactions processed in the Public Guardian's Data System.	N/A	N/A	N/A	4,000
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$77,349	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$77,349</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$77,349</b>	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Rob Kodiriy

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:** 25002

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

DCHS Business Services will be providing support to the Joint Homeless Services Administration. Due to the increased funding commitments to this office, two positions will be added: Contract Specialist and a Finance Specialist 2 (Grant Accountant) to ensure financial compliance and timely issuance of payments to providers.

**Program Summary**

Creation of the Joint Office of Homeless Services (JOH) will result in an additional \$32 million (including City of Portland funds) in contracted services managed by the DCHS Business Services Unit in FY17. Two positions will be added: Contract Specialist and a Finance Specialist 2 (Grant Accountant).

A Contract Specialist initiates the contract development processes, consolidates, and submits items through SRM (Supplier Relationship Management system), ensures contract compliance and management consistent with legal requirements, internal processes and policy, ensures proper and timely reporting and compliance monitoring.

A Grant Accountant will monitor, report, maintain records, ensure compliance, and authorize fund withdrawals for over \$40 million in contracted services. Along with Portland General Fund and County General Fund, State and Federal grant funds require strict compliance to policies and regulations.

The JOH contracts are funded through a mix of Federal, State, City of Portland General Fund and Multnomah County General Fund revenues. We are required to maintain compliance with Federal Uniform Administrative Requirements: pre-award and post-award requirement standards for financial and program management, property standards, sub-recipient monitoring, record retention and non-compliance corrective actions, etc. These contracted services are also managed in accordance with County and State Procurement and Contracting rules and policies.

Each of these positions is critical to the success of the JOH not only to keep up with with the growing workload, but also with contracts renewals, payment authorizations, implementing financial controls, and financial reporting to local, Federal and State agencies.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of executed contracts and amendments	NA	NA	NA	50
Outcome	Percent of financial reports submitted to the grantor error free	NA	NA	NA	99%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$176,548	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$176,548</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$176,548</b>	
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:

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

This program offer requests \$225,000 in pass-through funding to continue DCHS FY16 Economic Opportunity Initiative (EOI). Funds will be used to continue a pilot to provide households with tools to increase their financial literacy, achieve financial stability and leave poverty.

The offer also includes \$25,000 to support job training, job placement and legal services for day laborers, including expanded capacity for women day laborers.

### Program Summary

Recent research shows a relationship between financial stability, child educational success and future earnings. Relatively small amounts of unconditional cash transferred into the budget of a family living on a low income can have significant impact on all members of the household, particularly children. Research shows that when such assets are made available, children's likelihood of educational success and their future earnings as adults are significantly improved.

In FY16, EOI launched a small pilot program of 160 households to test these findings locally. Families accessing free tax preparation services to receive an Earned Income Tax Credit (EITC) were invited to participate.

Eighty households, selected at random, received a \$1000 unconditional cash transfer. The other 80 households, selected as a control group, received three payments of \$40 each. All households participated in three surveys. Surveys were designed to test increased financial empowerment and executive functioning skills based on research showing the connection between increased capacity in these areas and the long-term ability to achieve financial stability on the path to leaving poverty. All families were also offered access to high-quality financial management services.

In order to continue testing the impact of this intervention, continued investment is needed to track longer term impact for the initial research group and to expand to include more households. If found to be promising, EOI represents a potential new strategy for increasing financial stability for families living on low incomes in Multnomah County

The offer also includes \$25,000 to continue support for job training, job placement and legal services for day laborers, including expanded capacity serving women day laborers. 50% of clients participating in the program are experiencing homelessness. Clients are placed in positions paying a minimum of \$12 an hour. In FY15, the average client received a wage of \$13.46.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of households served	0	210	160	160
Outcome	% of households that show an increase in financial stability and executive functioning <sup>1</sup>	0	75	75	75
Output	Number of individuals served	N/A	N/A	N/A	400
Outcome	Number of job placements	N/A	N/A	N/A	3500

### Performance Measures Descriptions

<sup>1</sup> We expect that the /80 households receiving the unconditional cash transfer will experience this improved outcome - but as this is the first year of the program, this is an estimate. The control families may also experience this improvement.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$175,000	\$0	\$225,000	\$0
<b>Total GF/non-GF</b>	<b>\$175,000</b>	<b>\$0</b>	<b>\$225,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$175,000</b>		<b>\$225,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

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

Last Year this program was: FY 2016: 25139E-16 AP - Economic Opportunity Initiative

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

**Related Programs:** 25147

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

### Executive Summary

This program offer requests funding for 1 FTE to continue providing coordination and outreach aimed at increasing food security among all populations served by Multnomah County, with specific focus on those eligible for federally funded nutrition programs, including WIC, SNAP, school meals and emergency food distribution. In addition, the position will provide policy development related to hunger, economic security and nutrition across all DCHS populations.

### Program Summary

Hunger impacts the health, productivity and resilience of one in six Multnomah County residents. While we know that poverty is the root cause of hunger, we also know that the condition of hunger is interlaced with concurrent struggles such as housing status, transportation, and food access. Hunger has long-lasting health impacts on children and their ability to do well in school and life. It also undermines the independence and stability of seniors and the most vulnerable.

Federally funded nutrition programs are our first line of defense against hunger. These programs can provide consistent food resources to families and individuals and drive the economy across all business sectors. We can reduce hunger and improve the health, resilience and economic stability for our residents and the community by increasing the county's utilization of federally funded nutrition programs, in conjunction with other food programs and anti-poverty program and policy efforts.

Although, DCHS provides important services to address hunger and nutrition, they are inadequate in addressing the root causes of hunger and food security. Strategic coordination of policy, program and outreach efforts is necessary to generate the community-wide impact that will increase food access for those experiencing hunger and also increase funding to our schools, farmers markets, local grocery stores and their supply chains.

The FY16 Food Policy position made strides in this direction by identifying opportunities to leverage the impact of SNAP benefits, among other innovations. The proposed FY17 position will further this work and take on new projects. The position will be based in the Multnomah Idea Lab--the newly formed DCHS Center for Policy and Research. The goal will be to integrate with other policy specialists working on the issues of poverty, safety and the broader application of the social determinants of health for DCHS populations.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Additional SNAP work activity locations to increase access to SNAP benefits	N/A	N/A	N/A	4
Outcome	Number of community members able to maintain SNAP benefits as a result of increased access	N/A	N/A	N/A	1,000
Outcome	SUN School sites provided with technical assistance to qualify for Universal Free and Reduced Lunch	N/A	N/A	N/A	10

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$103,744	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$103,744</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$103,744</b>	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

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

### Executive Summary

Developmental Disabilities Administration provides oversight of the Developmental Disabilities Services Division. This unit ensures that more than 5,300 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. Administration seeks resolution on complaints and grievances. In addition, the program influences state policy by participating in professional associations and advocating directly with state partners. It maximizes resources by leveraging local funds and collaborating with other counties; develops the workforce and seeks to continuously improve service delivery. Administration supports the accountability of leadership, resource management and performance-based outcomes; and ensures 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 creation of metrics such as dash boards and monitoring the inter-agency agreement with the State of Oregon, Department of Human Services. Administration also focuses on removing barriers to access, 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. The division places a high priority on customer service and consumer satisfaction. In the 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.

In recognition of the substantial workload increases resulting from K-Plan (a new Medicaid waiver program that expands services and access) implementation and other new mandates, the 2015 Oregon Legislature approved additional funding per the Community Developmental Disability Program Workload Model. As funds became available following approval of a budget modification this year (2015) the division has begun implementing several structural changes noted in the affected Program Offers. The structural changes are designed to better align work functions and assignments according to DDSD and DCHS strategic objectives and to simplify work processes and provide higher quality services to our customers and the community.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of client records audited annually for Medicaid compliance <sup>1</sup>	1,941	720	300	300
Outcome	% of federally-funded plans re-authorized annually <sup>2</sup>	n/a	100.0%	87.0%	100.0%

### Performance Measures Descriptions

<sup>1</sup> Results are lower than expected due to multiple process changes from the State, along with staff expansion and other issues related to division restructuring in response to K-plan process changes.

<sup>2</sup> New measure for FY16. 100% is the Medicaid standard. The program is working to improve measured performance results to prevent citations from the state when they perform their next program audit.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$327,924	\$1,172,322	\$0	\$1,697,372
Contractual Services	\$1,183,894	\$11,000	\$1,835,459	\$1,000
Materials & Supplies	\$4,027	\$40,091	\$0	\$56,766
Internal Services	\$38,438	\$117,437	\$0	\$427,661
<b>Total GF/non-GF</b>	<b>\$1,554,283</b>	<b>\$1,340,850</b>	<b>\$1,835,459</b>	<b>\$2,182,799</b>
<b>Program Total:</b>	<b>\$2,895,133</b>		<b>\$4,018,258</b>	
<b>Program FTE</b>	3.79	13.00	0.00	17.90

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$102,514	\$0
Intergovernmental	\$0	\$1,340,850	\$0	\$2,182,799
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,340,850</b>	<b>\$102,514</b>	<b>\$2,182,799</b>

**Explanation of Revenues**

\$2,182,799 - State Mental Health Grant Local Admin

**Significant Program Changes**

**Last Year this program was:** FY 2016: 25010-16 DD Administration & Support

Increase in State Funds allowed to reallocate County General Fund Match funds.

**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 Budget and Operations 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 account for revenue, positions, and costs to develop an annual budget for the division. As the designated local authority for services to people with intellectual and developmental disabilities, the unit is responsible for the management of contracts with providers, which includes determination of regulatory requirements; initiation of appropriate contracts, amendments and negotiations of contract terms and conditions; public procurement and compliance; and implementation of county administrative procedures.

The unit is responsible for tracking, approving and verifying revenue for 24-hour residential, supported living, foster care, employment, transportation and rent subsidy providers, which are paid directly to providers from the state. In addition, the unit tracks, approves and verifies revenue for family support funds and in-home services for adults and children which are paid through the county to providers. Finally, the unit tracks and verifies revenue 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. The unit also tracks all budget costs for 158 employees, as well as all costs associated with clients receiving funded services.

Due to State approval of additional funding, the unit currently is implementing new operational processes to meet increased responsibilities resulting from K-plan services. Responsibilities include: direct processing of Personal Support Worker timesheets, conducting criminal background checks, approving plans, data input and ensuring accurate data records in eXPRS for both in-home services and employment and vocational services.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of 0337 enrollment forms accurately processed monthly <sup>1</sup>	99.6%	95.0%	99.2%	95.0%
Outcome	% of errors noted in monthly CPMS reconciliation <sup>2</sup>	0.0%	3.5%	0.0%	N/A
Outcome	% of clients referred who are accepted into an employment setting <sup>3</sup>	N/A	N/A	85%	90%

### Performance Measures Descriptions

<sup>1</sup> The 0337 enrollment form is the mechanism by which clients are enrolled in and exited from services.

<sup>2</sup> This performance measure is being removed due to obsolescence of this data collection system by the state.

<sup>3</sup> New Outcome Measure added for FY17.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$36,985	\$820,319	\$103,744	\$2,389,635
Contractual Services	\$552,182	\$2,119,687	\$551,543	\$532,346
Materials & Supplies	\$533	\$7,817	\$4,630	\$31,031
Internal Services	\$5,952	\$51,914	\$0	\$567,380
<b>Total GF/non-GF</b>	<b>\$595,652</b>	<b>\$2,999,737</b>	<b>\$659,917</b>	<b>\$3,520,392</b>
<b>Program Total:</b>	<b>\$3,595,389</b>		<b>\$4,180,309</b>	
<b>Program FTE</b>	0.50	7.00	1.00	23.50

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$144,333	\$0
Intergovernmental	\$0	\$2,999,737	\$0	\$3,520,392
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,999,737</b>	<b>\$144,333</b>	<b>\$3,520,392</b>

Explanation of Revenues

\$2,891,572 - State Mental Health Grant Local Admin; \$435,000 - State Mental Health Grant Special Projects; \$5,000 - Foster Care; \$89,441 - HAP Housing; \$2,905 - United Way Housing Assistance; \$96,475 - State Mental Health Grant Regional Crisis Funding.

Significant Program Changes

Last Year this program was: FY 2016: 25011-16 DD Systems, Contracts and Budget

Thirteen new positions were added during FY16 Rebalance. Direct client assistance expenses declined by \$2M due to the transition of State direct payments through eXPRS. This reduction was partially offset with an increase in DD Special Projects funding of \$0.4M.

**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 provides case management to approximately 1,665 adults (age 23 and older), who have been determined to have an intellectual or developmental disability. Adults who are 18-22 years old are now served by the High School Transition team (Program Offer 25013). Case managers coordinate services and monitor more than 560 residential, adult foster care, supported living and vocational service sites to ensure that providers are in compliance with the Oregon Administrative Rules and to ensure the health and safety of consumers.

**Program Summary**

Case management for adults with intellectual and developmental disabilities includes person-centered planning and supports to identify clients' interests, focus on their strengths, promote independence and self-worth, and create a map of family, friends and community members as potential resources. Case managers support clients in many areas, including providing assistance with completing financial and housing benefits applications, self-care skills, behavior supports, resource coordination, and health and safety monitoring. These services are provided in order to ensure the health and safety of the client. Staff link the client with services and resources in their community. In order to improve quality of life for clients, staff support skill development, confidence, self-worth, self-determination and independence. Ultimately, it is the goal that all individuals with developmental disabilities are able to live self-directed lives in the community.

Starting in FY16, adults who are 18-22 years old receive services from the High School Transition Team, rather than the Adult Case Management Team. The number of adults reported in this program offer is lower in FY16 as compared to previous years because it no longer includes adults who are 18-22 years old.

This program partners with state and local organizations that have a mutual interest in our clients, such as Community Justice, Mental Health, Department of Vocational Rehabilitation, and Region 1 services. Case managers work with these partners to ensure the health and safety of adult clients through program intervention, crisis diversion, and monitoring of client and provider health and safety concerns. Total monitoring visits for residential sites is lower in FY16 as compared to previous years. This decrease has occurred because staff have been required to spend significant time training on new Oregon Administrative Rules and K-Plan eligibility criteria for services, resulting in less time to dedicate to monitoring visits. This year, DD Services for Adults will review the Outcome Measure related to total monitoring visits for residential sites to determine the measure's efficacy for future years.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total number of adults served each month <sup>1</sup>	1,897	1,750	1,590	1,650
Outcome	Total monitoring visits for residential sites <sup>2</sup>	7,960	10,000	5,094	6,000

**Performance Measures Descriptions**

<sup>1</sup> Reduced current year estimate and FY17 offer figures due to adult caseload reduction resulting from creation of the High School Transition Team noted in the program summary.

<sup>2</sup> Reduced current year estimate and FY17 offer figures due to increased staff workload requirements as noted in the program summary.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$3,478,553	\$0	\$3,303,276
Contractual Services	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$0	\$39,359	\$0	\$46,229
Internal Services	\$0	\$500,672	\$0	\$825,473
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,028,584</b>	<b>\$0</b>	<b>\$4,184,978</b>
<b>Program Total:</b>	<b>\$4,028,584</b>		<b>\$4,184,978</b>	
<b>Program FTE</b>	0.00	37.01	0.00	34.90

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$198,544	\$0
Intergovernmental	\$0	\$4,028,584	\$0	\$4,184,978
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,028,584</b>	<b>\$198,544</b>	<b>\$4,184,978</b>

Explanation of Revenues

\$327,022 - State Mental Health Grant Local Admin \$3,841,694 - State Mental Health Grant Case Management \$16,262 - State Mental Health Grant Flex Funding

Significant Program Changes

Last Year this program was: FY 2016: 25012-16 DD Services for Adults

Positions added per Bud Mod no. DCHS-01-016: 7.0 FTE Case Manager 2. Positions transferred to Program Offer 25013: 7.0 FTE Case Manager 2, to create the High School Transition Team. Positions transferred to Program Offer 25011: 1.0 FTE Program Specialist Sr. and 1.0 FTE Program Specialist to join Comp/Plan of Care unit. Decrease in MHS 37 funding for 1.0 FTE Program Manager I from 20.83% to 10%, resulting from reduction in specialized caseload funding reimbursed from the Mental Health and Addictions system and corresponding increase in CGF funding noted in Program Offer 25010.

**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 provides case management to approximately 2,075 children and young adults (birth to 22) who have been determined to have an intellectual or developmental disability. Most children and young adults served live in their family homes. Services include referrals to community resources, family-to-family support groups, assistance with school programs, training opportunities for families, and young adult transition services. These services allow children and young adults with serious disabilities to remain in their family homes.

**Program Summary**

Services for children are child-centered and family-focused, providing assistance required to maintain the child in the family home. Services for young adults are young adult-focused to help them transition into their adulthood. The Children's and Young Adults' Case Management Program (CYAP) provides child-centered and young adult-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. The High School Transition Team is a new unit of case managers who support customers through this transition. This team serves children and young adults from age 16 to 22 to assist them in completing this transition successfully.

Funding for in-home support services to help keep children in their family home through the K-Plan (a new Medicaid waiver program that expands services and access) has helped to successfully support children to remain in their family homes; however, it has caused a significant increase in requirements for the Service Coordinators. 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 clients enrolled in K-Plan or other Medicaid waiver programs compared to on an as-needed basis; mandatory annual needs assessments for all clients receiving K-Plan services; and increased requirements for documents and checklists that were not previously required. DD has developed a strategic plan and is working on simplifying workload and processes.

The program partners with state and local organizations that have mutual interest in our clients. These partnerships strengthen families and help to reduce the higher costs of out-of-home crisis placements or permanent placement in foster care or institutions. CYAP also partners with MHASD Children's System of Care Wraparound Program.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of children served per month	1,479	1,400	1,614	1,700
Outcome	% of children retained in the family home	88.83%	88.0%	88.0%	88.0%
Output	Number of young adults aged 18-22 served per month <sup>1</sup>	N/A	N/A	313	400

**Performance Measures Descriptions**

<sup>1</sup> New measure added this year to reflect duties performed by the High School Transition Team.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$3,072,773	\$0	\$4,035,843
Contractual Services	\$24,140	\$0	\$24,140	\$0
Materials & Supplies	\$0	\$35,626	\$0	\$59,417
Internal Services	\$0	\$466,697	\$0	\$1,045,164
<b>Total GF/non-GF</b>	<b>\$24,140</b>	<b>\$3,575,096</b>	<b>\$24,140</b>	<b>\$5,140,424</b>
<b>Program Total:</b>	<b>\$3,599,236</b>		<b>\$5,164,564</b>	
<b>Program FTE</b>	0.00	34.00	0.00	45.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$243,764	\$0
Intergovernmental	\$0	\$3,575,096	\$0	\$5,140,424
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,575,096</b>	<b>\$243,764</b>	<b>\$5,140,424</b>

Explanation of Revenues

\$316,326 - State Mental Health Grant Local Admin \$4,824,098 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2016: 25013-16 DD Services for Children

Implementation of the K-plan continues to significantly impact the work load of Service Coordinators and the creation of the High School Transition Team is one aspect of the division's approach to simplifying workload and improving customer service to our clients. Positions added per BudMod DCHS-01-16: 6.0 FTE Case Manager 2. Positions transferred to Program Offer 25011: 1.0 FTE Program Specialist Sr. and 1.0 FTE Program Specialist to the Comp/Plan of Care unit. Transferred 7.0 FTE Case Manager 2 from 25012 and 1.0 FTE Program Supervisor from 25010 to 25013 to create the High School Transition Team.



**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 200 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 trust 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 ADVSD Public Guardian/Conservator, 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 agents refer particular cases to CCRC to ensure quality service delivery.

The monitoring aspect of the unit helps to manage risk by ensuring programmatic compliance with rules, statutes and contracts by agencies and providers. In addition to proactive monitoring, this group often ensures the completion of any programmatic related follow-up needed by providers as identified by abuse investigations to ensure a high level of service.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of investigations closed <sup>1</sup>	184	240	175	175
Outcome	% of abuse referrals screened within 5 working days	94.25%	90.0%	94.0%	90.0%
Output	Number of programmatic monitoring visits performed <sup>2</sup>	283	120	325	240
Outcome	% of sites monitored that were found to be in compliance with Oregon Administrative Rules. <sup>3</sup>	n/a	90.0%	100%	90.0%

### Performance Measures Descriptions

<sup>1</sup> Description of measure was changed in FY16, thus reflecting a lower total than the actual purchased.

<sup>2</sup> This measure previously reported under Program Offer 25015 and moved to reflect alignment of this function with Abuse Investigations.

<sup>3</sup> New measure for FY16 and now reported under this Program Offer.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$497,985	\$854,525	\$215,576	\$1,271,456
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$3,725	\$11,163	\$2,515	\$31,230
Internal Services	\$41,665	\$114,394	\$21,485	\$301,367
<b>Total GF/non-GF</b>	<b>\$543,375</b>	<b>\$981,082</b>	<b>\$239,576</b>	<b>\$1,605,053</b>
<b>Program Total:</b>	<b>\$1,524,457</b>		<b>\$1,844,629</b>	
<b>Program FTE</b>	5.50	8.50	2.13	12.87

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$76,814	\$0
Intergovernmental	\$0	\$981,082	\$0	\$1,605,053
<b>Total Revenue</b>	<b>\$0</b>	<b>\$981,082</b>	<b>\$76,814</b>	<b>\$1,605,053</b>

Explanation of Revenues

\$855,994 - State Mental Health Grant Local Admin; \$749,059 - State Mental Health Grant Abuse Investigation Services.

Significant Program Changes

Last Year this program was: FY 2016: 25014A-16 DD Abuse Investigations

Position added per Bud Mod no. DCHS-01-016: 1.0 FTE Human Services Investigator.

Positions transferred from Program Offer 25011: 2.0 FTE Program Specialist to align these positions with the expanded duties for monitoring in this program offer.

Positions transferred to Program Offer 25011: 1.0 FTE Program Specialist Sr. to join the Comp/Plan of Care unit; 1.0 FTE OA2 to join the Comp/Plan of Care unit.

**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 Developmental Disabilities Regional Crisis Diversion Unit (“Region 1 Crisis Diversion Program”) provides service access to approximately 10,000 adults and children with intellectual or developmental disabilities (I/DD) in a five-county Region including Multnomah. Services include short-term crisis stabilization assistance, long-term residential placement coordination, training and technical assistance to direct care professionals and service coordinators who support some of the most extraordinarily challenged adults and children in the state.

### Program Summary

The program facilitates crisis and long-term residential placements and quick-response technical assistance to direct care providers and others who support individuals experiencing crisis and transition. Clients needing crisis diversion services tend to be at high risk due to vulnerability resulting from their disabilities or volatile living situations. The program also assists individuals requesting a change in residential services.

In addition, it delivers specialized training and technical assistance for professionals who provide direct supports. Services include: 1) Prompt response for coordination of placement into DD foster or 24-hour licensed homes for acute crisis situations, and pro-active planning for non-crisis situations, either of which may require a long term solution; includes client functional needs assessments and coordination of placement for adults and children exiting family homes, Oregon State Hospital, other hospitals, nursing homes, correctional facilities and restrictive residential settings operated by the state; 2) Continual development and maintenance of a network of approximately 80 DD adult crisis foster homes; ongoing recruitment, training, and certification of DD child foster homes, including culturally-responsive homes; 3) Quick response by professional behavior support specialists for short term consultation in the individual’s home or community; 4) Technical assistance and training, in classrooms and individually in home and community for licensed/certified caregivers, county and brokerage service coordinators, and other support partners, to facilitate proactive and crisis-responsive supports; 5) Coordination of the Regional Training Cooperative providing 60 classes annually on relevant topics and skills for 1,500 caregivers, family members and service coordinators among the five counties served by Region 1; 6) Certified Training in Oregon Intervention System (OIS), a standardized curriculum teaching positive behavior support philosophy and strategies to preserve client rights and client/provider safety to approximately 200 providers, parents and service coordinators annually; the Program also assists in the mentoring of new certified OIS instructors; and 7) State-mandated orientation sessions to Personal Support Workers; State-mandated Health Care Representative training for providers and county case managers.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of intakes that request out-of-home placement	301	288	260	247
Outcome	% of adults requesting a placement within 2 business days who are placed safely within 2 business days <sup>1</sup>	100%	90.0%	95.0%	95.0%
Output	# of caregivers trained and certified in Oregon Intervention System	168	192	200	200
Outcome	% of "critical" intakes reported as “stable” at 6 months following placement and case is closed. <sup>2</sup>	N/A	N/A	80.0%	80.0%

### Performance Measures Descriptions

<sup>1</sup> Clarified language from the FY16 outcome measure to continue the outcome measure for FY17.

<sup>2</sup> New outcome measure added for FY17, no prior data. “Critical” is defined as exhibiting one or more crisis diversion risk factors per OAR definition; “stable” is defined as not requesting additional crisis diversion services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$936,576	\$0	\$848,348
Contractual Services	\$0	\$142,000	\$0	\$82,357
Materials & Supplies	\$0	\$9,217	\$0	\$21,390
Internal Services	\$0	\$147,576	\$0	\$200,005
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,235,369</b>	<b>\$0</b>	<b>\$1,152,100</b>
<b>Program Total:</b>	<b>\$1,235,369</b>		<b>\$1,152,100</b>	
<b>Program FTE</b>	0.00	9.25	0.00	8.25

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$51,240	\$0
Intergovernmental	\$0	\$1,089,792	\$0	\$1,137,600
Other / Miscellaneous	\$0	\$10,000	\$0	\$14,500
Beginning Working Capital	\$0	\$135,577	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,235,369</b>	<b>\$51,240</b>	<b>\$1,152,100</b>

Explanation of Revenues

\$1,137,600 - State Mental Health Grant Regional Crisis Coordination; \$14,500 - Miscellaneous Fees (based on historical averages).

Significant Program Changes

Last Year this program was: FY 2016: 25015-16 DD Crisis Diversion Services

Transfer 1.0 FTE Program Specialist to Program Offer 25011 to join the Comp/Plan of Care unit.

**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 DCHS services. The unit reviews approximately 1,150 cases per year. New intakes average 71 people per month and total 850 per year. Per Oregon Administrative Rules, eligibility must be re-determined at age 7 for children, 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 service to all applicants. Regular community outreach is conducted to increase awareness of Multnomah County Developmental Disabilities services and application process. Typically, referrals come from many different sources including schools, medical providers, Vocational Rehabilitation Services, parent networks, community groups and social service agencies.

The intake and eligibility screener contacts the referral source or potential client to schedule an intake appointment. Intake appointments are provided in the office or in the community, including at the applicant's home. The appointments are conducted in the applicant's primary language through the use of bilingual staff or interpreter services. The division is capable of providing bilingual intakes in Spanish, Vietnamese, Russian, German, French, Arabic, Mandarin, Cantonese and Farsi. At the intake appointment, the Eligibility Specialist completes the application for services, conducts an informal needs assessment and refers the potential client to community partners to access needed services while waiting for a formal determination of DD eligibility. All applicants are contacted regarding the outcome of their determination, either by phone or email depending on their preference. A letter is also sent to every applicant informing them of the outcome. Applicants found not eligible are provided referrals to other community resources. Eligible clients are paired with a Multnomah County Developmental Disabilities case manager that assists with accessing a menu of services based on the client's level of care needs. Individuals moving into Oregon are offered a preliminary eligibility review to reduce relocation challenges.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of intake eligibility referrals	878	775	984	850
Outcome	% of referrals made eligible for DD services	73.38%	75.0%	76.0%	76.0%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$780,511	\$0	\$1,167,164
Contractual Services	\$7,500	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$9,571	\$0	\$15,846
Internal Services	\$0	\$71,585	\$0	\$285,119
<b>Total GF/non-GF</b>	<b>\$7,500</b>	<b>\$861,667</b>	<b>\$10,000</b>	<b>\$1,468,129</b>
<b>Program Total:</b>	<b>\$869,167</b>		<b>\$1,478,129</b>	
<b>Program FTE</b>	0.00	8.00	0.00	12.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$70,497	\$0
Intergovernmental	\$0	\$861,667	\$0	\$1,468,129
<b>Total Revenue</b>	<b>\$0</b>	<b>\$861,667</b>	<b>\$70,497</b>	<b>\$1,468,129</b>

Explanation of Revenues

\$1,468,129 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2016: 25016-16 DD Eligibility & Intake Services

Positions added per Bud Mod no. DCHS-01-016:  
 1.0 FTE Clinical Services Specialist to increase capacity for Intake and Evaluation services;  
 1.0 FTE Program Specialist to provide capacity for housing assistance services.  
 Positions transferred from Program Offer 25010:  
 2.0 FTE OA 2 to align staff with unit they support.

**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 235,000 older adults, people with disabilities and veterans. Over 60,000 callers receive information and assistance and 10,723 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, with emphasis on providing access for 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 responsive practices to ensure effective outcomes. ADVSD's efforts are guided by the input and advice from our federal and state mandated senior and disability advisory councils, and a multicultural advisory council.

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 10,723 older adults, people with disabilities, veterans and their families. In addition, volunteer peers provided 1:1 advocacy support to older adults and people with disabilities. These services are funded through Oregon Project Independence, the Older Americans Act and County General Fund.

Transportation was provided to 1,052 individuals so they could access medical, nutritional and social supports. District Senior Centers provided over 66,602 health, wellness and recreation activities to older adults in the county. The ADVSD network provided 640,996 congregate and home-delivered meals in the last fiscal year. Culturally-specific community organizations provided targeted outreach and nutrition services to 931 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 410 individuals, and emergency prescription and special medical assistance to 175 individuals.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Individuals receiving in-home, community and emergency services	10,723	11,500	11,000	11,000
Outcome	Clients served who are ethnic/racial minorities (% of total elders served) <sup>1</sup>	30%	26%	30%	30%
Outcome	ADRC Helpline and District Senior Center Calls	60,626	57,000	60,000	60,000

**Performance Measures Descriptions**

<sup>1</sup>FY17 Offer is based on FY15 Actual, which is finalized after the FY16 Purchased.



## 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	2016	2016	2017	2017
Personnel	\$776,286	\$2,775,972	\$841,969	\$2,712,459
Contractual Services	\$3,008,072	\$8,661,942	\$2,998,272	\$9,129,815
Materials & Supplies	\$19,998	\$129,624	\$41,545	\$126,830
Internal Services	\$535,511	\$1,022,019	\$578,260	\$836,452
<b>Total GF/non-GF</b>	<b>\$4,339,867</b>	<b>\$12,589,557</b>	<b>\$4,460,046</b>	<b>\$12,805,556</b>
<b>Program Total:</b>	<b>\$16,929,424</b>		<b>\$17,265,602</b>	
<b>Program FTE</b>	8.51	22.79	8.44	26.66

Program Revenues				
Indirect for Dept. Admin	\$237,936	\$0	\$84,151	\$0
Intergovernmental	\$0	\$12,311,966	\$0	\$12,510,359
Other / Miscellaneous	\$0	\$4,000	\$0	\$4,500
Beginning Working Capital	\$0	\$72,000	\$0	\$37,000
Service Charges	\$0	\$201,591	\$0	\$253,697
<b>Total Revenue</b>	<b>\$237,936</b>	<b>\$12,589,557</b>	<b>\$84,151</b>	<b>\$12,805,556</b>

## Explanation of Revenues

\$2,277,243 - Older Americans Act federal funds; \$1,081,678 - Oregon Project Independence; \$2,509,922 - Veteran's Directed Services; \$1,203,229 - Title XIX; \$412,681 - Aging Disability Resource Connections; \$1,850 - City of Fairview; \$3,000 - City of Troutdale; \$ 213,227 - Contractor Rentals; \$236,548 - Foster Grandparent Program; \$37,000 - Beginning Working Capital; \$481,892 - US Department of Agriculture; ; \$249,544 - Option Counseling & Gatekeeper Services; \$12,792 - Senior Health Insurance Benefits Assistance (SHIBA); \$222,919 - Older & Disabled Mental Health Services; \$2,019,116 - Medicaid Community Transportation; \$598,062 - Tri-Met Community Transportation Local Match; \$10,000 - Senior Medicaid Patrol Grant; \$6,084 - U of W Alzheimer's Evidence Based Study; \$119,198 - Innovative Projects Pilot State funding; \$62,680 - Enhanced Dementia Services State funding; \$120,947 - FamilyCare Medicare-Medicaid grant; \$40,470 - Client Employer Provider Fees; \$98,675 - Evidence Based Health Promotion; \$6,000 - Option Counseling; \$230,233 - MIPPA Outreach; \$400,000 - Senior Property Tax Deferral Program; \$150,566 - State Mitigation Funding.

## Significant Program Changes

**Last Year this program was:** FY 2016: 25020A-16 ADVSD Access & Early Intervention Services

Due to changes in state and other grant funding a total of 4.8 FTE are added to this program offer: the addition of 1.0 FTE Program Specialist Senior, 1.2 FTE Program Specialist, 2.4 FTE Case Manager 2, 0.2 FTE Program Technician and 1.0 FTE Office Assistant 2; the reduction of 1.0 FTE Community Information Specialist. Note: one of the 2.4 additional Case Manager 2 positions was transferred from PO 25021 - ADVSD Multnomah Project Independence (MPI) to align staffing, supervision and services for MPI and Oregon Project Independence for People with Disabilities programs. Additionally, \$50,000 CGF was transferred from this program offer to PO# 25114, A Home for Everyone Homeless Services.



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

**Program Contact:** Lee Girard  
**Program Offer Stage:** As Adopted

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Aging, Disability and Veterans Services Division (ADVSD) ensures that older adults have equitable access to vital nutrition services by funding culturally-specific meal programs, offered by community-based organizations that are recognized and trusted in their communities. Through this program offer, ADVSD is proposing to continue the FY16 one-time-only expansion, increasing the availability of meal services for diverse populations to 25,000 meals per year for FY17.

### 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 the culturally-specific meal services offered by four 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 have expanded from 1 or 2 days/week to 3-5 days/week at each site. Participants at culturally-specific meal sites report a high level of satisfaction with services, citing access to culturally appropriate meals and a location where they feel welcomed and accepted as key factors for them.

In recent interviews with program participants, a consistent request was to increase the availability of meals to more days at each of these sites. There is a higher rate of satisfaction from diverse populations when they have access to nutrition services from culturally-specific providers. With one-time funding, we estimate that in FY16 ADVSD will expand culturally-specific meals to 23,000/year. In FY16, through this hunger initiative, ADVSD estimates increasing outreach and nutrition services by an additional 375 racial minority elders, increasing participation in the program by over 60%. If this program offer is continued into FY17, we estimate that meals will increase to 25,000/year, since there was a transition period in FY16 for contractors to implement service expansion.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of culturally-specific meals provided annually <sup>1</sup>	N/A	17,800	23,000	25,000
Outcome	Program participants express being satisfied or very satisfied with the service	N/A	85%	95%	95%

### Performance Measures Descriptions

<sup>1</sup> There was a transition period in FY16 for contractors to implement service expansion. If this funding is continued into FY17 we are estimating that 25,000 meals will be provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$261,000	\$0	\$261,000	\$0
<b>Total GF/non-GF</b>	<b>\$261,000</b>	<b>\$0</b>	<b>\$261,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$261,000</b>		<b>\$261,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25020B-16 Senior Hunger Initiative

**Department:** County Human Services      **Program Contact:** Lee Girard  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25020A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Oregon Project Independence (OPI) provides a small amount of services and supports, as a diversion activity, to prevent use of higher cost services, including placement in more institutional care settings. OPI can also prevent movement into the Medicaid system. These services and supports allow the individual to retain their independence.

**Program Summary**

Oregon Project Independence was created as a diversion program. The goal of the program is to provide a very small amount of services and supports that help an individual most at-risk of unnecessary or premature placement in an institutional level of care facility and/or movement into the Medicaid program to remain in their home. This allows the individual to retain their independence and also saves state budgets significant funds. The average cost per case for OPI services is \$350/month. This is significantly less costly than care in any Medicaid setting. Medicaid consumers also receive Oregon Health Plan benefits at additional cost to the state. OPI consumers are not allowed to receive OHP benefits. In 2014, it was estimated that over 96% of OPI consumers were at income levels that would qualify them for Medicaid services, at or below 200% of the Federal Poverty Level.

Multnomah County will begin FY17 with a wait list of approximately 140 people. With this additional funding, ADVSD is proposing to serve at least 130 additional people from the wait list over the first 6 months of the year. To accomplish this, ADVSD will establish a task force, comprised of Community Based Organizations, Advisory Council members and staff, to develop criteria and an implementation plan.

The average cost per case for OPI is \$350/month. With the addition of these funds, Multnomah County will be able to greatly impact the current waiting list for these services; transitioning at least 130 people off of the wait list and onto services in the first 6 months.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Individuals receiving services				130
Outcome	Program participants express being satisfied or very satisfied with the service				85%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$400,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$400,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** 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 130 people in FY15. 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 was aligned with the OPI expansion for adults with disabilities pilot 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 support 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.

In FY16, MPI case management staffing and client services were aligned with the expanded Oregon Project Independence (OPI) pilot program serving adults with disabilities age 19 to 59. This alignment ensures that county and state funds are used in a manner that increases the availability of services for people with disabilities, with the MPI program serving individuals who would not qualify for the OPI pilot program.

To meet CGF constraint ADVSD is submitting this as an Out of Target program offer to continue service to 125 clients receiving MPI services.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Clients receiving MPI case management and in-home services	130	140	125	125
Outcome	Clients state they are satisfied or very satisfied <sup>1</sup>	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

<sup>1</sup>New performance measure. Replaced measure "individuals retain housing after receiving MPI assistance" for a more appropriate measure. Previous measure "individuals retain housing after receiving MPI assistance": FY15 Act=98%; FY15 Purch=95%; FY16 Est=95%.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$37,011	\$0	\$0	\$0
Contractual Services	\$138,440	\$70,409	\$231,083	\$0
<b>Total GF/non-GF</b>	<b>\$175,451</b>	<b>\$70,409</b>	<b>\$231,083</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$245,860</b>		<b>\$231,083</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$70,409	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$70,409</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25021-16 ADVSD Multnomah Project Independence

**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 631 adult care homes and 14 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 2,815 adult care home beds and 80 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, who desire to live in the community. ACHP serves a monthly average of 1,273 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 \$2,563. This is 31% of the \$8,282 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. This occurs when consumers exhaust their savings and are forced to rely on Medicaid for their long term support needs. This also negatively impacts the sustainability of Oregon's long term care Medicaid system.

All homes are inspected and licensed annually. Homes are visited 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.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total number of adult care homes licensed and inspected yearly	631	650	640	650
Outcome	Adult care homes with two or more monitoring visits in a year <sup>1</sup>	13%	80%	25%	80%
Outcome	Adult care home/nursing home cost efficiency ratio <sup>2</sup>	33%	40%	32%	35%

**Performance Measures Descriptions**

<sup>1</sup> All homes had an annual licensing inspection and at least 1 monitoring visit. Homes with 2 or more visits were targeted because of identified quality issues. Performance declined in FY15 due to vacancies, retirements, and promotions coupled with difficulties in hiring and retaining qualified monitoring staff. Efforts are ongoing to hire and train staff to meet program goals. Plan in place to hire both monitoring positions by April 2016.

<sup>2</sup> Lower is better. Ratio equals adult care home cost as percent of nursing home 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$27,664	\$1,355,500	\$30,668	\$1,502,897
Contractual Services	\$74,428	\$364,400	\$123,427	\$311,828
Materials & Supplies	\$1,167	\$57,240	\$1,312	\$64,252
Internal Services	\$5,062	\$373,915	\$5,553	\$402,570
<b>Total GF/non-GF</b>	<b>\$108,321</b>	<b>\$2,151,055</b>	<b>\$160,960</b>	<b>\$2,281,547</b>
<b>Program Total:</b>	<b>\$2,259,376</b>		<b>\$2,442,507</b>	
<b>Program FTE</b>	0.30	14.70	0.32	15.68

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$78,805	\$0	\$90,775	\$0
Fees, Permits & Charges	\$0	\$289,400	\$0	\$269,400
Intergovernmental	\$0	\$1,861,655	\$0	\$2,012,147
<b>Total Revenue</b>	<b>\$78,805</b>	<b>\$2,151,055</b>	<b>\$90,775</b>	<b>\$2,281,547</b>

## Explanation of Revenues

\$2,012,147 - Title XIX; \$269,400 - Fees & Fines (based on historical averages)

## Significant Program Changes

Last Year this program was: FY 2016: 25022-16 ADVSD 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 48,948 low-income older adults, people with disabilities and veterans. Intensive case management is provided to 7,499 clients each month who meet state criteria for nursing home care because they need help with daily self-care tasks. LTC serves 6,170 clients in home and community-based settings and 1,329 clients in nursing facilities. LTC brings over \$31.4 million into the local economy through various monthly benefits received 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 choose the most appropriate managed care and Medicare Part D plans. Referrals are made to address other critical needs, such as housing and transportation. These vulnerable adults typically have incomes below the poverty level and include individuals with a mental illness or developmental disability. Eligibility Case Managers carry an average caseload of 439 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 strengthen LTC's goal of inclusion and racial equality. Service Case Managers carry an average caseload of 110 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, hospitalizations and re-admissions whenever possible. Case managers provide services for a monthly average of 7,499 nursing home-eligible clients; 6,170 of these clients (82.3%) receive in-home or community-based services that promote or support their independence outside of a nursing home, while an additional 1,329 (17.7%) 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 increase this percentage through more intensive case management and the expansion of specialized service contracts with community-based providers. 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 independent living in the community.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg monthly number of nursing home-eligible clients receiving long term care assistance	7,499	7,700	8,000	8,000
Outcome	Ratio of nursing home-eligible clients served in the community vs. nursing home <sup>1</sup>	82.3%	82%	83%	83%

### Performance Measures Descriptions

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$23,012,444	\$0	\$24,334,037
Contractual Services	\$2,138,823	\$147,130	\$2,132,531	\$174,272
Materials & Supplies	\$0	\$490,538	\$0	\$624,810
Internal Services	\$0	\$6,840,082	\$0	\$7,172,118
<b>Total GF/non-GF</b>	<b>\$2,138,823</b>	<b>\$30,490,194</b>	<b>\$2,132,531</b>	<b>\$32,305,237</b>
<b>Program Total:</b>	<b>\$32,629,017</b>		<b>\$34,437,768</b>	
<b>Program FTE</b>	0.00	268.00	0.00	274.00

Program Revenues				
Indirect for Dept. Admin	\$1,290,186	\$0	\$1,469,775	\$0
Intergovernmental	\$0	\$30,306,027	\$0	\$32,121,654
Other / Miscellaneous	\$0	\$184,167	\$0	\$183,583
<b>Total Revenue</b>	<b>\$1,290,186</b>	<b>\$30,490,194</b>	<b>\$1,469,775</b>	<b>\$32,305,237</b>

## Explanation of Revenues

\$32,121,654 - Title XIX; \$54,945 - Providence Medical Center; \$128,638 - Oregon Health Sciences University Case Manager (FTE) grant.

## Significant Program Changes

**Last Year this program was:** FY 2016: 25023-16 ADVSD Long Term Care Program

Due to increased Medicaid funding and workload demands the program added 2.0 FTE Case Manager Senior, 7.0 FTE Case Manager 2, and 1.0 FTE Case Management Assistant, and reduced 4.0 FTE Case Manager 1.

**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 235,000 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 health care, housing, social services, legal assistance and client advocacy agencies. Workers investigate abuse in 123 care facilities and 631 adult care homes as well as abuse in the community at large. APS coordinates with law enforcement and the District Attorney's Office to prosecute offenders. The program responded to 7,735 abuse calls in FY15.

APS uses Multi-Disciplinary Teams (MDT) to serve clients with complex psycho-social and medical needs in six branch offices and five District Senior Centers located throughout the county. 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 APS human services investigator or case manager. Others join the team as needed.

MDT served 709 older adults, people with disabilities and veterans and provided 3,616 client contacts, including 4,475 hours of nursing and 1,211 hours of mental health clinical support services. This service is designed for clients who have barriers to obtaining medical, mental health or legal types of intervention. Ninety-three percent of MDT participants showed improvement after MDT intervention. MDT interventions reduce the risk of unnecessary hospitalizations or homelessness for these clients. APS may provide short-term monitoring, following the closure of an investigation and during the implementation of ongoing support services, for clients with complex safety plans.

The District Attorney's Office, law enforcement personnel, the public guardian and Multnomah County Attorney meet each month to discuss criminal cases. APS staff also lead the DCHS Multi-System Staffing Team (MSST) which meet monthly to consult and problem solve on cross-divisional, cross-departmental high-risk clients.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Protective services investigations completed	2,656	2,600	2,750	2,800
Outcome	Re-abuse rate for older adults and people with disabilities <sup>1</sup>	3.8%	2%	3.8%	3.8%
Outcome	Clients with stable or improved overall living situation after 90 days of MDT intervention <sup>2</sup>	93.3%	93%	93%	93%

### Performance Measures Descriptions

<sup>1</sup>Current re-abuse rate estimate is based on State of Oregon figures. Data is from January-December 2015. Re-abuse is defined as more than one investigation resulting in a substantiated abuse allegation during calendar year 2015 for all victims in Multnomah County.

<sup>2</sup>Living 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	2016	2016	2017	2017
Personnel	\$459,052	\$4,092,514	\$431,779	\$4,227,312
Contractual Services	\$482,428	\$2,580	\$356,516	\$2,759
Materials & Supplies	\$10,480	\$85,527	\$8,905	\$102,000
Internal Services	\$72,816	\$940,280	\$55,354	\$1,000,971
<b>Total GF/non-GF</b>	<b>\$1,024,776</b>	<b>\$5,120,901</b>	<b>\$852,554</b>	<b>\$5,333,042</b>
<b>Program Total:</b>	<b>\$6,145,677</b>		<b>\$6,185,596</b>	
<b>Program FTE</b>	3.36	40.04	3.36	40.04

Program Revenues				
Indirect for Dept. Admin	\$216,773	\$0	\$255,330	\$0
Intergovernmental	\$0	\$5,120,901	\$0	\$5,333,042
<b>Total Revenue</b>	<b>\$216,773</b>	<b>\$5,120,901</b>	<b>\$255,330</b>	<b>\$5,333,042</b>

## Explanation of Revenues

\$5,333,042 - Title XIX

Note: \$130,776 State Mental Health Grant (Older/Disabled) Mental Health Services and \$196,555 General Fund is budgeted in Health Department Offer #40068 - Mental Health Quality Management & Protective Services to support Multi-Disciplinary Team (MDT) contracted Mental Health Specialists.

## Significant Program Changes

Last Year this program was: FY 2016: 25024-16 ADVSD Adult Protective Services

**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 235,000 older adults, people with disabilities and veterans by protecting them from abuse, financial exploitation, neglect and self-neglect. APS investigators are only able to keep cases open for 120 days per state statute. The APS Risk Case Manager Senior position provides services to older adults and people with disabilities who have complex needs and are experiencing self-neglect situations that require a high level of support to help them connect to needed resources and make them safe.

### Program Summary

This APS Risk case manager will provide Intensive short-term case management for elders and vulnerable adults who are at high risk for abuse or self neglect. Services include, but are not limited to: assessment, service coordination, linkage to support services and ongoing monitoring. This service is available regardless of income or resources.

The APS Risk case manager is part of the APS program and will receive referrals through the APS screener, Long Term Care (LTC), Multi-System Staffing Team (MSST), ADVSD Multi-Disciplinary Team (MDT), the Aging and Disability Resource Connection (ADRC) Helpline, and Coordinated Care Organizations (CCO's). The APS Risk case manager works with these clients for up to six months to create a stable living situation.

The APS Risk case manager works with clients who are in serious self-neglect situations that pose a significant threat to health and safety. These cases require more intensive and longer term involvement than can be provided by LTC case managers to achieve a successful outcome. The APS Risk case manager will make referrals to APS for investigation when appropriate and will not conduct investigations.

This Program Offer would restore the APS Risk Case Manager Senior that would otherwise be eliminated to meet County General Fund Constraint.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of clients engaged in APS Risk case management services	N/A	N/A	N/A	75
Outcome	Clients with improved living situation after completion of intensive case management service <sup>1</sup>	N/A	N/A	N/A	85%

### Performance Measures Descriptions

New Measures - This program offer was part of 25024 ADVSD Adult Protective Services in FY16. New measures were established for this program offer.

<sup>1</sup>Living situation stability is measured by team ratings of safety, financial situation, health, living situation, and knowledge of options.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$84,462	\$0	\$90,106	\$0
Materials & Supplies	\$0	\$0	\$7,022	\$0
<b>Total GF/non-GF</b>	<b>\$84,462</b>	<b>\$0</b>	<b>\$97,128</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$84,462</b>		<b>\$97,128</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25024-16 ADVSD Adult Protective Services

**Department:** County Human Services  
**Program Offer Type:** Existing Operating Program  
**Related Programs:** 25020A

**Program Contact:** Lee Girard  
**Program Offer Stage:** As Adopted

**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 538 veterans and their families. VSOs carry an average caseload of 180 veterans.

**Program 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, free of charge. The mission of the Veterans Service Officers of Multnomah County is to provide resources and guidance to all who served in the military. The Veterans Service Officers provide benefits information, assistance and advocacy to all who served and their families. The Veterans Service Officers provide comprehensive benefits counseling on Veterans Administration (VA), assistance with VA healthcare enrollment, claims preparation and submission, initiate and develop appeals, networking with federal, state and local agencies, and justice involved outreach.

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 supporting partner in A Home for Everyone efforts to end homelessness for veterans experiencing chronic homelessness. Part of this commitment is helping to increase awareness about 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.

Veterans Service Officers promote equity to veterans and military families identified within underrepresented communities who face barriers to access federal, state and local benefits. The VSOs implement an intentional and targeted outreach strategy with multiple access options for LGBTQ veterans, women veterans, veterans within communities of color, homeless veterans, justice involved veterans; as well as veterans and military families experiencing socio-economic disparities due to unintended gaps accessing resources.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of veterans receiving assistance to obtain benefits <sup>1</sup>	538	850	850	900
Outcome	Benefit dollar amount awarded to veterans working with the Veterans Service Office <sup>2</sup>	\$3,036,506	\$4,500,000	\$3,000,000	\$3,000,000

**Performance Measures Descriptions**

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

<sup>2</sup>Benefit awards can fluctuate based on eligibility and retroactive payments making it difficult to accurately determine annual projections. Through outreach efforts, veterans are reached sooner, resulting in lower retroactive payments.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$438,365	\$183,559	\$420,513	\$209,734
Materials & Supplies	\$35,401	\$1,859	\$11,889	\$5,013
Internal Services	\$86,925	\$0	\$91,028	\$23,212
<b>Total GF/non-GF</b>	<b>\$560,691</b>	<b>\$185,418</b>	<b>\$523,430</b>	<b>\$237,959</b>
<b>Program Total:</b>	<b>\$746,109</b>		<b>\$761,389</b>	
<b>Program FTE</b>	4.91	2.09	4.41	2.59

<b>Program Revenues</b>				
Intergovernmental	\$0	\$167,753	\$0	\$220,757
Beginning Working Capital	\$0	\$17,665	\$0	\$17,202
<b>Total Revenue</b>	<b>\$0</b>	<b>\$185,418</b>	<b>\$0</b>	<b>\$237,959</b>

**Explanation of Revenues**

\$220,757 – Oregon Department of Veterans Affairs  
 \$17,202 – Federal/State Beginning Working Capital

**Significant Program Changes**

Last Year this program was: FY 2016: 25025A-16 ADVSD Veterans Services



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

### Executive Summary

The Public Guardian/Conservator program (PGC), under court authority, makes vital decisions for 176 adults who are mentally incapacitated, dependent, impoverished, and victims of physical abuse, neglect and financial exploitation. Legal authority enables intervention when no other approach resolves abuse and neglect. The PGC program consults with county programs, families and community partners on strategies and resources to support vulnerable adults with diminished abilities. The program also diverts additional at-risk clients to less restrictive, less costly alternatives.

### 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 participating 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 and/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 79% white, 10% Black/African American, 3% American Indian/Alaska Native, 3% Asian/Native Hawaiian/Pacific Islander, 3% Hispanic/Latino, and 1% Other; 58% female, 42% male; and on average 64 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 continued 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of intakes per year <sup>1</sup>	19	15	15	15
Outcome	Urgent client safety needs addressed within five days after court appointment	93%	100%	95%	96%
Output	Referrals appropriately diverted to less costly resources <sup>2</sup>	143	155	145	150

### Performance Measures Descriptions

<sup>1</sup>Number of new intakes for PGC is limited by attrition due to mortality.

<sup>2</sup>Successful diversions reduce costs across county services, e.g. hospital and emergency services, case management, etc. FY16 Estimate for diversions is lower than FY16 Purchased because of an over projection based on fluctuating number of contacts/referrals. Current estimate is a projection based on performance during first half of FY.

## 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	2016	2016	2017	2017
Personnel	\$1,016,587	\$0	\$1,093,441	\$0
Contractual Services	\$22,640	\$0	\$23,875	\$0
Materials & Supplies	\$39,160	\$0	\$26,404	\$0
Internal Services	\$173,303	\$0	\$178,202	\$0
<b>Total GF/non-GF</b>	<b>\$1,251,690</b>	<b>\$0</b>	<b>\$1,321,922</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,251,690</b>		<b>\$1,321,922</b>	
<b>Program FTE</b>	10.00	0.00	10.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2016: 25026-16 ADVSD Public Guardian/Conservator

**Department:** County Human Services      **Program Contact:** Mark Sanford  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25002B  
**Program Characteristics:**

### 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 continue to fund one Deputy Guardian position, which was funded as one-time-only in FY16, 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.

### Program Summary

Aging, Disability and Veterans Services Division proposes to increase funding for the PGC program 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 high susceptibility to victimization. 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 78% had significant medical needs.

The demand for services is impacted by the aging of the population, including people with disabilities; the aging of caregivers; the rising incidence of abuse and self-neglect among the elderly and disabled population; and the lack of resources for legal surrogacy. Despite this demand, the PGC program's capacity to serve Multnomah County residents is constrained by staffing levels and caseload size. Prior to the use of one-time-only money to fund this offer for FY16, experienced Deputy Guardians were managing caseloads of 40 clients, which is twice the nationally recommended standard of 20 clients/guardian. With this funding, caseloads are now in the low 30s per guardian. New intakes will increase by 65%. Because this is a new initiative and the goal is reaching potentially underserved populations, the program is in the process of conducting outreach and training to culturally-specific providers, including Urban League, Native American Youth and Family Center and the Immigrant and Refugee Community Organization, with the goal of increasing the number of consultations for individuals from racial and ethnic minority populations.

The program will maintain standards for serving the most high-risk clients, and can typically take on 15 new clients per year. If enhanced funding continues, the program will be able to take on an additional 10 clients per year. At least 15-20 additional people are referred to the program each year who have significant risk factors and could benefit from intervention. It is anticipated it could take up to three more years to reach overall caseload size of 40 clients/guardian. Without this funding, the program will likely need to suspend intake and resort to a waiting list for future, urgent referrals.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of intakes per year <sup>1</sup>	N/A	10	10	10
Outcome	Urgent client safety needs addressed within five days after court appointment <sup>2</sup>	N/A	100%	95%	96%

### Performance Measures Descriptions

<sup>1</sup>Current number of new intakes is limited by attrition due to mortality, approx 15/yr. An additional 10 intakes are possible with purchase of this program offer. Program will maintain standards for service to highest risk clients allowing for gradual caseload development for a new Deputy Guardian. Anticipate up to three years to reach overall caseload size of 40 clients.

<sup>2</sup>Urgent 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	2016	2016	2017	2017
Personnel	\$91,044	\$0	\$100,513	\$0
Contractual Services	\$4,514	\$0	\$4,514	\$0
Materials & Supplies	\$0	\$0	\$10,000	\$0
<b>Total GF/non-GF</b>	<b>\$95,558</b>	<b>\$0</b>	<b>\$115,027</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$95,558</b>		<b>\$115,027</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25026B-16 ADVSD Public Guardian/Conservator Expansion

**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 developing and ensuring access to a comprehensive, coordinated service delivery system for the county's 235,000 older adults, people with disabilities and veterans so they remain independent and out of institutions. ADVSD Administration provides leadership, ensures results are achieved, certifies 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 60,753 people and employs over 394 FTE.

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. ADVSD Administration also maximizes resources by matching local funds with federal dollars and leveraging additional resources from the community through its partnerships.

Satisfaction surveys and customer and staff input are used to continually improve ADVSD services. The division has three advisory councils (senior, disability and multicultural) that provide specific input on how to provide the best services to older adults, people with disabilities, veterans and racial, ethnic and cultural minorities. ADVSD Administration employs innovative, evidence-based approaches to service delivery, and uses data, program evaluation, best practice reviews, staff experience, support from partners and other resources to serve clients effectively with available resources.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	ADVSD-sponsored opportunities for consumer education and/or input <sup>1</sup>	71	60	67	70
Outcome	Advisors agree/strongly agree w/the statement: "Overall, ADVSD does its job well" <sup>2</sup>	85%	85%	50%	80%

### Performance Measures Descriptions

<sup>1</sup>Number includes 44 annual advisory council meetings: 23 senior, 10 disability, 10 multicultural, and 1 joint advisory meeting. Higher numbers of organized opportunities occur during general legislative session years.

<sup>2</sup>ADVSD initiated a review of its advisory council model to identify, analyze and address concerns and improve performance.

## 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	2016	2016	2017	2017
Personnel	\$85,379	\$863,261	\$88,758	\$897,459
Contractual Services	\$105,044	\$180,031	\$155,968	\$114,995
Materials & Supplies	\$17,681	\$170,332	\$18,502	\$177,402
Internal Services	\$14,088	\$193,383	\$14,793	\$183,818
<b>Total GF/non-GF</b>	<b>\$222,192</b>	<b>\$1,407,007</b>	<b>\$278,021</b>	<b>\$1,373,674</b>
<b>Program Total:</b>	<b>\$1,629,199</b>		<b>\$1,651,695</b>	
<b>Program FTE</b>	0.70	7.10	0.63	6.37

Program Revenues				
Indirect for Dept. Admin	\$56,405	\$0	\$52,420	\$0
Intergovernmental	\$0	\$1,400,007	\$0	\$1,367,674
Other / Miscellaneous	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$4,000	\$0	\$3,000
<b>Total Revenue</b>	<b>\$56,405</b>	<b>\$1,407,007</b>	<b>\$52,420</b>	<b>\$1,373,674</b>

## Explanation of Revenues

\$68,178 - Older Americans Act; \$1,299,496 - Title XIX; \$3,000 - Special Risk Fund; \$3,000 - Beginning Working Capital  
Special Risk Fund

## Significant Program Changes

**Last Year this program was:** FY 2016: 25027-16 ADVSD Administration

Program reduced by 0.8 FTE: Increased 0.2 FTE Administrative Analyst to cover growing workload and decreased 1.0 FTE Division Director 2 (Division Director position moved to Department Director's Office budget where the role now serves in part to oversee department-wide operations).

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

**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted

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

### Executive Summary

Domestic Violence Crisis Services assist adult and child victims who are currently fleeing or attempting to flee domestic violence. Services include 24-hour wrap-around shelter support and mobile advocacy services. Mobile advocates provide crisis services to victims who are unable to access established shelters or other crisis diversion services. These services reach more than 800 individuals annually and serve a racially and ethnically diverse population.

### Program Summary

This program offer supports two types of crisis services to assist adult and child victims who are currently fleeing or attempting to flee domestic violence. Funds support wrap-around shelter support services at three domestic violence emergency shelters and mobile advocates who provide crisis services for victims who cannot access shelters or other crisis services.

1. Wrap-around shelter support services provide secure, confidential, 24-hour specialized support for adult and child victims who are fleeing domestic violence. These services are provided in the safety of a residential facility. These services include basic needs such as food and clothing, ongoing safety planning, intensive domestic violence support, specialized children's programming, advocacy and assistance accessing other services. This program offer supports wrap-around shelter support services at three domestic emergency shelters. These shelters offer up to 60-day stays and serve 33 households per night. Wrap-around shelter support services leverage significant public and private funding to operate secure shelter facilities.

2. Mobile advocacy services provide confidential, community-based comprehensive crisis support to victims who are fleeing or attempting to flee domestic violence for whom existing shelter or diversion services are not adequate, such as large families. These services also are used by victims who are at risk of homelessness due to domestic violence. To reduce transportation or location barriers, mobile advocates are available to meet victims throughout Multnomah County. Services include basic needs such as food and clothing, ongoing risk assessment and safety planning, intensive domestic violence support, emergency short-term motel stays, advocacy and assistance accessing other services. The mobile advocacy program leverages funds from the Short-Term Rent Assistance program administered by Home Forward, as well as private funds, to provide comprehensive emergency services.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of domestic violence victims and children receiving comprehensive, specialized crisis services. <sup>1</sup>	764	600	600	600
Outcome	% of adult victims who exit services with a lower perception of risk.	83%	80%	80%	80%

### Performance Measures Descriptions

<sup>1</sup> This measure is revised based on program offer changes. The previous year actual figure does not include emergency housing assistance or shelter diversion services, which are moved to Program Offer 25114A.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$423,789	\$0	\$423,789	\$0
<b>Total GF/non-GF</b>	<b>\$423,789</b>	<b>\$0</b>	<b>\$423,789</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$423,789</b>		<b>\$423,789</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25041-16 Domestic Violence Crisis 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

Domestic Violence Administration and Coordination provides administration, planning, coordination, evaluation, technical assistance and policy support for domestic violence intervention in Multnomah County.

### Program Summary

This program offer provides professional staffing and administration for the county's Domestic Violence Coordination team. The DVCO team 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.

Initiatives and projects include: the Family Violence Coordinating Council, the Domestic Violence Fatality Review Team, and staff who provide training, consultation and capacity-building within the Department of County Human Services to identify and respond to the needs of those who are experiencing domestic violence. Staff also oversee victim services contracts and economic empowerment and employment program contracts including technical assistance, monitoring, and performance measurement to assess the impact and quality of contracted services. Programs in this offer include support for the Gateway Center, a coordinated one-stop center providing a wide range of services for survivors of domestic violence.

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 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. 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.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of people trained to understand dynamics of domestic violence and children's exposure to violence. <sup>1</sup>	2,807	2,000	2,000	2,000
Outcome	Grant funding leveraged. <sup>2</sup>	1,930,826	1,000,000	1,462,745	350,000
Output	Number of training events provided to public employees, law enforcement, and other community members.	165	50	75	75

### Performance Measures Descriptions

<sup>1</sup> Those trained include public employees, law enforcement and other community members. Training includes the implementation of trauma-informed responses for survivors.

<sup>2</sup> Grant funding in this program offer will be reduced due to homelessness-related funding moving to Program Offer 25114A.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$373,105	\$52,252	\$573,859	\$124,501
Contractual Services	\$20,000	\$2,500	\$104,750	\$56,300
Materials & Supplies	\$48,390	\$20	\$24,667	\$8,324
Internal Services	\$46,913	\$12,609	\$79,545	\$0
<b>Total GF/non-GF</b>	<b>\$488,408</b>	<b>\$67,381</b>	<b>\$782,821</b>	<b>\$189,125</b>
<b>Program Total:</b>	<b>\$555,789</b>		<b>\$971,946</b>	
<b>Program FTE</b>	3.15	0.35	4.17	1.13

Program Revenues				
Indirect for Dept. Admin	\$7,896	\$0	\$0	\$0
Intergovernmental	\$0	\$68,652	\$0	\$187,425
Other / Miscellaneous	\$0	\$2,500	\$0	\$1,700
<b>Total Revenue</b>	<b>\$7,896</b>	<b>\$71,152</b>	<b>\$0</b>	<b>\$189,125</b>

Explanation of Revenues

\$50,000 - City of Portland Intergovernmental Agreement  
 \$137,425 - US Department of Justice, Office on Violence Against Women Award#2015-KW-AX-K011  
 \$1,500 Domestic Partnership Fees  
 \$200 Misc Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2016: 25044A-16 Domestic Violence Administration & Coordination

Changes: 1.00 FTE Office Assistant Senior and a 1.00 FTE Program Supervisor are being eliminated and replaced with a new 1.00 FTE Program Specialist Senior due to fiscal constraints and anticipated department reorganization. 1.00 FTE Program Specialist Sr and 1.00 FTE Research and Evaluation Analyst has been moved from Program Offer 25042 which is not being submitted. The 1.0 FTE Program Specialist overseeing the domestic violence victim services continuum has been moved to Program Offer 25114A. A new grant from US DOJ Office on Violence Against Women was awarded. This program offer will continue to track the following performance measures from FY16 Program Offer 25044B: 1) Complete two comprehensive, in-depth fatality reviews and develop recommendations and reports, 2) Ensure implementation of at least two Fatality Review recommendations.

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

**Executive Summary**

This program offer funds Defending Childhood Initiative staff to coordinate efforts that recognize, respond to and prevent childhood exposure to violence and trauma. Domestic violence is a leading cause of children's exposure to violence and is associated with increased risk for exposure to multiple forms of violence.

**Program Summary**

Preventing children and youth's exposure to violence and providing a strong response when such violence happens are complex goals that require multiple, informed solutions. The Defending Childhood Initiative works with multi-disciplinary partners to enhance professionals' capacity to recognize, respond to and prevent childhood exposure to all forms of violence and trauma. More than 1 in 4 of children in the United States will witness domestic violence by the time they reach age 17 (2009 National Survey on Children's Exposure to Violence). Support from a safe, nurturing caregiver who understands a child's developmental needs is one of the best ways children exposed to domestic violence can heal and recover. Safe parents often need help repairing the impact of domestic violence on the parent-child relationship, so that critical parent-child bonds can be restored and children can build resiliency.

Multnomah County is one of eight communities in the U.S. developing innovative responses to children's exposure to violence through the Defending Childhood Initiative. Defending Childhood Initiative staff developed such strategies as:  
**Workforce Development:** Ensure that professionals who spend time with children and youth have the tools and skills to recognize and respond to childhood exposure to violence.  
**Systems Alignment:** Collaborate with mental health, education, health care, early childhood, human services, juvenile justice, etc. to ensure that policies and programs are developed to best support children, youth and families impacted by violence and trauma.  
**Primary Prevention and Public Awareness:** Highlight the issue of childhood exposure to violence so that communities are educated and possess the tools needed to prevent violence from happening. An example is the Coaching Boys Into Men project, a healthy relationships and violence prevention program for student athletes provided through a partnership with Portland Public Schools' athletic department.

In FY16, Multnomah County partnered also with Portland Public Schools to jointly fund a Health Teacher on Special Assignment who is responsible for developing healthy relationships curriculum and policies, required by Oregon's Healthy Teen Relationship Act for youth in grades 7 through 12.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of child and youth-serving professionals trained to recognize and respond to childhood exposure to violence	N/A	N/A	N/A	700
Outcome	% of trainees who increase their knowledge of the impact of domestic violence on children.	N/A	N/A	N/A	85%

**Performance Measures Descriptions**

Last year this program offer was part of 25042-16. These measure are new for FY17.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$325,349	\$0	\$285,694
Contractual Services	\$50,000	\$0	\$50,000	\$0
Materials & Supplies	\$250	\$27,150	\$0	\$24,733
Internal Services	\$9,936	\$82,601	\$0	\$79,719
<b>Total GF/non-GF</b>	<b>\$60,186</b>	<b>\$435,100</b>	<b>\$50,000</b>	<b>\$390,146</b>
<b>Program Total:</b>	<b>\$495,286</b>		<b>\$440,146</b>	
<b>Program FTE</b>	0.00	2.00	0.00	1.80

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$27,303	\$0	\$17,256	\$0
Intergovernmental	\$0	\$645,000	\$0	\$390,146
<b>Total Revenue</b>	<b>\$27,303</b>	<b>\$645,000</b>	<b>\$17,256</b>	<b>\$390,146</b>

Explanation of Revenues

\$390,146 -DOJ - OJJDP Children Exposed to Violence

Significant Program Changes

Last Year this program was: FY 2016: 25042-16 Domestic Violence Community Based Services

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This offer funds legal advocacy and civil legal services for survivors of domestic violence through contracted services at local nonprofit agencies. It also supports advocacy with restraining order services room at Multnomah County courthouse.

**Program Summary**

The cost of legal representation can be prohibitive for survivors who have low or no income and have been financially exploited by their abusers. As a result, survivors of domestic violence often are forced to appear in court without representation or legal advocacy. Specialized legal services for domestic and sexual violence survivors ensure better outcomes in legal proceedings and include assistance with restraining order hearings, custody and parenting time determinations, housing retention, immigration matters, and related victims' rights and other civil legal matters.

This offer funds legal advocacy and civil legal services for survivors through local nonprofit agencies. This funding also supports advocacy in the Family Abuse Prevention Act (FAPA) restraining order services room at Multnomah County courthouse. Approximately 800 survivors are assisted each year.

Civil legal services are among the highest reported unmet needs for domestic violence survivors. Legal advocacy and civil legal services reduce domestic violence by helping victims safely end abusive relationships and resolve issues that cannot be addressed by human service or criminal justice interventions. Civil legal assistance is related to the reduction in reported domestic violence crimes and improves the likelihood that survivors will be able to obtain protective orders from courts, which is a significant factor in reducing rates of violence.

Funding also will leverage Court Care program and provide child care for at least 198 children while parents are attending legal proceedings.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy.	N/A	N/A	N/A	800
Outcome	% of retained cases with a court action filed or contested by an attorney.	N/A	N/A	N/A	75%
Output	Number of families served by CourtCare.	N/A	N/A	N/A	198

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$199,844	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$199,844</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$199,844</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25042-16 Domestic Violence Community Based Services

Services from FY16 Program Offer 25042 (DV Community-based Services) have been divided into three separate program offers this year: Culturally specific and underserved domestic violence services; domestic violence legal services; and the Defending Childhood Program addressing children's exposure to violence.

**Department:** County Human Services      **Program Contact:** Mohammad Bader  
**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 after-hours victim services and crisis intervention in criminal cases, and provides ongoing coordinated, multidisciplinary follow-up intervention and support.

### 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 include Multnomah County Domestic Violence Coordination Office, Multnomah County Sheriff's Office, Portland Police Bureau, two domestic violence victim service agencies, DHS Child Welfare and Self-Sufficiency, the District Attorney's Office, and the Department of Community Justice (parole/probation).

Since 2014, Multnomah County and Portland Police Bureau have jointly funded 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 four nights a week for East County jurisdictions. They provide immediate response at night and on weekends when most other services are unavailable.

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

DVERT is recognized both locally and nationally for implementing best practices in domestic violence intervention. An evaluation of the program has shown that it reduces repeat violence.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention.	233	150	250	200
Outcome	% of police officers who agree that domestic violence victims benefit from having advocates respond on scene.	94%	90%	90%	90%
Output	Number of domestic violence victims referred by police to afterhours victim advocates. <sup>1</sup>	639	600	650	650

### Performance Measures Descriptions

<sup>1</sup>This performance measure also includes 25047B-16 (DVERT East County Expansion).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$116,739	\$0	\$109,392	\$0
Contractual Services	\$323,784	\$164,645	\$327,500	\$165,689
Materials & Supplies	\$3,322	\$11,500	\$2,678	\$15,796
Internal Services	\$11,789	\$14,523	\$12,763	\$0
<b>Total GF/non-GF</b>	<b>\$455,634</b>	<b>\$190,668</b>	<b>\$452,333</b>	<b>\$181,485</b>
<b>Program Total:</b>	<b>\$646,302</b>		<b>\$633,818</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$9,094	\$0	\$0	\$0
Intergovernmental	\$0	\$190,668	\$0	\$181,485
<b>Total Revenue</b>	<b>\$9,094</b>	<b>\$190,668</b>	<b>\$0</b>	<b>\$181,485</b>

Explanation of Revenues

\$181,485 - US Department of Justice Office on Violence Against Women, Award#2014-WE-AX-0043

Significant Program Changes

Last Year this program was: FY 2016: 25047A-16 Domestic Violence Enhanced Response Team



**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak

**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted

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

### Executive Summary

This offer provides culturally-specific and targeted services to underserved populations who are experiencing domestic violence. Services include risk assessment and safety planning, advocacy, intensive and confidential support, case management, and assistance accessing broader community resources.

### Program Summary

Access to culturally specific and targeted services increases the efficacy of domestic violence services. Services that are developed and delivered by specific communities are more accessible to and better match the needs and values of the survivors they are intended to serve.

This program provides specialized, population-specific domestic and sexual violence services, including trauma-informed care, ongoing risk assessment, safety planning, intensive support, advocacy, case management, and help accessing other community resources. Services include: assistance with legal issues, access to government benefits, housing, financial education, assistance accessing benefits, access to mental and physical healthcare services, employment, immigration and disability services. Targeted populations include: African American, Latino, Native American, Slavic/Russian immigrants, African immigrants, LGBTQ, seniors and people with disabilities.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of individuals receiving culturally/population-specific domestic violence services.	N/A	N/A	N/A	800
Outcome	Percentage of victims who exit services with a lower perception of risk.	N/A	N/A	N/A	85%

### Performance Measures Descriptions

Because of Program Offer restructuring, these Performance Measures were not purchased in prior years.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$623,512	\$0	\$484,668	\$0
<b>Total GF/non-GF</b>	<b>\$623,512</b>	<b>\$0</b>	<b>\$484,668</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$623,512</b>		<b>\$484,668</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25042-16 Domestic Violence Community Based Services

Services from FY16 Program Offer 25042 (DV Community-based Services) have been divided into three separate program offers this year: Culturally specific and underserved domestic violence services; domestic violence legal services; and the Defending Childhood Program addressing children's exposure to violence.

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This offer provides new capacity to provide services to victims of sexual assault and includes specialized sexual assault services for medical and legal advocacy, case management, support groups, and counseling.

**Program Summary**

Oregon has the second-highest lifetime prevalence of rape in the country. In 2014 Multnomah County service providers answered 2,051 calls seeking sexual assault services. Given research that three out of every four sexual assaults are never reported, it is estimated that the rate of sexual assault in our community is substantially higher.

There are no in-person sexual assault-related services available to the 75% of victims in Multnomah County who do not report the assault to police. Victims often are unaware of their rights or fear approaching law enforcement to report crimes, and subsequently never receive specialized trauma or medical services that can help them with their recovery. In recent strategic planning led by the Domestic Violence Coordination Office, funding for sexual assault services, coordinated system-wide planning, and cross-systems collaboration were identified as a high priority for improving countywide responses for victims.

This offer will fund two contracted staff to provide comprehensive sexual assault services to at least 65 victims of rape or sexual assault. These services will include medical and legal advocacy, case management, support groups, counseling, and flexible client funds for emergency needs. Contracted staff will partner with Multnomah County, the Sexual Assault Task Force, local criminal justice systems, medical and mental health providers, and victim services providers. Staff will also work with homeless women's programs and college/university programs to conduct targeted outreach and assessment and recommendation ways to improve local responses to sexual assault.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of sexual assault survivors who receive comprehensive, specialized advocacy services.	N/A	N/A	N/A	65
Outcome	Percent of sexual assault survivors who report feeling supported by working with an advocate.	N/A	N/A	N/A	75%
Outcome	Percent of sexual assault survivors who report an increased understanding of their options.	N/A	N/A	N/A	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$200,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Benefits Recovery Program utilizes a proven program model to assist over 200 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.

### Program Summary

Benefits Recovery assists about 245 individuals annually who are served by the Multnomah Treatment Fund, the Homeless Families System of Care, or other County-funded programs. Seventy-five percent of those served are expected to receive benefits, a significantly higher percentage than would have received benefits without the program's assistance. Based on Census data estimates and data from the Social Security Administration, locally only 11% of those eligible receive benefits.

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. The program 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 or County contractor's caseload whose cost of care is not reimbursed. Local estimates using Census data identify 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.

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, 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. Program clients also secure benefits at a much younger age than those who apply on their own, saving public systems tens of thousands of dollars over the course of a person's life.

This program offer includes City of Portland funds for the BEST program that are jointly contracted with Benefits Recovery to provide similar services.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of individuals served	230*	175	230*	175
Outcome	Percentage of individuals served who receive benefits	78%	75%	75%	75%

### Performance Measures Descriptions

\* The program has been able to serve higher number of people with budgeted funds than anticipated, however as program outreach is expanded to other populations it is likely numbers will go down towards budgeted amounts

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$436,470	\$223,000	\$443,453	\$223,000
<b>Total GF/non-GF</b>	<b>\$436,470</b>	<b>\$223,000</b>	<b>\$443,453</b>	<b>\$223,000</b>
<b>Program Total:</b>	<b>\$659,470</b>		<b>\$666,453</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$223,000	\$0	\$223,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$223,000</b>	<b>\$0</b>	<b>\$223,000</b>

**Explanation of Revenues**

\$223,000 - City of Portland general fund based on current award

**Significant Program Changes**

Last Year this program was: FY 2016: 25115-16 Homeless Benefit Recovery Project (HBR)

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25115A - Benefit Recovery Program  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer expands capacity for benefits acquisition programs for individuals experiencing homelessness.

**Program Summary**

Benefits acquisition programs are a proven intervention that help individuals access benefits to which they are entitled. Disabled individuals receive targeted assistance to apply for and obtain federal benefits such as SSI, SSDI and Medicaid. On average, these programs help disabled individuals obtain benefits 14 years earlier than they would on their own.

Benefits acquisition programs provide a strong return on investment, pumping millions of federal dollars into the local economy and reducing costs in emergency systems such as shelters, emergency department and jails.

This offer will provide benefit recovery services to 75 individuals who are homeless and lacking disability benefits. Services include application assistance, procurement of background documentation and medical records, representation at hearings and application follow-up.

Benefit Recovery was identified as an effective strategy to reduce and prevent homelessness and is included in the A Home for Everyone budget priorities.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of individuals will receive application services	N/A	N/A	N/A	80
Outcome	Number of individuals will receive benefits	N/A	N/A	N/A	75
Outcome	Number of individuals will be stably housed after receipt of benefits	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25115A - Benefit Recovery Program  
**Program Characteristics:**

**Executive Summary**

This offer funds expanded capacity for benefits acquisition programs serving homeless families, homeless youth, survivors of domestic violence and other homeless populations.

**Program Summary**

Benefits acquisition programs help people with disabilities access benefits such as SSI, SSDI and Medicaid. On average, individuals participating obtain benefits 14 years earlier than they would on their own, pumping millions of dollars in federal funding into the local economy and reducing use of emergency services such as shelter, emergency department and jails.

This offer continues funding added in FY16 to provide benefits acquisition services to homeless and formerly homeless individuals including families, youth, and survivors of domestic violence. Services include assistance completing and submitting benefits applications, gathering records and required documentation, medical and psychiatric evaluations, and representation at hearings.

An estimated 82 individuals will receive benefits through this service, stabilizing their income and ensuring that they have access to the services they need to be stable.

This investment aligns with A Home for Everyone priority recommendations to reduce homelessness.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	The number of individuals will receive benefits acquisition services.	N/A	N/A	N/A	90
Outcome	The number of individuals will be approved for benefits	N/A	N/A	N/A	82
Outcome	The percentage of individuals will be stably housed after receipt of benefits	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$272,631	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$272,631</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$272,631</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Rose-Ellen Bak

**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, Housing, and Anti-Poverty/Prosperity. The Division also functions as the County's legislatively mandated Community Action Office.

### Program Summary

CSD administers a package of direct services, contract services, and community initiatives representing approximately \$34 million of county, state, and federal funds investment. Thirty-three FTE provide contract oversight, policy level work or direct services within the division's priority areas of Energy, Housing and Anti-Poverty/Prosperity. As Multnomah County's Community Action Office, CSD also provides strategic leadership for cross-jurisdictional housing and anti-poverty/prosperity efforts and statewide collaboration.

The focus of the division is economic development and housing stability through partnerships and strategic initiatives designed to ease the experience of those living in poverty; ending the community conditions that cause poverty; and, promoting equity and achieve racial/ethnic justice. CSD staff create opportunities for all people to experience prosperity through key partnerships and collaborations with local, regional, and statewide public, private and community stakeholders including consumers, businesses, faith-based organizations and jurisdictional and other partners.

Forty-five percent of area households are rent burdened, paying more than 30% for housing. Workers with a full-time, minimum wage job cannot afford apartments of any size at market rate in the metro area without being cost burdened. Current rental housing vacancy rates hover around 3% and 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.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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 <sup>1</sup>	72%	85%	72%	85%

### Performance Measures Descriptions

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

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$914,620	\$0	\$861,166	\$0
Contractual Services	\$36,300	\$0	\$31,000	\$0
Materials & Supplies	\$13,845	\$0	\$13,126	\$0
Internal Services	\$46,374	\$0	\$67,226	\$0
<b>Total GF/non-GF</b>	<b>\$1,011,139</b>	<b>\$0</b>	<b>\$972,518</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,011,139</b>		<b>\$972,518</b>	
<b>Program FTE</b>	8.00	0.00	7.50	0.00

**Program Revenues**

<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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**Explanation of Revenues****Significant Program Changes**

Last Year this program was: FY 2016: 25118-16 Community Services Administration (CSA)

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Energy Services (ES) ensured that over 17,000 fixed and low-income households had financial assistance to help meet their energy costs, avoiding shutoff and potential loss of housing in FY15. 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 any given year, more than 436,000 households in the community are income eligible for service; the Energy Assistance program served 17,340 in FY15.

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 13% of their income for energy expenses, compared with 3% for the average household. In some low or fixed income households, energy costs can reach as high as 35% of total monthly expenses.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households served	17,340	10,000*	15,000	10,000*
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	100%	75%*8	75%

**Performance Measures Descriptions**

\* Program served higher than anticipated numbers due to higher state allocations

\*\* Program model changed in FY16 to discourage clients from waiting until shut-off to apply for services

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$474,489	\$0	\$539,565
Contractual Services	\$0	\$8,594,981	\$0	\$8,466,511
Materials & Supplies	\$0	\$118,703	\$0	\$102,118
Internal Services	\$0	\$723,922	\$0	\$99,260
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$9,912,095</b>	<b>\$0</b>	<b>\$9,207,454</b>
<b>Program Total:</b>	<b>\$9,912,095</b>		<b>\$9,207,454</b>	
<b>Program FTE</b>	0.00	5.50	0.00	6.25

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$419,588	\$0	\$32,556	\$0
Intergovernmental	\$0	\$9,912,095	\$0	\$9,207,454
<b>Total Revenue</b>	<b>\$419,588</b>	<b>\$9,912,095</b>	<b>\$32,556</b>	<b>\$9,207,454</b>

**Explanation of Revenues**

\$4,969,490 - OHCSO OEAP Energy based on current grant award; \$4,237,964 - OHCSO LIEAP Energy Program based on current grant award

**Significant Program Changes**

**Last Year this program was:** FY 2016: 25119-16 Energy Assistance

Decrease in the award for OEAP and LIEAP

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Weatherization program provides energy use audits, weatherization, furnace repair and replacement, and appliance replacement to fixed and low-income households. County staff and vendors provide services. In FY15, an estimated 70,000 households were income eligible for service; of those, 433 were served.

**Program Summary**

The Weatherization program provided repair and appliance replacement to approximately 433 households in FY15. Services are primarily tax and ratepayer 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 Weatherization services.

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 13% of their income for energy expenses compared with 5% for the average household. In some fixed income households, energy costs can reach as high as 35% of total monthly expenses. DOE estimates households whose homes are weatherized save an average \$274 annually in energy costs.

The Weatherization program 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 weatherization of homes has multiple "non-energy related" benefits including affordable housing preservation, regional energy conservation, long-term home improvement, safer housing conditions, and improved physical health. Studies show that Weatherization services increase household property values, maintain affordable housing, and improve the environment through reduced consumption of fossil fuels.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households served	433	500	500	500
Outcome	Number of affordable housing units maintained for 10 years	570	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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$722,075	\$0	\$768,848
Contractual Services	\$0	\$2,256,877	\$0	\$2,584,467
Materials & Supplies	\$0	\$367,013	\$0	\$235,882
Internal Services	\$0	\$408,339	\$0	\$364,673
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,754,304</b>	<b>\$0</b>	<b>\$3,953,870</b>
<b>Program Total:</b>	<b>\$3,754,304</b>		<b>\$3,953,870</b>	
<b>Program FTE</b>	0.00	8.50	0.00	8.75

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$142,602	\$0	\$46,439	\$0
Intergovernmental	\$0	\$3,336,615	\$0	\$3,393,970
Other / Miscellaneous	\$0	\$200,000	\$0	\$339,900
Beginning Working Capital	\$0	\$217,689	\$0	\$220,000
<b>Total Revenue</b>	<b>\$142,602</b>	<b>\$3,754,304</b>	<b>\$46,439</b>	<b>\$3,953,870</b>

**Explanation of Revenues**

\$2,164,684 - OHCS D ECHO (SB1149) based on current grant award; \$732,013 - OHCS D LIEAP Weatherization based on current grant award; \$339,900 - County Weatherization rebates based on current revenues; \$298,746 - OHCS D DOE Weatherization based on current grant award; \$220,000 - Beginning Working Capital; \$80,000 - PDX Water and Sewer D/A; \$60,000 - PDX Water and Sewer FR; \$38,527 - LIEAP Client Education based on current grant award; \$20,000 - Energy Conservation show rebates

**Significant Program Changes**

Last Year this program was: FY 2016: 25121-16 Weatherization



**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**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 vulnerable households including those escaping homelessness or are at high risk for homelessness. This offer provides a package of services to support housing stabilization, eviction prevention and ongoing assistance for individuals and households with low incomes.

### Program Summary

This offer includes two primary initiatives:

\* The Short-Term Rent Assistance program (STRA) is a joint effort between Multnomah County, the City of Portland, and Home Forward, each of which contributes funds to the coordinated pool. The program funds 19 agencies, including culturally specific organizations and domestic violence providers. STRA funds are geared towards households that are currently experiencing homelessness or are at imminent risk of homelessness. Funds can be used for rent assistance, mortgage payment and emergency hotel vouchers. Assistance is available for up to 24 months. These services help our most vulnerable and marginally housed families with children find homes, maintain housing, avoid homelessness, and work on creating a path to economic stability. In FY15, STRA served 741 households; 94% of those placed in permanent housing remained housed six months after exit from services.

\* The Housing Stabilization program creates teams to help prevent households from entering homelessness across the department. It includes eviction prevention, housing stabilization, assertive engagement, landlord retention services, short-term rent assistance and move-in flexible funds. The program also includes a staff member to coordinate a team of housing stabilization experts. An estimated 200 households will be served.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households served in STRA	741	810	800	800
Outcome	Percentage of households served who remain in permanent housing six months after exit <sup>1</sup>	94%	87%	90%	90%
Output	Number of households stabilized with eviction prevention and housing stabilization	N/A	N/A	N/A	200
Outcome	Percentage of households who remain stably housed six months after receiving housing stabilization services	N/A	N/A	N/A	90%

### Performance Measures Descriptions

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$173,587	\$33,802	\$168,444	\$55,360
Contractual Services	\$3,105,617	\$348,869	\$1,629,413	\$328,146
Materials & Supplies	\$4,820	\$189	\$817	\$18,105
Internal Services	\$20,575	\$40,036	\$19,732	\$8,019
<b>Total GF/non-GF</b>	<b>\$3,304,599</b>	<b>\$422,896</b>	<b>\$1,818,406</b>	<b>\$409,630</b>
<b>Program Total:</b>	<b>\$3,727,495</b>		<b>\$2,228,036</b>	
<b>Program FTE</b>	1.19	0.32	1.36	0.33

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$23,908	\$0	\$3,144	\$0
Intergovernmental	\$0	\$422,896	\$0	\$409,630
<b>Total Revenue</b>	<b>\$23,908</b>	<b>\$422,896</b>	<b>\$3,144</b>	<b>\$409,630</b>

**Explanation of Revenues**

\$217,551 - OHCS D EHA based on current grant award; \$107,681 - OHCS D HSP based on current grant award; \$53,270 - OHCS D LIRHF based on current grant award; \$31,128 - OJD based on current grant award.

**Significant Program Changes**

**Last Year this program was:** FY 2016: 25133A-16 Housing Stabilization for Vulnerable Populations (HSVP)

\$1M of Homelessness Services moved to JOH. \$272,631 has been reallocated to offer 25115C - Benefit Recovery Program.

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**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 67 youth under 18 years of age annually. The highly intensive and population-specific shelter and assertive engagement services are designed to intervene with this significantly traumatized group of children.

### Program Summary

Commercial Sexual Exploitation of Children (CSEC) is a growing concern nationally. The Pacific Northwest 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; system support and coordination; and on-going development through VSIT.

Services are provided in a holistic manner and include collaboration with law enforcement, child welfare, juvenile justice, and community advocates. In FY15, 67 child victims were served. Seventy-seven percent received services for six months or longer. Over half of the youth who leave services later return. Fifty percent exit to stable housing and 84% avoid further contact with the criminal justice system.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of youth served	67	140	67*	140
Outcome	Percentage of youth who remained enrolled in services for at least six months	77%	50%	50%	50%

### Performance Measures Descriptions

\* Slower than anticipated receipt of federal grant expanding capacity

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$107,039	\$0	\$110,266	\$0
Contractual Services	\$477,542	\$0	\$485,183	\$191,151
Materials & Supplies	\$0	\$0	\$270	\$0
Internal Services	\$7,033	\$0	\$8,268	\$0
<b>Total GF/non-GF</b>	<b>\$591,614</b>	<b>\$0</b>	<b>\$603,987</b>	<b>\$191,151</b>
<b>Program Total:</b>	<b>\$591,614</b>		<b>\$795,138</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$191,151
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$191,151</b>

**Explanation of Revenues**

\$191,151 - HHS Victims of Human Trafficking based on current grant award

**Significant Program Changes**

**Last Year this program was:** FY 2016: 25135-16 Commercial Sexual Exploitation of Children (CSEC) - Victims System of

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**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, who experience disparate outcomes due to racism, intergenerational trauma, and poverty. Approximately 1,000 children will be supported to increase school attendance, decrease disproportionate disciplinary actions, increase educational success and support family stability.

**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 highlighted 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 of 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of youth served	370	1000	1000	1000
Outcome	Percent of youth served who increase school attendance	61%	80%	80%	80%

**Performance Measures Descriptions**

370 youth were served by the by the core four partners receiving \$100,000 or more. An additional 1,230 youth were served through smaller investments of county funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$2,000,000	\$0	\$2,032,000	\$0
<b>Total GF/non-GF</b>	<b>\$2,000,000</b>	<b>\$0</b>	<b>\$2,032,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,000,000</b>		<b>\$2,032,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25137-16 Promise Neighborhoods

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25137A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer provides one time technical assistance funds for the Promise Neighborhood program

**Program Summary**

The Promise Neighborhood program (offer 25137A) is a community initiative aimed at increasing school, success for low-income youth. In FY16 Promise Neighborhood partners, the county and the school district engaged in strategic planning for program metrics and implementation. In FY17 technical assistance will be provided to the partners to help partners adopt performance measures, implement programming, stabilize relationships, increase youth access and make the program competitive for national funding.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output					
Outcome	PN partners receive technical assistance				100%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Runaway Youth Services unit provides a 24/7 Reception Center, crisis line, shelter, support services, family counseling and reunification services, and gender-specific transitional housing services for approximately 2,500 youth ages 12-17 who have run away, or who are at risk of running away, as well as their families. County investment in Runaway Youth Services is leveraged by investments from law enforcement, the juvenile justice system and DHS. When families are able to appropriately raise their children at home, community resources are not depleted.

**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 and truancy, 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 FY16, funding was available to expand Reception Center services into Gresham. This work is done in partnership with the Gresham Police Department and other local agencies, reflecting the increase in poverty and the high need for youth services in East County.

**Crisis Line** - 24/7 youth and family help line that serves as a central access point for services. Telephone and face-to-face intervention is also available. This is the only community-based resource for runaway youth and families in the County and fielded 1,800 calls in FY15.

**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.

**Support Services/Case Management** - intake; assessment; individual service plans targeting family reunification; addiction treatment referrals; mental health counseling; and family mediation.

**Gender Specific Transitional Housing** - two beds for girls in a group home setting. Research shows that a single gender environment results in better self-sufficiency outcomes for young women. Services successfully impact detention reform efforts and reduce the number of children entering the child welfare system.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of youth and families served	2500	2500	2500	2,500
Outcome	Percentage of youth served who return home or exit to other stable housing <sup>1</sup>	85%	85%	74%	85%

**Performance Measures Descriptions**

<sup>1</sup> 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$18,196	\$0	\$0	\$0
Contractual Services	\$857,392	\$142,871	\$920,710	\$175,000
Materials & Supplies	\$0	\$0	\$44	\$0
Internal Services	\$1,196	\$7,129	\$1,781	\$0
<b>Total GF/non-GF</b>	<b>\$876,784</b>	<b>\$150,000</b>	<b>\$922,535</b>	<b>\$175,000</b>
<b>Program Total:</b>	<b>\$1,026,784</b>		<b>\$1,097,535</b>	
<b>Program FTE</b>	0.17	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$4,463	\$0	\$0	\$0
Intergovernmental	\$0	\$150,000	\$0	\$175,000
<b>Total Revenue</b>	<b>\$4,463</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$175,000</b>

**Explanation of Revenues**

\$175,000 - OCCF Youth Investment based on current grant award

**Significant Program Changes**

Last Year this program was: FY 2016: 25138-16 Runaway Youth Services (RYS)

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Multnomah Stability Initiative (MSI) is part of the County's anti-poverty/prosperity system of care designed to assist low-income households in gaining the skills necessary to achieve self-sufficiency and future prosperity, as well as to address the root causes of societal poverty.

### Program Summary

Services are delivered through the SUNSS Anti-Poverty System using the new Multnomah Stability model. MSI was developed based on the success of Action for Prosperity. MSI is a targeted approach towards coordinating services and increasing long-term household stability while increasing flexibility for both providers and clients. Interventions are targeted towards a family's needs using an Assertive Engagement Approach. MSI services are person-centered, trauma-informed and culturally competent. Sixty percent of funds are for culturally specific organizations. With implementation of the new model, it is anticipated that approximately 1,000 households will be served per year, depending on the final allocations of state and federal funding. In FY15, 92% of households served were at or below the Federal Poverty Level, and 83% were headed by a single parent. Twelve months after end of service, 96% of households served in MSI remain in permanent housing and 50% are employed, with an increase in income of 31% from service entry.

This offer also includes:

- \* Family Reunification Program (FUP) - offering case management to leverage Section 8 vouchers for parents seeking return of their children from the Foster Care system. FUP primarily serves children of color, particularly those populations over represented in the foster care system.
- \* Alder School - an ongoing collaboration with the I Have A Dream school to combine case management and rent assistance to stabilize families.
- \* Tax preparation services and Earned Income Tax Credit assistance for over 17,000 low-income households. For every \$1 in general fund invested in providing free tax preparation services, \$212 are returned to the household and spent in the local economy.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households served in MSI*	765	750	750	950
Outcome	Percentage of households served that remain in permanent housing six months after exit	96%	80%	80%	80%

### Performance Measures Descriptions

\* Numbers estimated based on performance of the AFP model

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$234,591	\$111,873	\$211,462	\$113,994
Contractual Services	\$2,381,480	\$715,602	\$2,386,783	\$721,371
Materials & Supplies	\$6,189	\$7	\$2,027	\$0
Internal Services	\$26,198	\$59,896	\$26,966	\$9,894
<b>Total GF/non-GF</b>	<b>\$2,648,458</b>	<b>\$887,378</b>	<b>\$2,627,238</b>	<b>\$845,259</b>
<b>Program Total:</b>	<b>\$3,535,836</b>		<b>\$3,472,497</b>	
<b>Program FTE</b>	1.99	0.82	1.88	0.93

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$37,507	\$0	\$6,884	\$0
Intergovernmental	\$0	\$915,428	\$0	\$845,259
<b>Total Revenue</b>	<b>\$37,507</b>	<b>\$915,428</b>	<b>\$6,884</b>	<b>\$845,259</b>

**Explanation of Revenues**

\$845,259 - OHCSO CSBG based on current grant award

**Significant Program Changes**

Last Year this program was: FY 2016: 25139A-16 Anti-Poverty Services (AP)

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25139A - Multnomah Stability Initiative  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer funds a pilot program that coordinates housing, community-based services, employment and career advancement for households receiving Temporary Assistance to Needy Families (TANF).

**Program Summary**

Households receiving TANF benefits often get trapped in a cycle of poverty.

This offer funds a partnership program with the Community Works Project and aligns services to move families to increased economic stability. Services include career coaching, workforce support, access to career-track employment and supportive services. More than 30% of families return to TANF in 12 months often as a result of jobs that don't pay enough to support their families.

96% of TANF households have no earnings while participating in the JOBS program.

Funds will support households to ensure that they do not enter homelessness while participating in the TANF JOBS program.

This investment was identified in A Home for Everyone as a priority strategy designed to prevent family homelessness.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households that will receive support to avoid or leave homelessness	N/A	N/A	N/A	60
Outcome	Number of households that will remain stably housed 6 months after assistance.	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25139A  
**Program Characteristics:**

**Executive Summary**

This offer reflects \$64,000 to fund a 1.0 FTE Assertive Engagement Case Manager in SUN Service System Region 3. The position will work for the regional provider at Earl Boyles Elementary School. The staff position will pair with Home Forward and leverage roughly \$225,000 of rent assistance dollars to the Earl Boyles community.

**Program Summary**

The SUN Regional staffing coupled with Home Forward funding creates the opportunity for families who are faced with housing instability, to remain in their homes in their community, and thus their children are able to remain in their home school. Reduced family and student mobility is correlated with long-term academic performance. This important school-linked service will be delivered through the Regional provider in partnership with the school and Home Forward.

This specific project at Earl Boyles is part of the broader Multnomah Stability Initiative (MSI) through the SUN Service System. The goal of MSI is to engage households living on low-incomes in ways that foster hope, leadership, and community so that they avoid crisis, achieve stability, and access opportunities to reach prosperity. Earl Boyles, with its unique array of social services supports is a prime location for these services to take place to engage families. Housing instability is on the rise in this community; families are increasingly identifying this need as essential to their long-term success.

For Home Forward, the choice to invest housing resources connected to efforts at certain schools (in this case Earl Boyles) is a result of their continuing interest in aligning housing resources with the efforts of other systems to achieve collective impact. In particular Home Forward's interest in investing housing resources in targeted efforts designed to improve educational outcomes for low-income kids in our community is connected with the aims of MSI and the Earl Boyles community and is partially based on Home Forward having a significant number of clients in the area.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served.				50
Outcome	Percent of households remaining in permanent housing.				80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$64,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$64,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$64,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25139  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer provides computers for low-income children enrolled in kindergarten and grade school.

**Program Summary**

The digital divide is acute in low-income households. Access to the Internet is crucial in today's environment particularly for school children who increasingly use the Internet for schoolwork. This program will purchase computers for 100 low-income children who qualify for the free and reduced school lunch program. The program also provides access to reduced cost Internet service.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output					
Outcome	Children who receive computers		100	0	100

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$20,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$20,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Community Development administers public resources to expand affordable housing and infrastructure in low and moderate income communities through the federal Community Development Block Grant (CDBG), the Affordable Housing Development Program (AHDP), and the home improvement loan program.

### Program Summary

The program is a collaboration among DCHS, the cities of Gresham, Wood Village, Fairview, Troutdale, Maywood Park, Portland, and the community, and will potentially complete one public works 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.

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. The jurisdictions are working with the federal government to advocate for increases in federal funding that recognize the sharp increase in poverty in East County over the last 10 years.

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.

Collections for a prior no-cost home improvement loan program for fixed and low-income homeowners is maintained on behalf of the County, the City of Portland and the Portland Development Commission.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of public works projects completed	1	1	1	1
Outcome	Number of fair housing trainings completed <sup>1</sup>	0	2	2	2

### Performance Measures Descriptions

<sup>1</sup> This outcome has been added to demonstrate the outreach role played by this program.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$71,503	\$38,232	\$60,287	\$55,650
Contractual Services	\$0	\$238,000	\$0	\$261,700
Materials & Supplies	\$0	\$25,468	\$270	\$0
Internal Services	\$0	\$27,300	\$9,202	\$4,897
<b>Total GF/non-GF</b>	<b>\$71,503</b>	<b>\$329,000</b>	<b>\$69,759</b>	<b>\$322,247</b>
<b>Program Total:</b>	<b>\$400,503</b>		<b>\$392,006</b>	
<b>Program FTE</b>	0.65	0.35	0.52	0.48

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$12,692	\$0	\$3,361	\$0
Intergovernmental	\$0	\$296,500	\$0	\$298,547
Other / Miscellaneous	\$0	\$25,000	\$0	\$16,200
Beginning Working Capital	\$0	\$7,500	\$0	\$7,500
<b>Total Revenue</b>	<b>\$12,692</b>	<b>\$329,000</b>	<b>\$3,361</b>	<b>\$322,247</b>

**Explanation of Revenues**

\$298,547 - HUD CDBG based on current grant award; \$16,200 - Loan Repays base on current receipts; \$7,500 - Beginning Working Capital

**Significant Program Changes**

Last Year this program was: FY 2016: 25140-16 Community Development

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25140A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer provides support for the Rosewood Neighborhood Community Safety Initiative, a collaboration between the County and multiple organizations to provide community support and neighborhood involvement to increase safety in the Rosewood neighborhood in East Portland.

**Program Summary**

The Rosewood Neighborhood Community Safety Initiative brings together a variety of partners collaborating to improve safety and livability in the Rosewood neighborhood. The initiative aims to increase community involvement through neighborhood listening sessions, skill building, positive conflict resolution and reducing barriers to employment and services.

This offer provides funding for 5 public events each year. These events are community listening sessions and include conversation with public safety officers and relationship building among the community's residents and businesses. Community events allow residents the opportunity to meet neighbors, discuss livability in their community, propose solutions and access services such as employment training, legal services and youth gang intervention.

The program also assists residents to remove legal barriers to employment and increase access to job training programs, and works with youth to avoid or withdraw from criminal activity.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Residents receiving assistance with employment				20
Outcome	Percentage of individuals receiving services who secure employment				80

**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	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$65,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$65,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$65,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

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

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Rose-Ellen Bak  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The SNAP outreach program provides information, referral and application assistance to households seeking benefits through the Federal Supplemental Nutrition Assistance Program (SNAP).

**Program Summary**

Oregon consistently ranks among the states with highest percentage of people experiencing hunger and food insecurity. The combination of high rent and low wages makes it difficult for many families to afford food. Additionally, a high percentage of senior citizens and people with disabilities find themselves choosing between using their limited incomes on food or other essentials, including rent, medicine and utilities. SNAP provides those experiencing hunger and food insecurity with a consistent and reliable budget for food each month.

The SNAP outreach program identifies populations that are typically eligible for SNAP, yet have low participation in the program, including families with children, seniors and people with disabilities, college students and immigrants. Program staff provide tailored SNAP outreach in a culturally responsive manner. These efforts provide 4,500 households with information on SNAP and other community resources, resulting in increases in participation among eligible populations.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number households served	3500	3500	3575	3500
Outcome	Number SNAP applications completed	80	80	86	80

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$28,151	\$28,050	\$44,965	\$44,429
Materials & Supplies	\$0	\$0	\$0	\$35
Internal Services	\$0	\$0	\$0	\$3,857
<b>Total GF/non-GF</b>	<b>\$28,151</b>	<b>\$28,050</b>	<b>\$44,965</b>	<b>\$48,321</b>
<b>Program Total:</b>	<b>\$56,201</b>		<b>\$93,286</b>	
<b>Program FTE</b>	0.50	0.50	0.50	0.50

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$2,684	\$0
Intergovernmental	\$0	\$0	\$0	\$48,321
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,684</b>	<b>\$48,321</b>

Explanation of Revenues

\$48,321 - Oreg - Supp Nutrition Asst Prog (SNAP) based on current grant award

Significant Program Changes

Last Year this program was: FY 2016: 25139A-16 Anti-Poverty Services (AP)



**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 26 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.

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, and align with those activities in the Domestic Violence Coordination Office.

In FY17, the Division will focus on successfully transitioning and supporting services in the SUN Service System as a result of the System's RFP issued in FY16. This will include orienting contractors, providing technical assistance and training, and offering other transition supports. Included in this work will be a restructured leadership process for the SUN Service System that focuses on System results and key outcomes.

Also in FY17, Division staff will continue to partner in implementing the Early Learning Multnomah effort. As a partner with the United Way of the Columbia Willamette, the Division staff will strengthen ELMs cross sector partnerships in order to promote stronger kindergarten readiness for children of color and English Language Learners. In part, this work augments successful early childhood and K-12 efforts that have been underway through the SUN Service System for the past four years by expanding early childhood support services in selected SUN Community Schools.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of times school district and system partners meet to align & monitor service <sup>1</sup>	25	25	25	25
Outcome	% funder required reports completed and submitted on time	100%	100%	100%	100%
Outcome	% ServicePoint users who report being "very satisfied" with overall services from the Data Management Team <sup>2</sup>	0	0	0	70%

### Performance Measures Descriptions

<sup>1</sup> Alignment and monitoring meetings include meetings of SUNSS Coordinating Council and its work groups, the SUNSS Districts Council, SUN Culturally Specific Allocation Workgroup, and other grant, policy and sustainability groups.

<sup>2</sup> New measure for FY17.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,083,845	\$0	\$1,132,763	\$8,500
Contractual Services	\$53,772	\$0	\$65,394	\$0
Materials & Supplies	\$25,925	\$0	\$16,824	\$0
Internal Services	\$103,586	\$0	\$110,298	\$0
<b>Total GF/non-GF</b>	<b>\$1,267,128</b>	<b>\$0</b>	<b>\$1,325,279</b>	<b>\$8,500</b>
<b>Program Total:</b>	<b>\$1,267,128</b>		<b>\$1,333,779</b>	
<b>Program FTE</b>	9.50	0.00	9.71	0.09

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$8,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,500</b>

Explanation of Revenues

\$8,500 - Centennial School District

Significant Program Changes

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

**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 79 county-supported, full-service sites in this offer serve approximately 24,000 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 Oregon Department of Human Services and Multnomah County. The SUN partnership leverages significant contributions, including an estimated \$3.4 million from partner organizations.

Currently, the 79 SUN Community Schools provide 24,000 youth with a comprehensive array of social and support services so that families are stable and students come to school ready to learn and succeed academically. 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 CS focus on prevention and also provide significant intervention services, working to reduce poverty and other high-cost service needs in the future. The SUN CS program is a national model that utilizes best practices and tailors services to the specific needs of local neighborhoods and schools.

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 perform better overall than state expectations. Last year, participants had strong regular attendance at school (i.e. were not chronically absent), with 88% of students attending school consistently. Seventy-five percent of 9th graders earned the 6 credits necessary to be on track to graduate and 96% of 12th graders graduated or returned for a 5th year. SUN CS aim to reach the neediest children, those living in poverty and performing below standards. Consistently around three-quarters of SUN participants received Free and Reduced Lunch. Half of the SUN sites are designated as community eligible for Free and Reduced Lunch (meaning they are considered 100% FRL and all children eat for free) due to the extremely high levels of poverty. Seventy-two percent are racial minorities and 20% are English Language Learners.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of children (ages 5-18) served <sup>1</sup>	24,270	15,800	15,800	15,800
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate <sup>2</sup>	75%	N/A <sup>2</sup>	75%	75%
Outcome	Percent who attend school consistently (more than 90% of days) <sup>2</sup>	88%	N/A	89%	90%

### Performance Measures Descriptions

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

<sup>2</sup> Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshold; 9,610 children participated at this level last year. Outcome measures were changed this year as part of SUN model review and RFP process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$315,617	\$0	\$328,210	\$0
Contractual Services	\$5,644,522	\$1,865,000	\$5,576,376	\$1,835,127
Materials & Supplies	\$30,719	\$5,000	\$13,751	\$0
Internal Services	\$19,544	\$19,006	\$39,392	\$0
<b>Total GF/non-GF</b>	<b>\$6,010,402</b>	<b>\$1,889,006</b>	<b>\$5,957,729</b>	<b>\$1,835,127</b>
<b>Program Total:</b>	<b>\$7,899,408</b>		<b>\$7,792,856</b>	
<b>Program FTE</b>	3.00	0.00	3.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,873,400	\$0	\$1,815,127
Other / Miscellaneous	\$0	\$5,000	\$0	\$0
Beginning Working Capital	\$0	\$10,606	\$0	\$20,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,889,006</b>	<b>\$0</b>	<b>\$1,835,127</b>

Explanation of Revenues

\$620,125 - City of Portland Parks & Recreation Based on agreement; \$516,110- Portland Public Schools SUN Community School Support: Based on agreement; \$279,510 - Reynolds School District: Based on agreement; \$227,906 - David Douglas School District: Based on agreement; \$112,420 - Gresham Barlow School District: Based on agreement \$49,056 - Parkrose School District: Based on revised agreement \$ \$20,000 School District Beginning Working Capital; \$10,000 - IEL Coalition for Comm Schools

Significant Program Changes

Last Year this program was: FY 2016: 25145A-16 SUN Community Schools

**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**

This offer requests \$56,189 County General Fund to restore a .50 FTE position proposed for reduction. This position provides staffing and administrative support for the leadership planning and convening efforts of the SUN Service System, including the SUN Sponsors, the SUN Coordinating Council, and the Communities Supporting Youth collaborative meetings. This position will provide support for FY17 strategic planning efforts to address future county education investments.

**Program Summary**

The SUN Service System is a cross-organizational partnership that includes the City of Portland, 6 school districts, non-profits, Oregon Department of Human Services, United Way, All Hands Raised and Multnomah County. As the managing partner for the SUN Service System, Multnomah County implements the system, services, and partnerships on behalf of the partner organizations.

A natural component of this collective impact effort is the need to convene partners on a regular basis to discuss issues of mutual importance, provide direction for the System's activities, ensure accountability across the partnerships, and drive the work toward results. In FY17, the System will be revising the leadership structure and focus for the System to align with the overall county approach and support for education. Staffing support to keep this work moving forward is essential for success.

Providing high quality staffing support to meetings ensures that information is both collected and disseminated in a timely fashion, that agenda development takes into account the partner issues/needs for discussion, that meetings are scheduled in a timely manner, and that communication is transparent and frequent. Absent a dedicated staff person for these critical functions, the SUN Service System will not be able to effectively manage all of these logistics as such functions get incorporated into already full work portfolios.

Partnership development and deep relationships are a hallmark of the SUN Service System's work. Convening, communication and follow up activities have significantly contributed to the commitment to and the longevity and strength of the System.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of meetings supported	N/A	N/A	N/A	22
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$54,517	\$0	\$56,189	\$0
<b>Total GF/non-GF</b>	<b>\$54,517</b>	<b>\$0</b>	<b>\$56,189</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$54,517</b>		<b>\$56,189</b>	
Program FTE	0.50	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:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25145A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$50,000 of one-time-only funding for the development of culturally specific arts programming to be delivered in public schools. The money will support curriculum development and translation of the materials, as well as training for artists and educators to effectively implement this curriculum.

**Program Summary**

The development of a bilingual and culturally specific arts curriculum in public schools is an important component to an inclusive educational experience for students of color, as well as promoting healthy child development. There is a growing body of research that outlines the importance of arts education and the many ways it can improve overall academic performance for students because it engages them in more experiential and creative learning opportunities.

The service purchased through this investment will help to advance educational equity, provide educators the tools they need to educate students of color with rigorous, culturally responsive, and engaging learning techniques designed to accelerate their academic achievement and personal growth. These are all goals that will contribute to reducing the opportunity gaps for many students in Multnomah County.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Curriculum developed				1
Outcome	Number of artists and educators trained to use the curriculum				25

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** County Human Services      **Program Contact:** 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 1 million meals to children/family members in 29 SUN communities in FY15. The program is a partnership with Oregon Food Bank, six school districts, Portland Parks, Multnomah County Library, Portland Children's Levy and Partners for a Hunger Free Oregon.

### Program Summary

Oregon's food insecurity rate has hovered between 14% and 16% since the Great Recession. The modest economic recovery and increase in jobs locally in recent 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. More than half of the children in the county are eligible for Free or Reduced (FRL) price meals through schools and three-quarters of SUN CS participants consistently receive FRL each year. However, these students don't have access to food on non-school days. 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 CS sites are designed to act as vehicles 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 emergency food distribution through 14 school-based emergency food pantries and 4 Harvest Share monthly fresh produce distributions and 2) increasing the number of meals served to hungry children and their families during summer. The offer supports staffing at 15 SUN CS during the summer to serve meals for 8-12 weeks in underserved communities in Mid and East County. Since summer 2010, this capacity provided approximately 180,000 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 emergency food in partnership with Oregon Food Bank. A 1.0 FTE Program 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 learning 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 \$1.8 million in federal meal reimbursement and significant in-kind support for food for families from Oregon Food Bank, Portland Children's Levy and community donors, particularly faith and business partners who offer both donations and volunteer capacity.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of meals provided to children and families <sup>1</sup>	1,031,761	780,000	780,000	780,000
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	11	6	8	8

### Performance Measures Descriptions

<sup>1</sup> # of meals includes meals served through extended weeks of summer meals program, emergency food pantries, and Harvest Share fresh produce to families.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$90,658	\$0	\$96,881	\$0
Contractual Services	\$347,725	\$0	\$259,815	\$0
Materials & Supplies	\$4,295	\$0	\$1,457	\$0
Internal Services	\$10,860	\$0	\$11,255	\$0
<b>Total GF/non-GF</b>	<b>\$453,538</b>	<b>\$0</b>	<b>\$369,408</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$453,538</b>		<b>\$369,408</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25047A-16 Domestic Violence Enhanced Response Team

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25147A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer provides \$36,000 of one-time-only funding so that Growing Gardens can continue their project work at two SUN Community Schools: Lynch Wood and Davis.

**Program Summary**

Growing Gardens is an organization that brings garden-based learning into the school setting. Their model establishes a multi-year partnership at high-poverty elementary schools. This partnership creates opportunities for a range of activities including after school garden clubs, school-day garden related instruction, school gardens, recruit and support a cadre of family garden volunteers and host community garden events at school sites.

At Lynch Wood and Davis Elementary schools, Growing Gardens is about to complete year two of their 3-year cycle. This funding will allow the project to come to its logical and self-sustaining conclusion at these two school sites. A third year is necessary for Growing Gardens to support the leadership of the school garden committee-comprised of teachers, parents, SUN Site Manager, administrators-to coordinate garden space and plan for ongoing garden maintenance. The third year of funding enables Davis and Lynch Wood to recruit and train a parent leader to teach the after school garden club; Growing Gardens shadows and mentors these teachers for the last year of the program. Lastly, Growing Gardens works with teachers the final year of their program cycle to encourage and build structures for teachers to use the garden as a teaching space after Growing Gardens completes the 3-year cycle.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of garden cycles completed				2
Outcome	Number of students provided with student-garden after school clubs				130

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$36,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$36,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$36,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

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

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

### Executive Summary

SUN Youth Advocacy Program 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 2015, Youth Advocacy served over 1,700 high-risk youth, 95% of whom identify as ethnic minorities. The Youth Advocacy 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

SUN Youth Advocacy Program provides services for 1,700 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. Youth Advocacy 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. Youth advocates work in collaboration with SUN Community Schools and other school personnel towards youth and family success.

Participants in the Youth Advocacy Program are at risk for academic failure due to poor attendance, failing grades, language barriers, family instability and behavioral issues. Ninety-five percent of youth served are youth of color or from a culturally specific community. Advocates support and mentor youth, allowing them to build personal assets leading to school and life success. Advocates engage youth at risk for academic failure in a variety of school and community activities. Youth Advocacy services that meet basic needs allow youth to focus on school and provide their caregivers with the resources to support educational success. Students in the Youth Advocacy program consistently show improvements in school attendance and gain enough credits to be on track to graduate; in addition, 89% of 12th graders served graduated or returned for a 5th year. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. The Youth Advocacy Program provides this link - in schools and in the community.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of students (ages 6-18) served	1,737	1,780	1,780	1,780
Outcome	% who consistently attend school (90% or more)*	71%	N/A*	74%	77%
Outcome	% of 9th graders who earn 6 credits and are on target to graduate*	65%	N/A*	65%	65%

### Performance Measures Descriptions

\* Outcomes are analyzed for students who participate in case management for 45 days or more with at least 15 hours of service; 909 youth participated at this level last year. Outcome measures have changed from last year to align with changes in the SUN Service System evaluation and data availability

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$107,039	\$0	\$110,266	\$0
Contractual Services	\$1,954,256	\$223,776	\$1,954,256	\$350,000
Materials & Supplies	\$1,850	\$0	\$857	\$0
Internal Services	\$10,860	\$16,224	\$11,255	\$0
<b>Total GF/non-GF</b>	<b>\$2,074,005</b>	<b>\$240,000</b>	<b>\$2,076,634</b>	<b>\$350,000</b>
<b>Program Total:</b>	<b>\$2,314,005</b>		<b>\$2,426,634</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$10,160	\$0	\$0	\$0
Intergovernmental	\$0	\$240,000	\$0	\$350,000
<b>Total Revenue</b>	<b>\$10,160</b>	<b>\$240,000</b>	<b>\$0</b>	<b>\$350,000</b>

**Explanation of Revenues**

\$350,000 - OCCF-Youth Investment - based on award

**Significant Program Changes**

Last Year this program was: FY 2016: 25149A-16 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 FY15, the program served 830 children in 554 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 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 who do not meet 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 (97%) indicated they gained new skills from program participation. Our local results mirror national research showing that involvement in PAT home visiting programs increases children's readiness for school. In fact, in recent years the program has engaged families when their children are younger, and has intentionally connected families to appropriate preschool or Head Start programs to strengthen children's readiness for kindergarten.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of children served	830	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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$86,645	\$0	\$95,091	\$0
Contractual Services	\$1,377,115	\$286,228	\$1,337,115	\$412,079
Materials & Supplies	\$1,150	\$0	\$1,557	\$0
Internal Services	\$10,860	\$0	\$11,255	\$0
<b>Total GF/non-GF</b>	<b>\$1,475,770</b>	<b>\$286,228</b>	<b>\$1,445,018</b>	<b>\$412,079</b>
<b>Program Total:</b>	<b>\$1,761,998</b>		<b>\$1,857,097</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$286,228	\$0	\$412,079
<b>Total Revenue</b>	<b>\$0</b>	<b>\$286,228</b>	<b>\$0</b>	<b>\$412,079</b>

**Explanation of Revenues**

\$281,079 - OCCF Federal Family Preservation - Based on current year award; \$131,000 -OCCF Great Start - Based on award.

**Significant Program Changes**

Last Year this program was: FY 2016: 25151-16 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.

### Program Summary

Research shows a strong correlation between successful kindergarten transition and overall success in elementary school. Locally we know that 54% of kindergartners enter elementary school unprepared 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 and taking turns. Parent educators provide education for parents/caregivers to orient them to the school expectations and routines and demonstrate ways parents can support their children at home so that they will be successful in school. Multnomah County Early Childhood librarians teach parents how to read to their children, select appropriate books and connect with library resources.

Over each of the past five years the number of SUN Community School sites that 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 2016 (summer 2015), 41 SUN Community Schools offered EKT; 785 children and 552 parents/caregivers participated. In summer 2016, three more sites will be added through funding from Early Learning Multnomah. This program represents layering 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. 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.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of children who participate in summer Early Kindergarten Transition.	785	640	785	820
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	95%	90%	95%	90%

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$92,965	\$0	\$98,296	\$0
Contractual Services	\$211,728	\$173,500	\$211,728	\$312,524
Materials & Supplies	\$100	\$0	\$12,957	\$0
Internal Services	\$10,860	\$0	\$11,255	\$0
<b>Total GF/non-GF</b>	<b>\$315,653</b>	<b>\$173,500</b>	<b>\$334,236</b>	<b>\$312,524</b>
<b>Program Total:</b>	<b>\$489,153</b>		<b>\$646,760</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$173,500	\$0	\$221,250
Other / Miscellaneous	\$0	\$0	\$0	\$91,274
<b>Total Revenue</b>	<b>\$0</b>	<b>\$173,500</b>	<b>\$0</b>	<b>\$312,524</b>

Explanation of Revenues

\$173,500 - Portland Public Schools based on current year award; \$91,274 - Kindergarten Innovation Grant based on current year award ; \$47,750 Early Kindergarten Transition SVP based on award.

Significant Program Changes

Last Year this program was: FY 2016: 25152A-16 Early Kindergarten Transition Program

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

### 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$130,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$130,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$130,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25154-16 Youth Prevention 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 & Gender Minority Youth Services (SGMYS) program offers counseling, skill building and support services to over 400 sexual minority youth. Its direct service impact is enhanced through technical assistance and training to approximately 600 SUN Service System, school and other direct service staff so that they may work more effectively with sexual and gender minority youth. SGMYS 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 SGMYS program utilizes two primary strategies: 1) providing direct services and a safe and supportive space at the Sexual Minority Youth Resource Center (SMYRC) where sexual and gender 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 so that they may provide competent and relevant services to sexual and gender minority youth (30% of the program).

Due to difficulties with family, peers and the broader community, sexual and gender 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 400 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, 67% of youth served in the drop in center re-enrolled or remained in school. In addition to the direct service impact, 97% of training participants reported an increased knowledge of minority youth issues and competency to effectively engage sexual minority youth in services.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of youth who engage in counseling services	53	75	75	75
Outcome	Percent of students who engage in counseling and who remain in or re-enroll in school	94%	75%	75%	75%

**Performance Measures Descriptions**

Increased number cited for current year purchased, FY16 estimate and for next year's offer, is because of additional investment in this program for FY16.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$276,323	\$0	\$276,323	\$0
<b>Total GF/non-GF</b>	<b>\$276,323</b>	<b>\$0</b>	<b>\$276,323</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$276,323</b>		<b>\$276,323</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25155A-16 Services for Sexual Minority Youth

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

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

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

### Executive Summary

Bienestar de la Familia (Well-being of the Family) is a social service program that provides culturally specific and linguistically appropriate service to the growing Latino community of Multnomah County. The 7.6 FTE bilingual and bi-cultural staff provide case management, mental health assessment, counseling, and alcohol and drug prevention services in Spanish and Somali. Staff also provide information and referral, service linkage, coordination, and resource recruitment to address the needs of the Latino community, immigrants and refugees.

### Program Summary

Bienestar de la Familia is unique because it provides access to a wide range of services. It has become a hub of service in the county for low-income Latinos, Cully neighborhood residents, 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, Ethiopian, Vietnamese and Russian families. Clients often come in for multiple services. With the addition of the bilingual Somali Case Manager Senior, the program is focusing on working with Somali and immigrant individuals, children, and their families to address their needs in a culturally responsive way.

Staff provide case management, service linkage and coordination, mental health assessment and counseling, alcohol and drug prevention, nutrition resources, energy assistance, information and referral, employment searches and connections, and school support and advocacy to help address families' needs ranging from basic to crisis. Program staff also offer a range of parent education and support groups throughout the year. A weekly Women's and Men's support group served 71 men and women. Strengthening Families and the Incredible Years, a 12-week evidenced-based parenting education program, enrolled 63 families. Also 188 individuals participated in anti-poverty, healthy living, and educational workshops. The monthly Harvest Share, in partnership with the Oregon Food Bank, makes fresh food available to families and travels throughout the County; monthly attendance ranges from 160 to 200 participants. Bienestar also hosted energy assistance events and weatherization workshops serving over 502 families.

The Community Advisory Council engages 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, to meet these changing needs.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households served <sup>1</sup>	1,284	1,500	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	1,742	1,800	1,700	1,700

### Performance Measures Descriptions

<sup>1</sup> This number includes direct services at Bienestar: basic needs, anti-poverty, parenting, 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	2016	2016	2017	2017
Personnel	\$758,776	\$0	\$772,048	\$0
Contractual Services	\$16,500	\$0	\$16,500	\$0
Materials & Supplies	\$32,795	\$0	\$11,658	\$0
Internal Services	\$127,152	\$0	\$175,936	\$0
<b>Total GF/non-GF</b>	<b>\$935,223</b>	<b>\$0</b>	<b>\$976,142</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$935,223</b>		<b>\$976,142</b>	
<b>Program FTE</b>	7.60	0.00	7.60	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25156A-16 Bienestar Social Services



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

**Executive Summary**

This program offer supports the continued implementation of the Early Learning Multnomah (ELM) HUB. In partnership with the United Way, Multnomah County is implementing the planning, program development, parent engagement/voice and contracting functions of the ELM Hub for Multnomah County. Grant funds from the United Way will support 2.5 FTE for these activities.

**Program Summary**

The Early Learning Multnomah HUB represents a commitment across partners, including parents, providers and investors, to align strategies and outcomes towards three broad goals: kindergarten readiness for the county's most at-risk children ages 0 through 6, stable families, and aligned and coordinated early learning services. United Way of the Columbia Willamette and Multnomah County are co-conveners for this local initiative. 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 (called the Parent Accountability Council).

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 is that every child in Multnomah County is prepared to succeed in school and life, regardless of race, ethnicity, or class.

With a biennial Strategic Plan and local Action Plan approved by the State, the Early Learning Multnomah team will focus on deepening and furthering strategies that will promote positive outcomes in 3 broad areas: early childhood as an aligned, coordinated and family-centered system; school readiness, with children supported to enter school ready to succeed; and involvement, featuring families that are healthy, stable and attached. In FY17, SUN will implement the Kindergarten Partnership & Innovation grant to support deepened early learning connections at 8 SUN Community Schools. A community-wide Prenatal to 3 Strategy will launch that will link partners from the early learning and K-12 systems. For the second-year, Kindergarten Teacher Family Visits will take place, and ELM funding along with resources from Social Venture Partners will support expansion of this effort. ELM will also focus on developing a partnership with DHS to drive toward supporting healthy, stable and attached families.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of parents/caregivers that are engaged in the Parent Advisory Council of the ELM hub	12	12	11	12
Outcome	Parents indicate that they feel something will happen for children/parents in their community because of their parti	86%	75%	75%	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$212,617	\$112,626	\$239,144
Contractual Services	\$0	\$626,728	\$0	\$1,131,127
Materials & Supplies	\$600	\$0	\$2,325	\$21,906
Internal Services	\$21,716	\$22,957	\$38,408	\$10,310
<b>Total GF/non-GF</b>	<b>\$22,316</b>	<b>\$862,302</b>	<b>\$153,359</b>	<b>\$1,402,487</b>
<b>Program Total:</b>	<b>\$884,618</b>		<b>\$1,555,846</b>	
<b>Program FTE</b>	0.00	2.00	1.00	2.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$14,376	\$0	\$6,266	\$0
Other / Miscellaneous	\$0	\$862,302	\$0	\$1,402,487
<b>Total Revenue</b>	<b>\$14,376</b>	<b>\$862,302</b>	<b>\$6,266</b>	<b>\$1,402,487</b>

Explanation of Revenues

\$774,985 - Kindergarten Partnership & Innovation Grant based on current grant award; \$298,266 - United Way Ready for School based on current grant award \$293,236 - Early Learning United Way based on current grant award

Significant Program Changes

Last Year this program was: FY 2016: 25158-16 Early Learning HUB

Significant revenue increase is to develop and implement the Early Childhood Family Engagement Project at 8 SUN Community Schools.

**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. Case workers meet 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 District Two.

**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 has been recognized as a critical issue by the Obama administration, which launched a chronic absence initiative tied to My Brother's Keeper efforts in 2015. 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 Reynolds 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 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of students served with intensive attendance supports	469	180	180	180
Outcome	% of students who increase their attendance rate by the end of the school year*	48%	N/A*	65%	65%

**Performance Measures Descriptions**

\*Measure changed to reflect lessons learned in baseline year related to reasonable targets for students and families with multiple and complex barriers to attending (homelessness, mental illness, hunger, health issues, etc.)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$204,652	\$0	\$204,652	\$0
<b>Total GF/non-GF</b>	<b>\$204,652</b>	<b>\$0</b>	<b>\$204,652</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$204,652</b>		<b>\$204,652</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 25159A-16 School Attendance Supports

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

**Executive Summary**

This offer requests \$240,000 one time only County General Funds to continue the School Attendance Supports program to provide attendance case workers in three school districts to respond to high chronic absence rates – Parkrose, Centennial and Gresham Barlow. The funding in this offer continues the effort begun in FY16 in these school districts. The result of this funding is that each of the six Multnomah County School Districts will have attendance case workers on staff.

**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 the Communities Supporting Youth attendance partnerships sites (3 years of data) 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 ten (10) SUN Community Schools with high chronic absence rates in three (3) school districts. Case workers engage 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 SUN Community Schools.

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.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of students served with intensive attendance supports	N/A	N/A	N/A	240
Outcome	% of students who increase their attendance rate by 5% or more by the end of the school year	N/A	N/A	N/A	65%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$240,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$240,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$240,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

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

**Program Offer Stage:** As Adopted

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

**Executive Summary**

This offer requests \$250,000 to support innovative approaches to achieving positive youth and educational outcomes. This funding will create opportunities to adapt and/or enhance the SUN model to include new, effective strategies with a focus on equity and on youth who are engaged in traditional or alternative learning settings.

**Program Summary**

SUN Innovation Services intends to invest in strategies that focus on children and youth, and their families, to support academic success. Multnomah County has a number of community based organizations effectively engaging culturally specific populations. Some of these organizations have developed promising programs that support academic success. The intent is to support innovative practices and develop or build on evaluation approaches that exist within those organizations to further document success.

The program will target student populations of racial, ethnic, and economic diversity, especially those without access to services through the SUN Service System. Academic and life outcomes for these students are significantly worse overall than for students with access to traditional elementary and high school academic support programs. Pursuing an innovative approach to address the needs and barriers of this growing student population could contribute significantly to improvement in outcomes.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Students Served	NA	NA	NA	150
Outcome	% who attend school consistently (more than 90% of days)	NA	NA	NA	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



## Department Overview

The Health Department vision of Healthy people in healthy communities guides our work.

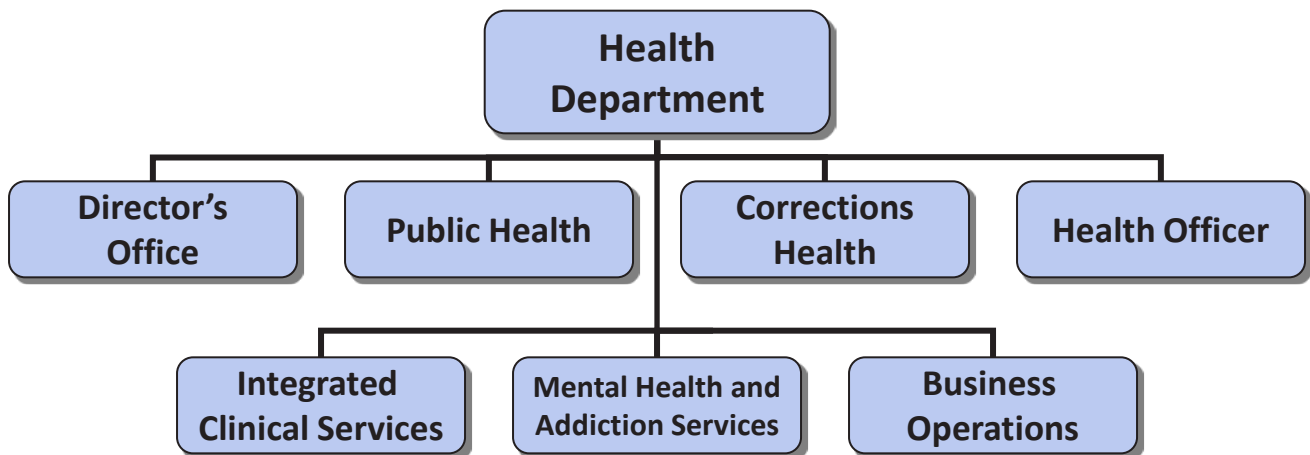
The Department mission: In partnership with the diverse communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.

The Department has four broad goals: improve health outcomes and health equity, especially among populations in which health disparities are prevalent; provide leadership in assuring access to high quality, affordable healthcare as part of health system transformation; increase the diversity of our organization at all levels; and invest in the development of a healthy, sustainable organization.

To achieve these goals the department has identified these key strategies:

1. Lead the integration and innovation of clinical services, public health programs and emergency response.
2. Strengthen the safety net through sustainable partnerships and financing systems.
3. Enhance professional development opportunities to further a culture of quality.
4. Create a Community Health Improvement Plan to address health disparities among communities of color.
5. Partner with Central Human Resources to strengthen our recruitment and advancement strategies so that diverse staff are hired, retained and promoted.
6. Build our capacity to become a trauma informed organization.

The department continues to deepen our cross system work with social services, sustainability and the criminal justice system.



### Budget Overview

The FY 2017 Health Department budget is \$334.4 million which represents a 2.7% increase over FY 2016. The County General Fund contributes just over \$140 million, or 42% of the total. Traditional General Fund dollars make up 62% of these revenues, while Medicaid and Federally Qualified Health Center (FQHC) wraparound funds contribute an additional \$52.8 million. The remainder of Health’s budget (\$194 million) comes from Federal and State revenue, Medicaid (by way of Health Share of Oregon), and other medical fee revenue.

FY 2016 was the first year after transferring mental health services to the Health Department in response to changes created by the Affordable Care Act. There are no changes in FY 2017 on the same scale. However, the delivery of mental health services continues to evolve with the opening of the Unity Center for Behavioral Health, which will result in the Health Department ramping down Behavioral Health Crisis Services provided directly by Multnomah County. Health also consolidated Environmental and Community Health operations and FY 2017 will see the establishment of a Tobacco Retail Licensing program (40006) aimed at reducing underage tobacco use.

The largest divisional change occurred in the Integrated Clinical Services division (\$15.0 million increase) partially in response to continued Oregon Health Plan enrollment increases.

The FY 2017 Health General Fund allocation contains \$600,000 in additional ongoing funding for the following new program offers:

- Public Health Approach to Preventing Community Violence (40038B) \$450,000
- MHASD Office of Consumer Engagement (40065B) \$150,000

The FY 2017 Health General Fund Allocation includes \$3.3 million in one-time-only funding. The one-time-only funding is allocated to seven program offers and funds 3.35 FTE. A list of programs funded one-time-only can be found on pages 18 and 19 of the Budget Director’s Message.

Budget Trends	FY 2015	FY 2016	FY 2016	FY 2017	Difference
	Actual	Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,059.44	1,387.96	1,381.29	1,493.23	111.94
Personnel Services	\$114,705,224	\$147,269,124	\$153,632,871	\$171,605,696	\$17,972,825
Contractual Services	13,641,799	119,880,177	119,786,137	106,343,538	(13,442,599)
Materials & Supplies	16,557,358	18,615,781	16,801,284	21,994,692	5,193,408
Internal Services	27,413,035	35,543,315	36,899,407	35,536,451	(1,362,956)
Capital Outlay	<u>329,999</u>	<u>70,614</u>	<u>120,000</u>	<u>644,458</u>	<u>524,458</u>
<b>Total Costs</b>	<b>\$172,647,415</b>	<b>\$321,379,011</b>	<b>\$327,239,699</b>	<b>\$336,124,835</b>	<b>\$8,885,136</b>

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

## Successes and Challenges

The biggest issue in Mental Health continues to be seeking adequate funding for both the Medicaid service system that the County is responsible for and the safety net of services provided to the uninsured. Currently the department has a shortfall in the Medicaid system and the state is providing less state general funds for the crisis system. Despite these challenges, the department continues to expand mental health treatment options and increase services to both adults and children, particularly services to culturally diverse groups.

A consortium of hospitals under the leadership of Legacy Health Systems is developing the new Unity Center for Mental Health. The Unity Center will fill two important roles in our crisis response system: it will be the first psychiatric emergency room in the state and will also consolidate psychiatric hospital beds from area hospitals. Both of these important roles sited in one facility will increase the quality of emergency mental health care in the region and help the hospitals to more effectively utilize psychiatric hospital beds. The health department is jointly planning with the Unity Center and local mental health providers for coordinated discharge from the Center to community-based treatment.

The State of Oregon has a woefully underfunded and patchwork system of public health services. The state often mandates functions to counties that are significantly underfunded. Basic public health practices needed for population health are often not funded by the state. Multnomah County has provided significant county general funds for these functions. In the 2015 legislative session, the legislature received a report from a public health taskforce with recommendations for how to create standards for public health across the state. This report also recommends significant increases in state general fund investment in public health. The Oregon Health Authority will present a funding proposal to the 2017 legislative session. If this plan results in significant increases in the state funding for public health, our ability to respond to increasing demands for public health intervention and services will be vastly improved.

The Affordable Care Act (ACA) expansion of the Medicaid insured population continues to drive increased demand for services in our Integrated Clinical System. The Community Health Centers (clinics) employ more than one-third of the estimated primary care physician FTE for low-income residents in Multnomah County, and provides services to more than 70% of individuals in the county who receive care from Federally Qualified Health Center Program grantees. In January 2015, the County Board approved a plan to increase provider teams and other services within our existing clinics and pharmacies. The Department continues to implement that expansion. This year, ICS began a Saturday dental clinic at the Mid County Clinic that is increasing access to care. We are currently planning for expanded hours for primary care as well.

### Diversity and Equity

Diversity and Equity efforts are part of the fabric of the department and fundamental to our work. The Department has one of the most diverse workforces in the county. We also serve an incredibly diverse population.

- The department continues to expand our recruitment efforts to attract and hire the most diverse work force in the County.
- The department currently offers a broad range of training for staff to enhance our ability to best serve this diverse population.
- All of our divisions provide culturally-specific services. Some of these include culturally-specific mental health contracted services and refugee-specific services in our clinics. Forty-one percent of our clinic clients prefer services in a language other than English and they speak more than 60 different languages. The department also supports a broad range of groups in the community that are working on health, mental health and equity for specific racial and cultural groups.
- This year our Mental Health Division staff are working with a broad coalition of community groups and individuals to develop a strategic plan for African American-specific addiction services.
- The Health Department Health Equity Initiative has been leading, managing and supporting the creation of a disparities focused Community Health Improvement Plan (CHIP). The CHIP is an action-oriented plan, required for accreditation, that outlines ways in which the department will partner with community organizations to prioritize community health issues and responses. This effort will engage over 200 individuals from the African, African American, Asian, Pacific Islander, Latino, Native American, Homeless youth, and the LGBTQI youth communities.
- In creating our new Community Budget Advisory Committee (CBAC), our business leadership actively recruited the County’s most diverse CBAC.

### Budget by Division

Division Name	FY 2017 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$933,843	\$0	\$933,843	3.00
Health Officer	5,968,879	2,834,559	8,803,438	40.43
Public Health	27,743,887	27,722,927	55,466,814	320.52
Integrated Clinical Services	55,126,051	60,783,879	115,909,930	686.29
Business Operations	15,238,290	623,297	15,861,587	104.25
Corrections Health	17,048,730	172,142	17,220,872	108.00
Mental Health and Addiction Services	<u>18,585,941</u>	<u>103,342,410</u>	<u>121,928,351</u>	<u>230.74</u>
<b>Total Health Department</b>	<b>\$140,645,621</b>	<b>\$195,479,214</b>	<b>\$336,124,835</b>	<b>1,493.23</b>

### 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 1,600 employees, and is responsible for more than \$331 million in state, county and federally funded programs and services.

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

Health care transformation continues to be a major focus for the Director's office. Mental Health Medicaid funding for Multnomah County is not sufficient to cover the costs of care and operations of a Medicaid insurance entity. The department continues to negotiate with Health Share of Oregon and the two other counties in our region to set appropriate rates.

Health care transformation also requires continuous quality improvement and the expansion of services delivery in our clinical services. The Department continues to plan for expansion within our current footprint since the long term funding picture is unclear.

The reorganization of the Public Health Division reflected in this year's budget, has helped to create a strategic direction for public health and focus our service delivery.

### 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, environmental health, risk assessment and emergency preparedness.

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

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

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

### Significant Changes

The Health Officer program anticipates extending its contract with Clackamas and Washington Counties for Deputy Health Officer services with an increase in FTE in Washington County. The Multnomah County Health Officer is leading a regional effort on prescription opioid safety with program manager funding support from the CDC and OHA.

The Medical Examiner's Office successfully recruited an experienced new staff to serve as the Chief Deputy Medical Examiner and is adding resources for 24-hour, 7-days per week coverage.

The Emergency Medical Services program is launching a two year effort to revise the County's 1995, Ambulance Service Plan, which will need County Commission approval, and anticipates a procurement process to select the next transport provider after the current contract expires in 2018. Negotiations are underway to obtain the services of a contractor to guide and facilitate this process.

### Public Health

The Public Health Division is responsible for promoting and protecting health and preventing disease within Multnomah County's diverse communities. The division is guided by the Multnomah County Public Health Advisory Board, and department and division strategic plans. The division addresses inequities by co-developing approaches with community partners and supporting these approaches.

Major areas of investment are: 1) Maternal, Child & Family Health, ensuring that health and developmental needs of low-income families with infants and children with special health needs are met. 2) Environmental Health Services, protecting the safety of residents by inspecting licensed facilities; monitoring mosquitoes and other vectors; and assuring healthy environments, including tobacco-free environments. 3) HIV/STD and Adolescent Sexual Health Equity, reducing the spread of sexually transmitted diseases; and promoting healthy life choices among teens through sexuality education. 4) Communicable Disease Services, fulfilling the mandate to limit the spread of reportable communicable diseases through outbreak investigation, immunizations and specialty clinical services. 5) Community Epidemiology Services, supporting data-driven policy and interventions through health and disease monitoring, evaluation, and research. 6) Equity, Planning and Strategy, advances the self-identified priorities of diverse community partners to reduce documented inequities through program, policy, and system improvements; and culturally specific programming.

### Significant Changes

The Public Health Division restructured in 2015, to bring a holistic approach to community health both in the Department and across the County.

The division received a Federal Office of Adolescent Health Teen Pregnancy Prevention grant to help young people, their parents, and their teachers prevent unintended teen pregnancies and sexually transmitted diseases. The project works with African American, Latino, and Native American partners in middle school, high school and community settings.

Additionally, with the passage of tobacco retail licensing and increased restaurant inspection fees, the division will receive new fee for service revenue to support enforcement, licensing, and policy analysis.

The Centers for Disease Control and Prevention Striving to Reduce Youth Violence Everywhere (STRYVE) federal funding will end September 2016, and has been replaced with County General Funds in FY 2017.



### Integrated Clinical Services

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

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

In calendar year 2015, ICS provided medical or dental services to approximately 71,000 of Multnomah County's most vulnerable residents.

### Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. Dental Services opened Saturday Clinic hours in January 2016, providing much needed services to clients who cannot access services during normal business hours. Medical and Laboratory services were surveyed by the JCAHO in March 2015 and January 2016 respectively for quality and were re-accredited with "flying colors." SBHC's are leveraging technology by providing telemedicine for clients improving access along with quality of care. Finally, Primary Care Services continues its commitment to person-centered medical home by adding 16 Community Health Workers to the medical team, improving support for vulnerable clients accessing our services. Integrated to provide innovation, quality and access in the delivery of health care.

Our clients continue to represent our diverse community, with approximately 41% indicating they are best served in a language other than English. Our health centers serve clients speaking over 60 languages.

A remodeling project is planned for the North Portland Health center, using a combination of federal funds and county general funds to make space for dental services at this clinic.



## 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 1,600 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable and Contracting services manage a budget of over \$320 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, maintenance of the strategic plan, communications, and priority setting for IT and data resources.

Human Resources and Workforce Development provide guidance and consultation in areas of recruitment and talent acquisition, employee and labor relations, workforce and organizational development, compensation and performance management, and administrative expertise. This includes customized approaches to address the unique needs of the diverse divisions within the department and specialty training for our healthcare, public health, and mental health 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. We are working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers For Medicare and Medicaid Services (CMS) to anticipate changes that impact the department. Business Operations has been working with Mental Health and Addiction Services (MHAS) and our partners at Health Share of Oregon to balance the regional Medicaid mental health funding to meet our financial obligations to clients and community providers.

Changes to funding and how we are reimbursed for services continues to evolve in all areas. In the primary care and dental clinics alternative payment methods (APM) are now a significant percentage of overall revenue. This requires new methods to monitor, collect and maximize payments. The Mental Health and Addiction Services division is using APMs in a variety of provider agreements which requires changes to our contract, procurements and financial forecasting.

Unemployment in the State of Oregon has been steadily declining since 2010, currently at less than 6% with an even lower rate of 3.4% within Health Services. This coupled with the growing rate of retirement-eligible employees creates a need to develop a more proactive and inclusive recruitment and retention strategy. This also leads to a greater need to identify strategic succession planning approaches and feeder pool development to ensure the knowledge and experience of the workforce is sustained. This comes in the form of customized trainings, leadership development, and an expansion of recruitment efforts.

### Corrections Health

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

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

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 our work.

### Significant Changes

Corrections Health will implement a pilot to reduce jail time served by individuals with behavioral health issues, by swift and effective diversion to treatment and supportive recovery services. This includes an innovative staffing model that implements mental health screening at the Booking Facility in Multnomah County's Detention Center (MCDC). The pilot will more rapidly identify behavioral health needs of those booked into jail and enhance follow-up assessment and evaluation, care coordination, linkages to community-based treatment options and supportive services.

In addition, Corrections Health continues to work with the Sheriff's Office on three key issues:

- The significant reduction in clients on suicide watch due to the addition of 24-hour mental health staffing. Prior to last year's expansion of mental health staff, it was common at any given time to have more than eight clients under continuous observation, now this is rare.
- This partnering has allowed for the provision of appropriate treatment and housing options for Transgender clients, several of whom had previously not self-identified, but now feel safer making this disclosure.
- Working closely together we are able to provide appropriate treatment and intervention for those clients who discuss PREA (Prison Rape Elimination Act) incidents.

## Mental Health and Addiction Services

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

More than 40,000 individuals received treatment services from the system in FY 2016. MHASD is a subcontractor of Health Share of Oregon; managing the mental health benefit of more than 133,000 Oregon Health Plan members in our county.

MHASD offers the community prevention/early intervention programs for adults, youth and children at high risk of a drug/alcohol or gambling addiction, and/or mental illness through EASA, Mental Health First Aid and similar programs.

School-based Mental Health serves over 1,500 youth in 27 schools and 13 School-based Health Clinics. MHASD endorses peer-delivered services by supporting a drop-in center, as well as hiring peers to incorporate consumer voice at every level.

## Significant Changes

In FY 2016, MHASD successfully completed its transition from DCHS to the Health Department. The Mental Health Call Center moved to a joint site with the health clinic operations center and added additional staff, including Spanish speakers.

The Medicaid system responded to increased membership by adding more small practice providers able to provide population-specific services. The School-based Mental Health expansion added mental health consultants serving the African American, Hispanic, Asian Immigrant and Refugee communities. The Community Mental Health Program (CMHP) increased contracted immigrant and refugee mental health services and added services for older adults. The Stabilization and Treatment Preparation (STP) opened in July 2015, providing 16 beds of transitional housing for homeless individuals involved with the criminal justice system, decreasing recidivism.

Addiction Services initiated two new outreach pilots, both designed to engage individuals with potential addiction issues who are seen in medical settings. This reflects a truly integrated health care model where treatment occurs where the person gets their care. Mental Health First Aid and ASIST suicide prevention and awareness programs reached twice the number of individuals as last year.

The MHASD provider system successfully made the transition to ICD-10 medical codes.

### 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 2017 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000	Director's Office	\$933,843	\$0	\$933,843	3.00
<b>Health Officer</b>					
40002	Tri-County Health Officer	330,425	454,000	784,425	2.50
40004A	Ambulance Services (Emergency Medical Services)	2,091,853	955,725	3,047,578	12.48
40004B	Ambulance Service Plan Consulting Services	100,000	0	100,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness	44,788	588,434	633,222	3.10
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	2,095,263	836,400	2,931,663	12.15
40052	Medical Examiner	1,306,550	0	1,306,550	10.20
<b>Public Health</b>					
40001	Public Health Administration and Quality Management	1,818,489	145,000	1,963,489	12.00
40006	Tobacco Enforcement	510,076	616,501	1,126,577	7.25
40007	Health Inspections and Education	4,003,518	92,715	4,096,233	28.60
40008	Vector-Borne Disease Prevention and Code Enforcement	1,337,338	0	1,337,338	9.60
40009	Vital Records	0	859,103	859,103	7.23
40010	Communicable Disease Prevention and Control	2,957,482	1,135,730	4,093,212	27.90
40011A	STD/HIV/Hep C Community Prevention Program	2,477,633	1,553,865	4,031,498	23.25
40011C	Overdose Prevention Strategy	176,703	0	176,703	0.00
40011D	HIV Pre-Exposure Prophylaxis Strategy (PrEP)	104,217	0	104,217	0.75
40012A	Services for Persons Living with HIV	1,248,806	7,010,583	8,259,389	34.75
40012B	Employment Support Services for People Living with HIV/AIDS & Transgender Individuals	153,000	0	153,000	0.00
40014	Immunizations	274,011	287,237	561,248	4.00
40018	Women, Infants and Children (WIC)	1,646,330	3,133,333	4,779,663	42.80
40025	Adolescent Health Promotion	355,676	1,549,999	1,905,675	9.60
40037A	Environmental Health Community Programs	300,745	190,000	490,745	2.70

# Health Department

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
<b>Public Health (cont.)</b>					
40038A	Health Promotion and Community Capacity Building	847,853	659,001	1,506,854	8.77
40038B	Public Health Approach to Preventing Community Violence	450,000	0	450,000	2.83
40038C	Community Health Worker Training Carryover	100,000	0	100,000	0.00
40045	Health Equity Initiative (Racial Justice Focus)	1,244,934	0	1,244,934	7.70
40048	Community Epidemiology	819,301	1,887,025	2,706,326	13.44
40054	Nurse Family Partnership	2,210,304	1,689,639	3,899,943	20.40
40055	Children with Special Health Care Needs Home Visiting	1,200,198	1,995,612	3,195,810	19.10
40056	Healthy Families	941,485	2,375,461	3,316,946	12.55
40057	Future Generations Collaborative	392,059	133,435	525,494	1.50
40058	Healthy Birth Initiative	664,923	1,172,688	1,837,611	11.95
40060	Community Health & Chronic Disease Prevention	1,008,806	1,236,000	2,244,806	11.85
40092	Community Primary Care Expansion	500,000	0	500,000	0.00
<b>Integrated Clinical Services</b>					
40016	Medicaid/Medicare Eligibility	344,306	1,504,535	1,848,841	19.00
40017A	Dental Services	9,408,432	9,370,988	18,779,420	117.85
40017B	North Portland Dental Expansion	1,800,000	0	1,800,000	0.00
40019	North Portland Health Clinic	2,796,316	3,625,191	6,421,507	33.30
40020	Northeast Health Clinic	4,053,536	4,007,536	8,061,072	51.20
40022	Mid County Health Clinic	7,538,776	6,602,250	14,141,026	92.35
40023	East County Health Clinic	6,076,998	5,013,670	11,090,668	67.93
40024	School Based Health Centers	4,019,269	2,604,299	6,623,568	38.26
40026	La Clinica de Buena Salud	1,088,813	1,358,480	2,447,293	14.00
40027	Southeast Health Clinic	2,063,553	3,064,867	5,128,420	31.40
40029	Rockwood Community Health Clinic	3,140,850	3,081,903	6,222,753	39.80
40031	Pharmacy	0	18,418,624	18,418,624	56.75
40032	Lab and Medical Records	4,301,534	869,904	5,171,438	39.55
40033	Primary Care and Dental Access and Referral	2,171,119	558,626	2,729,745	26.80
40034	Quality Assurance	6,076,861	703,006	6,779,867	56.80
40036	Community Health Council and Civic Governance	245,688	0	245,688	1.30

# Health Department

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
<b>Business Operations</b>					
40003	Health Department Leadership Team Support	1,001,890	0	1,001,890	10.00
40039	Human Resources and Training	3,200,172	0	3,200,172	20.65
40040	Budget & Finance	2,537,569	310,742	2,848,311	25.00
40041	Medical Accounts Receivable	1,665,492	0	1,665,492	14.00
40042	Contracts & Procurement	1,452,270	197,663	1,649,933	13.00
40043	Health Department Operations	2,485,349	114,892	2,600,241	17.60
40044	Health Clinical Data and Reporting	2,895,548	0	2,895,548	4.00
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention	915,588	0	915,588	5.90
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,510,717	172,142	3,682,859	23.40
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,554,064	0	2,554,064	16.00
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,078,684	0	3,078,684	20.20
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,937,381	0	2,937,381	15.70
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,816,506	0	1,816,506	11.10
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,343,530	0	1,343,530	8.70
40059	Corrections Health Mental Health Services	492,260	0	492,260	4.40
40093	Mental Health Screening at MCDC Booking - Pilot	400,000	0	400,000	2.60
<b>Mental Health and Addiction Services</b>					
40065A	Mental Health & Addiction Services Administration	372,226	1,399,330	1,771,556	5.80
40065B	MHASD Office of Consumer Engagement	150,000	0	150,000	2.00
40066	Mental Health (CATC / Jail Diversion)	683,500	0	683,500	0.00
40067	Medical Records for MHASD	173,487	700,511	873,998	8.30
40068	Mental Health Quality Management & Protective Services	1,117,686	4,642,491	5,760,177	34.90
40069	Behavioral Health Crisis Services	1,810,362	5,523,545	7,333,907	20.25
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	655,125	2,620,495	3,275,620	0.00
40071	Inpatient, Subacute & Residential MH Services for Children	0	2,856,605	2,856,605	0.00
40072	Mental Health Commitment Services	1,332,579	2,986,418	4,318,997	25.50

# Health Department

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
<b>Mental Health and Addiction Services (cont.)</b>					
40073	Peer-run Supported Employment Center	80,000	0	80,000	0.00
40074A	Mental Health Residential Services	970,864	11,715,782	12,686,646	9.14
40075	Adult Mental Health Initiative (AMHI)	0	4,222,150	4,222,150	10.00
40076	Mental Health Services for Adults	0	29,153,415	29,153,415	15.06
40077	Mental Health Treatment & Medications for the Uninsured	1,113,897	146,368	1,260,265	0.00
40078	Early Assessment & Support Alliance	0	1,662,614	1,662,614	10.32
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	1,758,991	12,628,864	14,387,855	19.17
40081	Multnomah Wraparound	0	3,320,327	3,320,327	22.92
40082	School Based Mental Health Services	1,356,706	1,656,336	3,013,042	22.18
40083	Mental Health First Aid	171,066	0	171,066	1.00
40084	Culturally Specific Mental Health Services	1,567,513	0	1,567,513	0.00
40085	Adult Addictions Treatment Continuum	2,744,389	12,607,366	15,351,755	11.85
40086	Addiction Services Gambling Treatment & Prevention	0	789,500	789,500	0.15
40087	Addiction Services Alcohol & Drug Prevention	0	324,751	324,751	1.00
40088	Coordinated Diversion for Persons with Mental Illness	507,990	1,437,701	1,945,691	11.20
40089	Addictions Detoxification & Post Detoxification Housing	1,747,560	1,296,616	3,044,176	0.00
40090	Family & Youth Addictions Treatment Continuum	205,000	795,779	1,000,779	0.00
40091	Family Involvement Team	<u>0</u>	<u>855,446</u>	<u>855,446</u>	<u>0.00</u>
<b>Total Health Department</b>		<b>\$140,645,621</b>	<b>\$195,479,214</b>	<b>\$336,124,835</b>	<b>1,493.23</b>

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**Department:** Health Department      **Program Contact:** Joanne Fuller  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Health Department's Director's Office provides leadership for the broad mission and vision of the department. The Director leads and guides strategic planning, legislative initiatives, integration of department activities and public health function communications, integration with other county departments, and is integral to health care transformation. The Director leads the Department Leadership Team which includes management of physical health, behavioral health and public health functions.

**Program Summary**

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

The Director's Office is responsible for leadership committed to the Health Department's mission, vision, values and strategic objectives. The Office is the primary liaison to federal, state, county and local elected officials. The Director works with other county departments and community partners to lead the implementation of health care transformation within the county. The Director also works with a wide range of local organizations, health systems and other counties to implement public health, behavioral health and safety net health care across the region.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Increased access to Health Dept. services as measured by # of clients served.	161,016	166,210	163,592	166,210
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions.)	\$102 mil	\$234 mil	\$111 mil	\$234 mil
Output	# of times MCHD is in local and national news media	63	90	90	90

**Performance Measures Descriptions**

Including Mental Health and Addiction Services division has resulted in an increase in the budget and media stories anticipated for next year.

## 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	2016	2016	2017	2017
Personnel	\$891,922	\$0	\$688,152	\$0
Contractual Services	\$41,100	\$0	\$39,750	\$0
Materials & Supplies	\$127,862	\$0	\$129,274	\$0
Internal Services	\$109,269	\$0	\$76,667	\$0
<b>Total GF/non-GF</b>	<b>\$1,170,153</b>	<b>\$0</b>	<b>\$933,843</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,170,153</b>		<b>\$933,843</b>	
<b>Program FTE</b>	4.00	0.00	3.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2016: 40000-16 Health Department Director's Office



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$239,882	\$135,710	\$1,508,116	\$110,835
Contractual Services	\$103,942	\$0	\$132,873	\$0
Materials & Supplies	\$13,360	\$0	\$39,049	\$20,754
Internal Services	\$25,794	\$0	\$138,451	\$13,411
<b>Total GF/non-GF</b>	<b>\$382,978</b>	<b>\$135,710</b>	<b>\$1,818,489</b>	<b>\$145,000</b>
<b>Program Total:</b>	<b>\$518,688</b>		<b>\$1,963,489</b>	
<b>Program FTE</b>	1.00	1.00	11.40	0.60

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$10,485	\$0
Intergovernmental	\$0	\$0	\$0	\$145,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,485</b>	<b>\$145,000</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The Public Health Director is reflected in this program. The public health informatics function, previously associated with program 40048 (Community Epidemiology), has been included in this program. Additional personnel increases are due to moves in program offers 40000 and 40035.

**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

Four public health physicians serve as the Tri-County Health Officers

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, lead the development of regional opiate prescribing standards and support and obtain regional leadership on the state prescription drug overdose prevention grant, lead regional Ebola response planning, provide technical support for board presentations on maternal child health, disparities, and e-cigarettes. Dr Lewis also participates in both the OLCC and OHA marijuana rules advisory committees.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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%	100%	100%	100%

### Performance Measures Descriptions

2) measured by renewal of intergovernmental agreement through FY17. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY17 will be negotiated and finalized by June 30, 2016. 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	2016	2016	2017	2017
Personnel	\$292,251	\$289,234	\$310,144	\$382,125
Contractual Services	\$10,616	\$0	\$0	\$0
Materials & Supplies	\$10,315	\$11,657	\$10,366	\$13,281
Internal Services	\$14,580	\$29,709	\$9,915	\$58,594
<b>Total GF/non-GF</b>	<b>\$327,762</b>	<b>\$330,600</b>	<b>\$330,425</b>	<b>\$454,000</b>
<b>Program Total:</b>	<b>\$658,362</b>		<b>\$784,425</b>	
<b>Program FTE</b>	1.00	1.20	1.00	1.50

Program Revenues				
Indirect for Dept. Admin	\$19,876	\$0	\$36,150	\$0
Intergovernmental	\$0	\$330,600	\$0	\$454,000
<b>Total Revenue</b>	<b>\$19,876</b>	<b>\$330,600</b>	<b>\$36,150</b>	<b>\$454,000</b>

## Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by \$454,000 in revenue from Clackamas and Washington counties.

## Significant Program Changes

Last Year this program was: FY 2016: 40002-16 Tri-County Health Officer



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$889,337	\$0	\$836,525	\$0
Materials & Supplies	\$23,746	\$0	\$17,649	\$0
Internal Services	\$92,039	\$0	\$147,716	\$0
<b>Total GF/non-GF</b>	<b>\$1,005,122</b>	<b>\$0</b>	<b>\$1,001,890</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,005,122</b>		<b>\$1,001,890</b>	
<b>Program FTE</b>	10.80	0.00	10.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40003-16 Health Department Leadership Team Support



**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 (MC EMS) plans, regulates, coordinates, and provides medical supervision, system quality improvement, and quality assurance for all pre-hospital care provided by an exclusive emergency ambulance contractor, fire departments, and licensed non-emergency ambulance providers in the County.

**Program Summary**

The MC EMS Program has the following major functions:

1. Administration of the exclusive emergency ambulance contract to assure that performance criteria are met by the ambulance provider under franchise with the County.
2. Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including Emergency Medical Technicians and Paramedics. Immediate medical advice for responders is provided via a contract with OHSU and the County under the direction and coordination 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 by the system.
4. Regulation of all ambulance business in the County in accordance with the ambulance service plan ordinance, MCC 21.400, and administrative rules. 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. This includes planning activities to maintain the Ambulance Service Plan, County Code, Administrative Rules, and subsequent procurement, contracts and agreements.
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 provider agencies. 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).
6. MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, and EMS disaster planning in the County with Emergency Medical Service provider agencies.
7. MC EMS provides supervision and coordination of the Tri-County 911 program. This includes coordination of care for the frequent users of the medical 911 system in Clackamas, Washington, and Multnomah County EMS systems.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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. The governing law and contractual obligations include the Multnomah County ASA plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, Contracts with OHSU, IGAs with local fire and rescue jurisdictions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,371,900	\$0	\$981,298	\$693,996
Contractual Services	\$830,349	\$0	\$836,085	\$89,542
Materials & Supplies	\$191,205	\$0	\$168,647	\$45,952
Internal Services	\$94,253	\$0	\$105,823	\$126,235
<b>Total GF/non-GF</b>	<b>\$2,487,707</b>	<b>\$0</b>	<b>\$2,091,853</b>	<b>\$955,725</b>
<b>Program Total:</b>	<b>\$2,487,707</b>		<b>\$3,047,578</b>	
<b>Program FTE</b>	10.20	0.00	6.35	6.13

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$65,652	\$0
Fees, Permits & Charges	\$1,019,692	\$0	\$989,913	\$0
Intergovernmental	\$67,208	\$0	\$0	\$0
Other / Miscellaneous	\$114,785	\$0	\$114,225	\$955,725
Service Charges	\$733,951	\$0	\$814,790	\$0
<b>Total Revenue</b>	<b>\$1,935,636</b>	<b>\$0</b>	<b>\$1,984,580</b>	<b>\$955,725</b>

## 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 finds fund system improvements.

Ambulance License Fees: \$989,913  
 Medical Direction contracts: \$254,840  
 Charges for Services: \$659,950  
 Ambulance Fines: \$114,785  
 Coordinated Care Organization grants: \$955,725

## Significant Program Changes

**Last Year this program was:** FY 2016: 40004-16 Ambulance Services (Emergency Medical Services)



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**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 Healthcare 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 Healthcare 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Trainings participated in by Incident Management Team	6	6	6	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced")	Established	Established	Established	Established
Outcome	Improved regional healthcare system emergency response	87%	98%	88%	89%
Quality	Program satisfaction	87%	93%	88%	89%

**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 healthcare system preparedness goals and activities supported with Federal US Dept. of Health and Human Services funds. Both sources of federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$491,428	\$0	\$463,996
Materials & Supplies	\$0	\$4,704	\$264	\$50,873
Internal Services	\$26,142	\$80,540	\$44,524	\$73,565
<b>Total GF/non-GF</b>	<b>\$26,142</b>	<b>\$576,672</b>	<b>\$44,788</b>	<b>\$588,434</b>
<b>Program Total:</b>	<b>\$602,814</b>		<b>\$633,222</b>	
<b>Program FTE</b>	0.00	3.60	0.00	3.10

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$34,670	\$0	\$40,355	\$0
Intergovernmental	\$0	\$576,672	\$0	\$588,434
<b>Total Revenue</b>	<b>\$34,670</b>	<b>\$576,672</b>	<b>\$40,355</b>	<b>\$588,434</b>

## 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: \$266,139  
 OHA, PHEP Ebola, Health Security, Preparedness, and Response Program: \$322,295

## Significant Program Changes

**Last Year this program was:** FY 2016: 40005-16 Public Health & Regional Health Systems Emergency Preparedness

Public Health Preparedness: Paradigm and training shift to Emergency Support Function (ESF) in support of Multnomah County Emergency Management. ORR process introduced and will influence future planning outcomes.



## Legal / Contractual Obligation

Tobacco Prevention and Education (TPEP) grant, funded by the Oregon Public Health Division, OHA must comply with required work plans and assurances.

MC Ordinance 2015-1225

Oregon Indoor Clear Air Act Administrative Rules (ICAA OARS), Tobacco Master Settlement Agreement (MSA), SYNAR amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act, Racketeer Influenced and Corrupt Organization (RICO), Food & Drug Administration, and Family Smoking Prevention and Tobacco Act.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$75,445	\$322,107	\$411,394	\$342,961
Contractual Services	\$0	\$0	\$53,292	\$115,243
Materials & Supplies	\$912	\$4,594	\$22,223	\$4,624
Internal Services	\$8,150	\$70,704	\$23,167	\$153,673
<b>Total GF/non-GF</b>	<b>\$84,507</b>	<b>\$397,405</b>	<b>\$510,076</b>	<b>\$616,501</b>
<b>Program Total:</b>	<b>\$481,912</b>		<b>\$1,126,577</b>	
<b>Program FTE</b>	0.80	3.15	4.10	3.15

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$23,892	\$0	\$32,444	\$0
Fees, Permits & Charges	\$0	\$0	\$510,076	\$0
Intergovernmental	\$0	\$397,405	\$0	\$616,501
<b>Total Revenue</b>	<b>\$23,892</b>	<b>\$397,405</b>	<b>\$542,520</b>	<b>\$616,501</b>

## Explanation of Revenues

Tobacco Prevention and Education (TPEP) grant: \$399,284.  
Tobacco retail licenses general fund fees : \$510,076.

## Significant Program Changes

**Last Year this program was:** FY 2016: 40037-16 Environmental Health Education, Outreach and Housing

In FY16, the Tobacco Prevention and Education Program (TPEP) grant was shared between two different program offers, program 40037 (Environmental Health Education, Outreach, and Housing) and program 40047 (Public Health Community Initiatives). In this FY17 offer, TPEP is completely within this program.





## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$2,768,992	\$64,336	\$2,966,115	\$70,429
Contractual Services	\$275,770	\$9,120	\$254,117	\$4,920
Materials & Supplies	\$106,020	\$10,848	\$194,215	\$8,843
Internal Services	\$437,608	\$8,413	\$589,071	\$8,523
<b>Total GF/non-GF</b>	<b>\$3,588,390</b>	<b>\$92,717</b>	<b>\$4,003,518</b>	<b>\$92,715</b>
<b>Program Total:</b>	<b>\$3,681,107</b>		<b>\$4,096,233</b>	
<b>Program FTE</b>	26.39	0.68	27.89	0.71

Program Revenues				
Indirect for Dept. Admin	\$5,574	\$0	\$6,663	\$0
Fees, Permits & Charges	\$3,462,350	\$0	\$3,882,489	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
<b>Total Revenue</b>	<b>\$3,467,924</b>	<b>\$92,715</b>	<b>\$3,889,152</b>	<b>\$92,715</b>

## Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Inspection Fees: \$3,746,685; Food Handler Fees: \$135,804. These fees are reflected in the budget as general fund fees.

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 2016: 40007-16 Health Inspections and Education

In 2015, a new computer system, Accela, was implemented. This system has increased the amount of time for running operations and performing inspections. In FY16, a 10% fee increase was passed which paid for three new inspectors. This was in response to bringing the program more in line with state mandates and requests from the MC Food Service Advisory Committee.

License counts are based on numbers obtained from FirstStar and Accela. At the end of FY15, FirstStar was providing numbers that were not reliable and could change significantly from week to week. This increased the need to switch to a more reliable licensing system. For FY16, the program started using Accela to project these numbers and the program is still in process of working out the first-year bugs to obtain reliable numbers.

**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 (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Some major diseases are vector borne, such as Hantavirus, West Nile Virus, and emerging Zika virus. Climate changes in the NW (warming winter temperatures, increase in rainfall, and urban landscape mgmt) will increase the risk of vector-borne diseases. Interventions include surveillance, analysis, proactive control/abatement of rodents and mosquitos, and public education. Program includes enforcement of nuisance codes.

### Program Summary

Multnomah County's climate, supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930s, when malaria was endemic. In 2015, ten counties in Oregon reported 74 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 in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

**Objectives:** Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne disease such as Zika virus and now-endemic 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 larvicides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitat. Educate the average resident 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).

Performance Measures					
Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of acres treated for mosquitoes	1,066	2,600	2,200	2,200
Outcome	Mosquitoes prevented (In billions)*	0.53	1.30	1.10	1.10
Efficiency	Number of acres treated for mosquitoes per FTE	213	520	440	440
Output	Number of rodent inspections conducted	1,030	850	850	900

### Performance Measures Descriptions

1) Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, and presence/absence of disease. 2) Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number). 3) Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations. 4) On-site inspections stemming from rodent complaints received.

## 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	2016	2016	2017	2017
Personnel	\$961,155	\$0	\$952,733	\$0
Contractual Services	\$51,000	\$0	\$64,500	\$0
Materials & Supplies	\$110,608	\$0	\$106,461	\$0
Internal Services	\$199,129	\$0	\$213,644	\$0
<b>Total GF/non-GF</b>	<b>\$1,321,892</b>	<b>\$0</b>	<b>\$1,337,338</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,321,892</b>		<b>\$1,337,338</b>	
<b>Program FTE</b>	10.00	0.00	9.60	0.00

Program Revenues				
Fees, Permits & Charges	\$100	\$0	\$100	\$0
Intergovernmental	\$3,000	\$0	\$3,000	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$290,935	\$0
<b>Total Revenue</b>	<b>\$295,035</b>	<b>\$0</b>	<b>\$295,035</b>	<b>\$0</b>

## Explanation of Revenues

Local municipalities' revenue contracts equal \$295,035.00. Remainder is County General Fund.

## Significant Program Changes

Last Year this program was: FY 2016: 40008-16 Vector-Borne Disease Prevention and Code Enforcement



## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$482,193	\$0	\$663,036
Contractual Services	\$0	\$23,711	\$0	\$19,264
Materials & Supplies	\$0	\$11,987	\$0	\$15,719
Internal Services	\$0	\$122,981	\$0	\$161,084
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$640,872</b>	<b>\$0</b>	<b>\$859,103</b>
<b>Program Total:</b>	<b>\$640,872</b>		<b>\$859,103</b>	
<b>Program FTE</b>	0.00	5.38	0.00	7.23

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$38,530	\$0	\$62,723	\$0
Fees, Permits & Charges	\$0	\$640,872	\$0	\$859,103
<b>Total Revenue</b>	<b>\$38,530</b>	<b>\$640,872</b>	<b>\$62,723</b>	<b>\$859,103</b>

## Explanation of Revenues

This is a fee driven, self-sustaining program. Fees are determined by Oregon Public Health Division (OPHD). In January 2016, OPHD increased fees for the Vital Records program services. Fee revenue for Vital Records in FY2016 is \$859,103.

## Significant Program Changes

**Last Year this program was:** FY 2016: 40009-16 Vital Records

In January 2016, the Oregon Public Health Division increased fees for the Vital Records program services. The fee increase has resulted in increased projected Vital Records fee revenue of \$218,231 from FY16.





## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$2,688,132	\$567,711	\$2,325,094	\$965,643
Contractual Services	\$32,211	\$25,020	\$46,780	\$17,946
Materials & Supplies	\$13,201	\$75,407	\$66,319	\$33,283
Internal Services	\$0	\$538,240	\$519,289	\$118,858
<b>Total GF/non-GF</b>	<b>\$2,733,544</b>	<b>\$1,206,378</b>	<b>\$2,957,482</b>	<b>\$1,135,730</b>
<b>Program Total:</b>	<b>\$3,939,922</b>		<b>\$4,093,212</b>	
<b>Program FTE</b>	23.86	5.64	19.76	8.14

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$62,880	\$0	\$79,804	\$0
Intergovernmental	\$0	\$1,037,487	\$0	\$979,340
Other / Miscellaneous	\$0	\$160,474	\$0	\$150,348
Service Charges	\$0	\$8,417	\$0	\$6,042
<b>Total Revenue</b>	<b>\$62,880</b>	<b>\$1,206,378</b>	<b>\$79,804</b>	<b>\$1,135,730</b>

## Explanation of Revenues

The program offer is funded by federal and state grants, client fees and the 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): \$869,340

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

Medical Fees: \$156,390

## Significant Program Changes

**Last Year this program was:** FY 2016: 40010-16 Communicable Disease Prevention and Control

We have seen increasing numbers of outbreak investigations; on-going challenges with multidrug resistant strains of TB; and emerging disease threats like Ebola, MERS, and Zika virus. These emerging threats can increase the need for active tracking of suspect cases (e.g., Ebola), or the need to inform communities about potential risks. Our changeable environment requires nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities.

In FY 2017, we will reduce our Operations support staff by a 1.0 FTE Health Assistant. This change could leave us with a roughly one month gap in timely phone call response. We will limit this impact as we move on to an Electronic Health Record (July 2016 roll out), which will free-up other operations staff to fill this role.



**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40011B, 40011C, 40012, 40025  
**Program Characteristics:**

### Executive Summary

Multnomah County is in its fifth year of a syphilis outbreak. Gonorrhea rates have increased by 45%. Increases are related to decreased condom use due to lower perceptions of HIV risk. Statute requires that the Health Department investigate and interrupt disease transmission as a core public health function. This program prioritizes efforts to reduce racial & sexual minority inequities in STDs among adolescents and young adults. It includes critical services of surveillance, partner notification, and related wraparound services that link clients to services such as HIV care.

### 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) 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. Provides consultations and continuing medical education to medical providers in the community. 3) Partnerships: Collaborates with community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. Targeted community testing, health promotion, and condom distribution through direct service and subcontract to community partners. 4) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Through more than 50,000 Syringe Exchange visits in FY15, clients brought in over 3,000,000 syringes. Clients reported exchanging on behalf of large groups of individuals. This informal user-driven distribution, increases the supply of sterile syringes in injection drug communities and is called "secondary syringe exchange". Services are provided by MCHD and a subcontracted community service provider. A new Harm Reduction Center in East Portland integrates HIV/HCV testing, wound and soft tissue infection clinical care, and addictions treatment care coordination with syringe exchange activities. Staff inform policy efforts to reduce drug use and harm and improve sexual health. Staff provide capacity building technical assistance to community partners.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of community outreach/health promotion encounters.	51,566	40,000	54,094	50,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program.	30%	30%	24%	30%
Quality	Percent of gonorrhea/syphilis/HIV cases investigated	84%	90%	73%	90%
Quality	Number of STD and HIV test clinical encounters.	5,405	6,750	5,800	5,500

### Performance Measures Descriptions

1) Quantifies amount of non-clinical community-based outreach and education provided. 2) Shows impact of program's ability to find, diagnose, and treat reportable STDs (including HIV) and capacity to target services to those at highest risk. 3) Due to reduced FTE and large increases in 2 main STDs, not all cases were able to be investigated. Prioritization algorithm recommended by CDC has been applied to investigate most important cases for public health. 4) Quantifies amount of clinical service provided each year. Due to reduced FTE. number of clinical encounters expected to be less in FY17.

## 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	2016	2016	2017	2017
Personnel	\$1,816,196	\$931,300	\$1,336,309	\$1,076,472
Contractual Services	\$237,600	\$430,377	\$375,072	\$259,230
Materials & Supplies	\$228,993	\$141,812	\$172,328	\$91,074
Internal Services	\$313,715	\$401,756	\$593,924	\$127,089
<b>Total GF/non-GF</b>	<b>\$2,596,504</b>	<b>\$1,905,245</b>	<b>\$2,477,633</b>	<b>\$1,553,865</b>
<b>Program Total:</b>	<b>\$4,501,749</b>		<b>\$4,031,498</b>	
<b>Program FTE</b>	17.75	8.45	14.07	9.18

Program Revenues				
Indirect for Dept. Admin	\$114,545	\$0	\$99,361	\$0
Intergovernmental	\$0	\$1,367,785	\$0	\$1,109,494
Other / Miscellaneous	\$0	\$256,465	\$0	\$134,750
Service Charges	\$0	\$280,995	\$0	\$309,621
<b>Total Revenue</b>	<b>\$114,545</b>	<b>\$1,905,245</b>	<b>\$99,361</b>	<b>\$1,553,865</b>

## 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, opiate overdose prevention and safe prescribing, and State Support for Public health disease investigation. Federal and CareOregon grants also contribute to program revenues.

State Local Public Health Authority IGA: \$919,494  
 Federal Ryan White: \$40,000  
 Federal STD Surveillance Network Grant (SSuN): \$150,000  
 Cascade AIDS Project: \$18,000  
 CareOregon Harm Reduction Clinic Grant: \$116,750  
 Medical Fees: \$309,621

## Significant Program Changes

**Last Year this program was:** FY 2016: 40011-16 STD/HIV/Hep C Community Prevention Program

In FY16, the LPHA decreased by \$105,000 due to reductions in federal HIV Prevention grant to OHA. This pays for testing, condom distribution, Disease Intervention Specialist (DIS) risk reduction & case management support for newly diagnosed individuals. In FY17, OHA will eliminate the \$45,000 STD program element that has historically been part of this budget. This funding was previously \$145K & paid for DIS, instead of having state employees assigned to our county (OHA withdrew state DIS from other counties in the region this year). Separate program offer retains 1.25 staff to maintain core surveillance functions. In 2017, a 3-year OHA grant for opiate overdose prevention & safe prescribing ends. It supported the integration of naloxone distribution, as well as other public education, data analysis, capacity-building, & policy analysis. Separate offer (Overdose Prevention Strategy) will backfill essential work that has no other funding mechanism.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40011A, 4011B  
**Program Characteristics:** Backfill State/Federal/Grant, One-Time-Only Request

### Executive Summary

Heroin overdose deaths in Oregon increased 46% over 10 years (from 2002 to 2012). Multnomah County accounts for 50-60% of all heroin deaths in Oregon each year. Naloxone is a prescription medication that reverses opiate overdoses, bringing the overdose victim back to life. By distributing and training people on how to use naloxone, the Overdose Prevention Strategy has contributed to a 30% reduction in heroin deaths in Multnomah County. Naloxone saves lives and is a key component of a comprehensive regional, statewide, and national strategy to address the opiate epidemic.

### Program Summary

Naloxone distribution to injection drug users has been shown to be a very cost-effective means to reduce opiate overdose deaths. Drug users are considered most likely to witness an overdose and therefore be most able to rescue someone using naloxone.

In 2013, County contractor Outside In launched their naloxone training program at needle exchange sites. Multnomah County Health Department (MCHD) followed suit in 2014. From 2014-2016, MCHD has used a capacity-building grant from the Oregon Health Authority (OHA) to develop and test community prevention strategies using naloxone. Leveraging grant funding, MCHD has built up robust naloxone distribution and overdose prevention education components, and supported the capacity of multiple social service and health agencies and first responders to do their part to respond to opiate overdose. For example, MCHD has trained 23 Multnomah County Sheriff deputies and command staff with plans to train an additional 80 staff this spring.

MCHD has established an innovative and effective intervention to save lives. The reduction in overall population mortality demonstrates that this strategy focuses at the most effective scale and targets the highest-risk networks. It is essential that this work be integrated into public health practice because the outcomes are clear: community-based prevention using naloxone is an efficient and effective new way to get to zero preventable overdose deaths.

Currently, naloxone training is offered at the five syringe exchange sites operated by MCHD and Outside In and at the Health Department's new harm reduction clinic. In 2015, MCHD had trained more than 41% of clients served at Health Department needle exchange sites since training began. Approximately 200 new clients are served per month through MCHD and Outside In sites; these clients can be trained in use of naloxone. This community-based strategy most effectively targets the growing population of new heroin users. Multnomah County has been a leader in the field of public health interventions for injection drug users (IDU). Early efforts prevented an HIV epidemic among IDU. Today, MCHD has an opportunity and an obligation to prevent overdose deaths and their tragic impact on families and communities.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of clients trained.	1,088	NA	785	750
Outcome	Number of rescues reported.	544	NA	540	500

### Performance Measures Descriptions

1) Quantifies the reach of program; studies have shown that decreases in opiate overdose deaths have a dose-response relationship. Training more people means fewer deaths. 2) Quantifies how many trainees actually use their naloxone in an overdose event and save a life.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$83,071	\$0
Contractual Services	\$0	\$0	\$50,000	\$0
Materials & Supplies	\$0	\$0	\$43,632	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$176,703</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$176,703</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Funding in this Program Offer covers 1.15 FTE budgeted in temporary.

**Department:** Health Department

**Program Contact:** Kim Toevs

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

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

### Executive Summary

PrEP (Pre-Exposure Prophylaxis) is daily antiretroviral medication intended to prevent HIV infection in high-risk individuals. Because STDs increase the risk of contracting HIV, the HIV Pre-Exposure Prophylaxis Strategy (PrEP) will make a significant population-level impact in reducing HIV transmission among highest risk populations by targeting individuals who receive services through the Health Department's STD/HIV/Hep C Community Prevention Program. This best practice strategy is critical for getting to zero cases of HIV in Multnomah County.

### Program Summary

The U.S. Public Health Service recommends distributing PrEP (Pre-Exposure Prophylaxis) antiretroviral medication to those at highest risk of HIV infection. The Centers for Disease Control and Prevention (CDC) recommends implementing PrEP programs as a key HIV prevention strategy. Other urban health department STD clinics currently operate this approach. Locally, HIV rates are slowly decreasing due to early treatment of HIV, which drastically reduces transmission to others. The opportunity exists to reach zero cases of HIV in Multnomah County. To get there, it is essential to implement PrEP at a significant scale across communities at highest risk.

Cascade AIDS Project funded for PrEP community education by a pharmaceutical grant, will place two staff once a week each in the Health Department's STD Clinic to support PrEP education, counseling, and follow-up. The Health Department began a small-scale pilot of PrEP in January, 2016. One-time-only funding will allow the community to scale up these efforts to the level that can reduce population-level HIV infection rates. This funding is needed to assess sustainability through revenue generation from third party billing. The program will include insurance and drug assistance program enrollment support to pay for the drug itself, which will not be paid for with County general fund. PrEP will include STD and HIV testing as well as other clinical labs and medical history, on-going risk reduction and medication adherence counseling, and a proactive follow-up system for visits every three months. The goal is to transfer clients to a private prescriber within a year after initiation.

The Health Department's STD/HIV/Hep C Community Prevention Program will implement an equity-based approach to eliminate racial inequities in HIV infection risk. Because STDs are reported to this program and can be used as markers of individuals at highest risk, the program is uniquely positioned to assure access to men who have sex with men (MSM), and in particular MSM of color and low-income/uninsured MSM. PrEP will work in tandem with the broader health care delivery system to assure equal access to PrEP for all residents. Multnomah County has been a leader in HIV prevention strategies. The Health Department has an opportunity and an obligation to prevent HIV and help Multnomah County get to zero cases of HIV.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of clients at high risk for HIV started on PrEP.	0	0	30	150
Outcome	Number of PrEP clients diagnosed with HIV during treatment.	0	0	0	0
Quality	Clinical care follows CDC guidance	0	0	95%	95%

### Performance Measures Descriptions

- 1)" High risk" defined by CDC guidance.
- 2) With appropriate screening, medication adherence support, and risk reduction counseling, HIV infection should be close to zero.
- 3) Guidance defined as: medication adherence counseling, appropriate clinical labs prior to prescribing, follow-up HIV/STI testing every three months.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$82,354	\$0
Materials & Supplies	\$0	\$0	\$21,863	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$104,217</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$104,217</b>	
<b>Program FTE</b>	0.00	0.00	0.75	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40011-17, 40025-17  
**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 Hepatitis 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of unduplicated HCS clients served (all srv types/whole 6-county system).	2,979	2,700	2,875	2,700
Outcome	Percent of HCS clients (all 6 counties) engaged in HIV medical care.*	76%	85%	71%	85%
Output	Number of unduplicated HIV Clinic clients.	1,264	1,450	1,380	1,450
Quality	Percent of HIV Clinic clients whose last viral load test is below 200 copies.**	85%	80%	86%	85%

### Performance Measures Descriptions

\*Even though our mid-year estimate is lower than last year, during this year we are asking contracted providers to focus their quality improvement efforts on improving rates of medical engagement. This gives us confidence that this outcome will improve in the next year.

\*\*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	2016	2016	2017	2017
Personnel	\$0	\$0	\$936,146	\$3,271,679
Contractual Services	\$0	\$0	\$102,304	\$2,597,765
Materials & Supplies	\$0	\$0	\$59,025	\$177,944
Internal Services	\$0	\$0	\$151,331	\$963,195
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,248,806</b>	<b>\$7,010,583</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$8,259,389</b>	
<b>Program FTE</b>	0.00	0.00	7.56	27.19

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$361,525	\$0
Intergovernmental	\$0	\$0	\$0	\$5,811,455
Other / Miscellaneous	\$0	\$0	\$0	\$20,000
Service Charges	\$0	\$0	\$1,204,958	\$1,179,128
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,566,483</b>	<b>\$7,010,583</b>

## 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 Ryan White & HIV Early Intervention grants: \$2,555,423; Medical Fees: \$2,384,086, State/Local Revenue contracts: \$148,300; Federal Primary Care Grant: \$45,000

HIV Care Services Revenue - Federal Ryan White Part A grant: \$3,084,732

## Significant Program Changes

Last Year this program was: FY 2016: 40012A-16 Services for Persons Living with HIV



**Department:** Health Department      **Program Contact:** Margy Robinson  
**Program Offer Type:** Existing Operating 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of clients engaged in employment resources	NA	125	125	125
Outcome	% of clients engaged in employment resources who find employment	NA	40%	40%	40%
Quality	% of clients who report satisfaction with employment services offered	NA	80%	80%	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	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$153,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$153,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$153,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

**Explanation of Revenues****Significant Program Changes**Last Year this program was: FY 2016: 40012B-16 HIV Grant Backfill

**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. CIP 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 vision of CIP is to be a trusted community resource that protects the people of Multnomah County from communicable diseases -- specifically vaccine-preventable diseases for CIP. 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. 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 immunizations law requirements, combined with decreased Medicaid revenues and flat state funding, are challenging to 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of immunizations directly provided to keep children in school.	1183	500	1000	1000
Outcome	Percent of assisted facilities successful in meeting immunization law requirement.	98%	98%	98%	98%
Output	Number of schools & other facilities assisted with immunization law requirements.	420	150	455	420
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	100%	95%	95%	95%

**Performance Measures Descriptions**

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. CYP was before 40010 restoration. Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2016, reassigned staff from other CDS programs and received a CDC-funded Public Health Associate (PHA); have PHA in FY 2017.

## 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	2016	2016	2017	2017
Personnel	\$207,454	\$186,991	\$186,061	\$231,919
Contractual Services	\$2,109	\$0	\$1,485	\$0
Materials & Supplies	\$25,850	\$22,987	\$34,028	\$21,506
Internal Services	\$38,565	\$73,121	\$52,437	\$33,812
<b>Total GF/non-GF</b>	<b>\$273,978</b>	<b>\$283,099</b>	<b>\$274,011</b>	<b>\$287,237</b>
<b>Program Total:</b>	<b>\$557,077</b>		<b>\$561,248</b>	
<b>Program FTE</b>	2.08	1.92	1.57	2.43

Program Revenues				
Indirect for Dept. Admin	\$17,020	\$0	\$21,939	\$0
Intergovernmental	\$0	\$198,446	\$0	\$200,492
Service Charges	\$0	\$84,653	\$0	\$86,745
<b>Total Revenue</b>	<b>\$17,020</b>	<b>\$283,099</b>	<b>\$21,939</b>	<b>\$287,237</b>

## Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund. Federal and state governments allow for a vaccine administration fee of \$21.96/vaccine for VFC and 317 program vaccines.

In the last decade, state immunizations funding increased by only 3%, and immunizations revenue declined as more people receive vaccines through their medical home or pharmacies. This pattern has left structural deficits in Program funding.

Fed/State LPHA Immunization Special Payments: \$200,492

Patient Fees: \$86,745

## Significant Program Changes

**Last Year this program was:** FY 2016: 40014-16 Immunizations

CIP will continue to limit on-call staffing for mandated school immunization law. However, we have added support through the CDC-funded Public Health Associate's (PHAP) program. We expect to maintain at least one PHAP Fellow in FY 2017. Last year, the program supported over 400 facilities in submitting their school exclusion documentation, and developed on-line training for facilities. If we lose our PHAP fellow, we could fail to meet school law data sharing requirements in Program Element 43.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$298,752	\$1,173,065	\$225,503	\$1,347,151
Contractual Services	\$0	\$3,000	\$3,000	\$0
Materials & Supplies	\$9,063	\$8,301	\$20,871	\$0
Internal Services	\$0	\$216,445	\$94,932	\$157,384
<b>Total GF/non-GF</b>	<b>\$307,815</b>	<b>\$1,400,811</b>	<b>\$344,306</b>	<b>\$1,504,535</b>
<b>Program Total:</b>	<b>\$1,708,626</b>		<b>\$1,848,841</b>	
<b>Program FTE</b>	4.00	14.00	2.75	16.25

Program Revenues				
Indirect for Dept. Admin	\$84,218	\$0	\$123,045	\$0
Intergovernmental	\$0	\$291,424	\$0	\$294,467
Service Charges	\$0	\$1,109,387	\$0	\$1,210,068
<b>Total Revenue</b>	<b>\$84,218</b>	<b>\$1,400,811</b>	<b>\$123,045</b>	<b>\$1,504,535</b>

## Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. 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): \$1,210,068  
 Federal Primary Care Grant: \$294,467

## Significant Program Changes

Last Year this program was: FY 2016: 40016-16 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. 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. The County dental program is heavily invested in capturing oral health metrics that were recently introduced at both a federal and state level. These services include dental sealants (protective coatings placed on children's molar teeth), which have been a mainstay at our School and Community Oral Health Program for many years, three + preventive measures at each initial or recall exam (oral hygiene instruction, tobacco cessation, nutritional counseling), and improving access by, and initial access for patients who have recently gained insurance through our outreach efforts. The Dental program continues to search for ways to deliver the best evidence based oral healthcare services, to the most persons, in a reasonable, and cost-effective manner.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Billable patient visits	60,708	67,883	59,601	67,883
Outcome	Percentage of patients receiving three preventive services within a 12 month period	baseline	30%	33%	38%
Quality	Percentage of patients who say that 'provider always listens.'	77%	80%	82%	85%

**Performance Measures Descriptions**

% of patients who receive three preventive services within a 12 month period includes oral health instruction, routine cleanings, exams, nutritional counseling, and tobacco cessation when appropriate.  
 % of patients who say that 'provider always listens,' is based on patient results obtained via scientific methods emphasizing confidentiality, SES, cultural background, and location receiving county services

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$7,851,918	\$5,402,911	\$7,815,497	\$6,286,839
Contractual Services	\$49,669	\$208,692	\$77,644	\$209,022
Materials & Supplies	\$252,364	\$1,173,605	\$375,678	\$737,989
Internal Services	\$1,010,991	\$2,285,014	\$1,139,613	\$2,137,138
<b>Total GF/non-GF</b>	<b>\$9,164,942</b>	<b>\$9,070,222</b>	<b>\$9,408,432</b>	<b>\$9,370,988</b>
<b>Program Total:</b>	<b>\$18,235,164</b>		<b>\$18,779,420</b>	
<b>Program FTE</b>	54.16	59.16	51.42	66.43

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$1,081,499	\$0	\$1,311,863	\$0
Intergovernmental	\$0	\$314,360	\$0	\$672,772
Other / Miscellaneous	\$0	\$350,000	\$273,222	\$0
Service Charges	\$8,918,524	\$8,405,862	\$8,888,793	\$8,698,216
<b>Total Revenue</b>	<b>\$10,000,023</b>	<b>\$9,070,222</b>	<b>\$10,473,878</b>	<b>\$9,370,988</b>

## Explanation of Revenues

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

Dental Patient Fees: \$17,860,231  
Federal Primary Care Grant: \$672,772

## Significant Program Changes

**Last Year this program was:** FY 2016: 40017-16 Dental Services

Additional sealant delivery team hired to place sealants in our school based partners, which will allow us to penetrate 6th, 7th, and 8th graders, in addition to 1st, and 2nd graders. The schools targeted have a student body made up of 40% free or reduced lunch program participants. Dental visits are now scheduled out of the same electronic health system, EPIC, that appointments are made for primary care. Last year the dental program has crafted a vision specific for Dental which ties in directly to Integrated Clinical Services, and the Health Department: Inspiring patients and employees to integrate oral health with whole body health.





Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Materials & Supplies	\$0	\$0	\$1,310,000	\$0
Capital Outlay	\$0	\$0	\$490,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,800,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,800,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**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 Women, Infants and Children Program (WIC) serves more than 16,000 pregnant, post-partum and breastfeeding, income-qualified women, infants and children (under age five) per month. WIC is designed to promote positive health outcomes through strengthening life course nutrition with both nutritious foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

### Program Summary

Women, Infants and Children Program (WIC) provides nutritious food, nutrition education, growth monitoring, health screening, and support services to pregnant, postpartum, and breastfeeding women and their children up to five years of age experiencing poverty.

Early life nutrition affects every aspect of health across the life course. Evaluation of WIC has demonstrated that families on WIC are in overall better health, have less dental-related Medicaid costs, have a reduced risk for preterm birth and low birth weight babies by 25% and 44%, respectively, and demonstrate a lower prevalence of anemia than children with similar income not on WIC. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid costs. WIC served over 27,000 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. The WIC Program acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid and private insurance, as well as other early childhood programs. WIC's emphasis on prenatal health and early childhood, helps the County support health over the life course and reduce health inequities.

Supporting families in their breastfeeding goals is a key focus area for WIC. Breastfeeding provides immunity protection to infants, health benefits to the mother, and lifelong protection against becoming overweight and obese. WIC operates the Breastfeeding Peer Counseling Program, which provides breastfeeding support pre- and post-natally and maintains a caseload of over 600 clients. Since its inception, breastfeeding rates in Multnomah County have increased 1% per year.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average number of WIC clients receiving food benefits each month.	16,664	17,000	15,750	16,000
Outcome	Percent of WIC clients initiating breastfeeding.	91%	92%	92%	92%
Outcome	Show rate for WIC group nutrition education follow-up.	60.5%	59%	57%	59%
Outcome	Children at risk of anemia (2-5 year olds).	13.8%	15%	15%	15%

### Performance Measures Descriptions

1) Output: Average number of clients served each month measures the average number of clients receiving WIC food benefits. 2) Outcome: % of mothers who initiated breastfeeding 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$760,527	\$2,813,716	\$848,599	\$2,798,959
Contractual Services	\$0	\$8,800	\$0	\$0
Materials & Supplies	\$67,194	\$28,547	\$75,448	\$48,013
Internal Services	\$681,957	\$331,560	\$722,283	\$286,361
<b>Total GF/non-GF</b>	<b>\$1,509,678</b>	<b>\$3,182,623</b>	<b>\$1,646,330</b>	<b>\$3,133,333</b>
<b>Program Total:</b>	<b>\$4,692,301</b>		<b>\$4,779,663</b>	
<b>Program FTE</b>	9.80	33.05	9.28	33.52

Program Revenues				
Indirect for Dept. Admin	\$191,342	\$0	\$222,699	\$0
Intergovernmental	\$0	\$3,182,623	\$0	\$3,133,333
<b>Total Revenue</b>	<b>\$191,342</b>	<b>\$3,182,623</b>	<b>\$222,699</b>	<b>\$3,133,333</b>

## Explanation of Revenues

The Women, Infants and Children program's revenue is federal funds included in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. 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: \$3,118,166

State Maternal & Child Health grant: \$15,167

## Significant Program Changes

**Last Year this program was:** FY 2016: 40018-16 Women, Infants and Children (WIC)

In January 2016 WIC launched "eWIC," a new method for families to access WIC foods. This provides families with EBT (electronic benefit transaction) cards, replacing paper vouchers.

**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 care to approximately 6,000 patients that identify North Portland Health Center as their medical home.

**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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	n/a	6,000	5,753	18,793
Outcome	% of children who are up to date on immunizations at 24 months of age	81%	85%	81%	85%

**Performance Measures Descriptions**

Output: Number of patients with a NPHC assigned PCP. Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods). Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. Efficiency measure was removed from monitoring as this is part of the clinic standard work.

## Legal / Contractual Obligation

NPHC 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	2016	2016	2017	2017
Personnel	\$2,565,991	\$1,342,795	\$2,089,114	\$2,033,925
Contractual Services	\$0	\$59,332	\$0	\$63,476
Materials & Supplies	\$52,605	\$140,278	\$30,366	\$854,379
Internal Services	\$376,934	\$722,331	\$676,836	\$518,953
Capital Outlay	\$0	\$0	\$0	\$154,458
<b>Total GF/non-GF</b>	<b>\$2,995,530</b>	<b>\$2,264,736</b>	<b>\$2,796,316</b>	<b>\$3,625,191</b>
<b>Program Total:</b>	<b>\$5,260,266</b>		<b>\$6,421,507</b>	
<b>Program FTE</b>	17.90	15.30	22.40	10.90

Program Revenues				
Indirect for Dept. Admin	\$315,957	\$0	\$380,471	\$0
Intergovernmental	\$0	\$532,681	\$0	\$1,429,284
Other / Miscellaneous	\$185,000	\$0	\$0	\$0
Service Charges	\$2,805,631	\$1,732,055	\$2,793,564	\$2,195,907
<b>Total Revenue</b>	<b>\$3,306,588</b>	<b>\$2,264,736</b>	<b>\$3,174,035</b>	<b>\$3,625,191</b>

## 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: \$4,989,471

Federal Health Infrastructure Investment Program - Community Health Center Alteration/Renovation grant: \$840,095

Federal Primary Care grant: \$115,000

Federal Primary Care/Homeless grant: \$450,000

State Family Planning grant: \$24,189

## Significant Program Changes

Last Year this program was: FY 2016: 40019-16 North Portland Health Clinic



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$3,422,690	\$1,635,286	\$3,198,685	\$2,862,870
Contractual Services	\$0	\$203,147	\$0	\$77,158
Materials & Supplies	\$134,152	\$166,492	\$12,491	\$271,890
Internal Services	\$495,730	\$928,540	\$842,360	\$795,618
<b>Total GF/non-GF</b>	<b>\$4,052,572</b>	<b>\$2,933,465</b>	<b>\$4,053,536</b>	<b>\$4,007,536</b>
<b>Program Total:</b>	<b>\$6,986,037</b>		<b>\$8,061,072</b>	
<b>Program FTE</b>	26.00	19.40	18.90	32.30

Program Revenues				
Indirect for Dept. Admin	\$419,558	\$0	\$559,221	\$0
Intergovernmental	\$0	\$772,692	\$0	\$982,127
Other / Miscellaneous	\$231,000	\$0	\$0	\$0
Service Charges	\$3,814,146	\$2,160,773	\$4,049,964	\$3,025,409
<b>Total Revenue</b>	<b>\$4,464,704</b>	<b>\$2,933,465</b>	<b>\$4,609,185</b>	<b>\$4,007,536</b>

## 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: \$6,992,029; Federal Primary Care grant: \$951,471  
 State Family Planning grant: \$30,656; Legacy Health CARES grant: \$83,344

## Significant Program Changes

**Last Year this program was:** FY 2016: 40020-16 Northeast Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work





## 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	2016	2016	2017	2017
Personnel	\$5,777,315	\$2,385,085	\$5,739,285	\$4,968,156
Contractual Services	\$0	\$434,387	\$276,500	\$103,397
Materials & Supplies	\$82,911	\$440,174	\$17,266	\$446,358
Internal Services	\$946,133	\$1,193,667	\$1,505,725	\$1,084,339
<b>Total GF/non-GF</b>	<b>\$6,806,359</b>	<b>\$4,453,313</b>	<b>\$7,538,776</b>	<b>\$6,602,250</b>
<b>Program Total:</b>	<b>\$11,259,672</b>		<b>\$14,141,026</b>	
<b>Program FTE</b>	58.40	13.20	60.00	32.35

Program Revenues				
Indirect for Dept. Admin	\$676,554	\$0	\$1,002,127	\$0
Intergovernmental	\$0	\$375,648	\$0	\$969,253
Other / Miscellaneous	\$370,000	\$0	\$0	\$0
Service Charges	\$6,429,939	\$4,077,665	\$7,536,451	\$5,632,997
<b>Total Revenue</b>	<b>\$7,476,493</b>	<b>\$4,453,313</b>	<b>\$8,538,578</b>	<b>\$6,602,250</b>

## Explanation of Revenues

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

Medical Fees: \$13,169,448

Federal Primary Care grant: \$930,310

State Family Planning grant: \$38,943

## Significant Program Changes

**Last Year this program was:** FY 2016: 40022-16 Mid County Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

Added four additional provider teams and support staff due to expanded hours, including Saturday service.

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

**Executive Summary**

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive health care services because of where they live, the language they speak and their higher level of complex health care needs. The clinic provides a medical home to over 15,000 patients.

**Program Summary**

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population, 60% whose incomes are below 100% of the Federal Poverty Level. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a East County Health Center assigned PCP	n/a	17,000	15,125	18,000
Outcome	% of children who are up to date on immunizations at 24 months of age	89%	85%	91%	85%

**Performance Measures Descriptions**

Outcome: Number of patients with a ECHC assigned PCP

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

## 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	2016	2016	2017	2017
Personnel	\$4,945,551	\$2,511,193	\$4,372,688	\$3,624,577
Contractual Services	\$147,190	\$1,500	\$1,500	\$193,851
Materials & Supplies	\$42,395	\$499,996	\$66,958	\$347,697
Internal Services	\$1,523,783	\$803,991	\$1,635,852	\$847,545
<b>Total GF/non-GF</b>	<b>\$6,658,919</b>	<b>\$3,816,680</b>	<b>\$6,076,998</b>	<b>\$5,013,670</b>
<b>Program Total:</b>	<b>\$10,475,599</b>		<b>\$11,090,668</b>	
<b>Program FTE</b>	52.80	13.10	44.93	23.00

Program Revenues				
Indirect for Dept. Admin	\$629,307	\$0	\$741,327	\$0
Intergovernmental	\$0	\$527,405	\$0	\$1,091,797
Other / Miscellaneous	\$350,000	\$0	\$0	\$0
Service Charges	\$6,300,692	\$3,289,275	\$6,072,894	\$3,921,873
<b>Total Revenue</b>	<b>\$7,279,999</b>	<b>\$3,816,680</b>	<b>\$6,814,221</b>	<b>\$5,013,670</b>

## Explanation of Revenues

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

Medical Fees: \$9,994,767; Federal Primary Care grant: \$1,019,343; State Family Planning grant: \$72,454

## Significant Program Changes

**Last Year this program was:** FY 2016: 40023-16 East County Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

**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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	65%	60%	65%	70%
Outcome	% of patients with persistent asthma prescribed appropriate medications	93%	80%	90%	80%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

SBHC complies with the Bureau of Primary Health Care grant, Joint Commission 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$2,943,570	\$1,371,104	\$3,054,637	\$1,536,815
Contractual Services	\$87,837	\$15,295	\$34,724	\$76,372
Materials & Supplies	\$232,526	\$241,611	\$288,571	\$237,324
Internal Services	\$683,773	\$638,798	\$641,337	\$753,788
Capital Outlay	\$120,000	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$4,067,706</b>	<b>\$2,266,808</b>	<b>\$4,019,269</b>	<b>\$2,604,299</b>
<b>Program Total:</b>	<b>\$6,334,514</b>		<b>\$6,623,568</b>	
<b>Program FTE</b>	21.82	15.56	23.71	14.55

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$292,525	\$0	\$332,716	\$0
Intergovernmental	\$0	\$1,071,837	\$0	\$1,314,983
Other / Miscellaneous	\$206,440	\$80,000	\$0	\$0
Service Charges	\$2,392,353	\$1,114,971	\$2,469,260	\$1,289,316
<b>Total Revenue</b>	<b>\$2,891,318</b>	<b>\$2,266,808</b>	<b>\$2,801,976</b>	<b>\$2,604,299</b>

## Explanation of Revenues

SBHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,758,576;

State SBHC grant: \$861,603

Federal Primary Care grant: \$373,379

State Family Planning grant: \$80,001

## Significant Program Changes

**Last Year this program was:** FY 2016: 40024A-16 School Based Health Centers

The SBHC program went live in Sept 2015, with a telemedicine pilot at two clinic sites and will have evaluation findings in summer 2016.

**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 Sexual Health Equity Program (ASHEP) aims to create a culture that affirms the sexual and reproductive health and justice of youth in Multnomah County. ASHEP provides direct evidence-based comprehensive sexual health education to youth and parents/caregivers, as well as training and capacity building for middle schools, high schools, and community partner agencies. Goals include reducing unintended pregnancy and sexually transmitted infections, eliminating sexual health disparities, and more. In FY17, ASHEP will reach over 10,000 youth.

### Program Summary

The Adolescent Health Promotion (now, ASHEP) program plays an integral role in sexual health promotion strategies through large-scale population-level sexual health programming in multiple school districts and community settings, with youth, caregivers and service providers. The program uses positive youth development approaches and focuses efforts on current geographically- and demographically-based data. ASHEP partners collaboratively to promote personal and community resilience and restoration, dismantle inequities, and support culturally-specific and responsive efforts.

**Public health indicators targeted:** The overall teen unintended pregnancy rate in Multnomah County is higher than the state's rate, and significant inequities exist among Latinos, Native Americans, African Americans. Sexually transmitted infection rates are high in youth, with worse impact in specific racial/ethnic and LGBTQ youth populations when compared to the county as a whole. Both of these health issues can impact long term health and fertility, interrupt education, and change future opportunities.

**Program Activities:** Youth education and skill building: Health Educators teach youth directly, using evidence-based culturally specific or general education approaches as appropriate. Sites include alternative high schools, SUN programs, residential treatment, and juvenile detention and other community sites. Middle and High School 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, classroom co-teaching, as well as curriculum support. Community services: Community capacity is increased by training partner organizations and working together on policy advocacy, increasing community awareness, and improving cultural responsiveness of educational curricula. In tandem with community partners, ASHEP increases skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision-making. Culturally-specific approaches are implemented by and for African American, Latino, and Native American communities by staff and through partnerships.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in educational sessions/training.	10,474	1,500	3,500	12,000
Outcome	Percent of educators who feel confident teaching evidence-based sexuality education.	NA	NA	85%	90%
Quality	Percent of classes taught to fidelity.	NA	NA	NA	85%

### Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) 2) Outcome: The percentage of newly trained facilitators that feel confident they can implement an evidence-based sexual health curriculum (new measure). 3) Quality: The percentage of observed classes that include key components of evidence-based curricula (new measure).

## Legal / Contractual Obligation

The Office of Adolescent Health Teen Pregnancy Prevention Grant (Adolescents and Communities Together) requires 5,000+ priority youth and 12,000 total youth served with evidence-based curricula.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$453,323	\$129,835	\$214,361	\$741,356
Contractual Services	\$1,500	\$0	\$1,500	\$676,463
Materials & Supplies	\$10,551	\$1,667	\$30,272	\$42,476
Internal Services	\$56,297	\$13,651	\$109,543	\$89,704
<b>Total GF/non-GF</b>	<b>\$521,671</b>	<b>\$145,153</b>	<b>\$355,676</b>	<b>\$1,549,999</b>
<b>Program Total:</b>	<b>\$666,824</b>		<b>\$1,905,675</b>	
<b>Program FTE</b>	4.80	1.55	2.01	7.59

Program Revenues				
Indirect for Dept. Admin	\$8,727	\$0	\$70,132	\$0
Intergovernmental	\$0	\$145,153	\$0	\$1,549,999
<b>Total Revenue</b>	<b>\$8,727</b>	<b>\$145,153</b>	<b>\$70,132</b>	<b>\$1,549,999</b>

## Explanation of Revenues

Federal Teen Pregnancy Prevention Grant: \$1,449,999.

## Significant Program Changes

**Last Year this program was:** FY 2016: 40025A-16 Adolescent Health Promotion

Three grants ended in FY16 totaling \$145,153, but the 5-year Teen Pregnancy Prevention grant award began in FY16 at \$1,249,000 annually, encompassing the same areas of work. The ending grants are:

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



**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 care to approximately 2,600 patients that identify La Clinica de Buena Salud Health Center as their medical home.

### 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. La Clinica serves a culturally diverse population of which 56% are below 100% of the Federal Poverty level. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a La Clinica assigned PCP	2,654	3,000	2,800	3,000
Outcome	% of children who are up to date on immunizations at 24 months of age	91%	85%	91%	85%

### Performance Measures Descriptions

Outcome: Number of patients with a La Clinica assigned PCP

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

## Legal / Contractual Obligation

The LCBS 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. 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$952,575	\$728,549	\$908,034	\$829,506
Contractual Services	\$0	\$40,154	\$0	\$31,786
Materials & Supplies	\$36,873	\$87,523	\$11,538	\$104,517
Internal Services	\$211,505	\$338,244	\$169,241	\$392,671
<b>Total GF/non-GF</b>	<b>\$1,200,953</b>	<b>\$1,194,470</b>	<b>\$1,088,813</b>	<b>\$1,358,480</b>
<b>Program Total:</b>	<b>\$2,395,423</b>		<b>\$2,447,293</b>	
<b>Program FTE</b>	11.40	3.20	6.20	7.80

Program Revenues				
Indirect for Dept. Admin	\$143,900	\$0	\$153,852	\$0
Intergovernmental	\$0	\$599,827	\$0	\$726,560
Other / Miscellaneous	\$100,000	\$0	\$0	\$0
Service Charges	\$1,099,030	\$594,643	\$1,086,358	\$631,920
<b>Total Revenue</b>	<b>\$1,342,930</b>	<b>\$1,194,470</b>	<b>\$1,240,210</b>	<b>\$1,358,480</b>

## Explanation of Revenues

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

Medical Fees: \$1,718,278

Federal Primary Care/Homeless grant: \$704,779

State Family Planning grant: \$21,781

## Significant Program Changes

**Last Year this program was:** FY 2016: 40026A-16 La Clinica de Buena Salud

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

**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 might not otherwise have access to health care. Poverty, limited 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 a medical home to approximately 4,500 patients.

**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. Southeast Health Clinic serves a culturally diverse population of which 79% are below 100% of the Federal Poverty level.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	4,500	4,423	4,500	5,000
Outcome	% of children who are up to date on immunizations at 24 months of age	55%	85%	60%	85%

**Performance Measures Descriptions**

Outcome: Number of patients with a SEHC assigned PCP

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

## Legal / Contractual Obligation

The SEHC 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. SEHC 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	2016	2016	2017	2017
Personnel	\$1,615,065	\$2,057,389	\$1,583,449	\$2,132,430
Contractual Services	\$73,253	\$245,335	\$0	\$58,087
Materials & Supplies	\$24,343	\$163,903	\$36,289	\$159,984
Internal Services	\$501,990	\$623,965	\$443,815	\$714,366
<b>Total GF/non-GF</b>	<b>\$2,214,651</b>	<b>\$3,090,592</b>	<b>\$2,063,553</b>	<b>\$3,064,867</b>
<b>Program Total:</b>	<b>\$5,305,243</b>		<b>\$5,128,420</b>	
<b>Program FTE</b>	10.40	22.20	11.45	19.95

Program Revenues				
Indirect for Dept. Admin	\$317,372	\$0	\$332,434	\$0
Intergovernmental	\$0	\$1,612,623	\$0	\$1,327,891
Other / Miscellaneous	\$258,584	\$0	\$0	\$0
Service Charges	\$1,929,719	\$1,477,969	\$2,060,917	\$1,736,976
<b>Total Revenue</b>	<b>\$2,505,675</b>	<b>\$3,090,592</b>	<b>\$2,393,351</b>	<b>\$3,064,867</b>

## Explanation of Revenues

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

Medical Fees: \$3,797,893  
 Federal Primary Care grant: \$475,000  
 Federal Primary Care/Homeless grant: \$833,658  
 State Family Planning grant: \$19,233

## Significant Program Changes

**Last Year this program was:** FY 2016: 40027-16 Southeast Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

**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 care to more than 7,000 patients that identify Rockwood Health Center as their medical home.

### 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. Rockwood Health Center serves a culturally diverse population, 66% whose incomes are below 100% of the Federal Poverty Level. Rockwood Health Center plays a significant role in providing safety net medical services to residents in the community.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a Rockwood assigned PCP	n/a	7,500	7,120	8,000
Outcome	% of children who are up to date on immunizations at 24 months of age	55%	85%	60%	85%

### Performance Measures Descriptions

Outcome: Number of patients with a Rockwood assigned PCP

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

## Legal / Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, Joint Commission accreditation 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$2,561,645	\$1,461,767	\$2,226,089	\$2,281,311
Contractual Services	\$0	\$360,484	\$22,327	\$100,000
Materials & Supplies	\$161,238	\$127,010	\$19,217	\$245,684
Internal Services	\$612,290	\$697,761	\$873,217	\$454,908
<b>Total GF/non-GF</b>	<b>\$3,335,173</b>	<b>\$2,647,022</b>	<b>\$3,140,850</b>	<b>\$3,081,903</b>
<b>Program Total:</b>	<b>\$5,982,195</b>		<b>\$6,222,753</b>	
<b>Program FTE</b>	18.50	17.80	15.00	24.80

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$349,877	\$0	\$409,834	\$0
Intergovernmental	\$0	\$1,172,176	\$0	\$1,128,285
Other / Miscellaneous	\$265,000	\$0	\$0	\$0
Service Charges	\$3,067,161	\$1,474,846	\$3,138,489	\$1,953,618
<b>Total Revenue</b>	<b>\$3,682,038</b>	<b>\$2,647,022</b>	<b>\$3,548,323</b>	<b>\$3,081,903</b>

## Explanation of Revenues

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

Medical Fees: \$5,092,107; Federal Primary Care grant: \$1,109,864  
State Family Planning grant: \$18,421

## Significant Program Changes

**Last Year this program was:** FY 2016: 40029-16 Rockwood Community Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work



## 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	2016	2016	2017	2017
Personnel	\$1,427,537	\$423,637	\$1,614,566	\$548,366
Contractual Services	\$37,069	\$12,000	\$141,359	\$142,040
Materials & Supplies	\$98,576	\$14,022	\$88,172	\$84,983
Internal Services	\$106,160	\$60,341	\$251,166	\$61,011
<b>Total GF/non-GF</b>	<b>\$1,669,342</b>	<b>\$510,000</b>	<b>\$2,095,263</b>	<b>\$836,400</b>
<b>Program Total:</b>	<b>\$2,179,342</b>		<b>\$2,931,663</b>	
<b>Program FTE</b>	8.60	3.65	8.40	3.75

Program Revenues				
Indirect for Dept. Admin	\$25,092	\$0	\$137,167	\$0
Intergovernmental	\$0	\$510,000	\$0	\$821,400
Other / Miscellaneous	\$0	\$0	\$0	\$15,000
Beginning Working Capital	\$0	\$0	\$1,000,000	\$0
Service Charges	\$0	\$0	\$200,000	\$0
<b>Total Revenue</b>	<b>\$25,092</b>	<b>\$510,000</b>	<b>\$1,337,167</b>	<b>\$836,400</b>

## 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 three 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: \$487,040

Patients Fees: \$1,200,000

Healthshare Foster Care Learning Collaborative: \$15,000

## Significant Program Changes

**Last Year this program was:** FY 2016: 40030-16 Medical Directors (Physician, Nurse Practitioner and Nursing)





## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$6,860,292	\$0	\$7,449,709
Contractual Services	\$0	\$230,100	\$0	\$194,939
Materials & Supplies	\$0	\$6,212,786	\$0	\$9,103,005
Internal Services	\$0	\$1,854,161	\$0	\$1,670,971
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$15,157,339</b>	<b>\$0</b>	<b>\$18,418,624</b>
<b>Program Total:</b>	<b>\$15,157,339</b>		<b>\$18,418,624</b>	
<b>Program FTE</b>	0.00	53.15	0.00	56.75

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$911,270	\$0	\$704,742	\$0
Service Charges	\$0	\$15,157,339	\$0	\$18,418,624
<b>Total Revenue</b>	<b>\$911,270</b>	<b>\$15,157,339</b>	<b>\$704,742</b>	<b>\$18,418,624</b>

## Explanation of Revenues

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and directly paid patient fees.

Prescription Fees: \$18,260,492

Patient Fees: \$158,132

## Significant Program Changes

**Last Year this program was:** FY 2016: 40031-16 Pharmacy

This program offer includes funding for increased educational and professional development of pharmacy staff and pharmacy remodels for improved site workflow and better patient experience.

**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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of records requests completed	11,500	12,000	12,000	12,000
Outcome	Number of laboratory specimens handled	240,000	270,000	260,000	260,000
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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$3,504,544	\$0	\$3,353,516	\$734,236
Contractual Services	\$7,320	\$0	\$29,596	\$0
Materials & Supplies	\$195,500	\$0	\$114,842	\$12,426
Internal Services	\$667,258	\$0	\$803,580	\$123,242
<b>Total GF/non-GF</b>	<b>\$4,374,622</b>	<b>\$0</b>	<b>\$4,301,534</b>	<b>\$869,904</b>
<b>Program Total:</b>	<b>\$4,374,622</b>		<b>\$5,171,438</b>	
<b>Program FTE</b>	35.90	0.00	32.65	6.90

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$95,773	\$0	\$365,795	\$0
Intergovernmental	\$0	\$0	\$0	\$269,904
Other / Miscellaneous	\$650,000	\$0	\$2,483,185	\$0
Service Charges	\$943,000	\$0	\$1,348,735	\$600,000
<b>Total Revenue</b>	<b>\$1,688,773</b>	<b>\$0</b>	<b>\$4,197,715</b>	<b>\$869,904</b>

## Explanation of Revenues

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

Medical Fees: \$4,431,920

Federal Primary Care grant: \$269,904

## Significant Program Changes

Last Year this program was: FY 2016: 40032-16 Lab and Medical Records



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,484,986	\$267,051	\$1,507,389	\$501,722
Contractual Services	\$20,000	\$90,000	\$117,500	\$0
Materials & Supplies	\$20,112	\$806	\$18,282	\$1,133
Internal Services	\$112,516	\$317,719	\$527,948	\$55,771
<b>Total GF/non-GF</b>	<b>\$1,637,614</b>	<b>\$675,576</b>	<b>\$2,171,119</b>	<b>\$558,626</b>
<b>Program Total:</b>	<b>\$2,313,190</b>		<b>\$2,729,745</b>	
<b>Program FTE</b>	20.80	4.00	20.00	6.80

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$103,813	\$0	\$186,202	\$0
Intergovernmental	\$0	\$675,576	\$0	\$258,626
Other / Miscellaneous	\$0	\$0	\$0	\$300,000
Beginning Working Capital	\$0	\$0	\$882,043	\$0
Service Charges	\$1,051,170	\$0	\$1,156,182	\$0
<b>Total Revenue</b>	<b>\$1,154,983</b>	<b>\$675,576</b>	<b>\$2,224,427</b>	<b>\$558,626</b>

Explanation of Revenues

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

Medical Fees: \$2,038,225  
 Federal Primary Care grant: \$675,576  
 CareOregon Access Initiative: \$300,000

Significant Program Changes

**Last Year this program was:** FY 2016: 40033-16 Primary Care and Dental Access and Referral

Throughout calendar year 2015 and 2016 this department will take over phone calls and scheduling of all primary care appointments in a central location in order to increase efficiency and improve access to services for patients in a more timely manner.

**Department:** Health Department      **Program Contact:** Dawn Shatzel  
**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 Person 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 testing, data collection and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output		-	-	-	-
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	2016	2016	2017	2017
Personnel	\$1,719,073	\$1,702,844	\$4,909,768	\$638,625
Contractual Services	\$0	\$117,000	\$74,140	\$0
Materials & Supplies	\$62,848	\$112,210	\$160,875	\$240
Internal Services	\$336,926	\$370,152	\$932,078	\$64,141
<b>Total GF/non-GF</b>	<b>\$2,118,847</b>	<b>\$2,302,206</b>	<b>\$6,076,861</b>	<b>\$703,006</b>
<b>Program Total:</b>	<b>\$4,421,053</b>		<b>\$6,779,867</b>	
<b>Program FTE</b>	13.70	15.90	50.00	6.80

Program Revenues				
Indirect for Dept. Admin	\$257,461	\$0	\$514,611	\$0
Intergovernmental	\$0	\$2,230,206	\$0	\$688,006
Other / Miscellaneous	\$1,980,188	\$72,000	\$3,875,482	\$15,000
Beginning Working Capital	\$0	\$0	\$1,800,000	\$0
Service Charges	\$0	\$0	\$250,000	\$0
<b>Total Revenue</b>	<b>\$2,237,649</b>	<b>\$2,302,206</b>	<b>\$6,440,093</b>	<b>\$703,006</b>

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.

Medical Fees: \$5,925,482

Federal Primary Care grant: \$688,006

Kaiser Permanente Center for Health Research CHR-Stop Colorectal Cancer grant: \$15,000

Significant Program Changes

Last Year this program was: FY 2016: 40034-16 Quality Assurance

Personnel increase includes 16 Community Health Specialist 2 positions funded by CareOregon Quality Incentives. The positions have been budgeted here, but will support the entire clinic system.



**Department:** Health Department      **Program Contact:** Vanetta Abdellatif  
**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. 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 co-applicant 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Personnel	\$118,751	\$0	\$117,824	\$0
Contractual Services	\$108,012	\$0	\$105,887	\$0
Materials & Supplies	\$9,299	\$0	\$10,190	\$0
Internal Services	\$11,273	\$0	\$11,787	\$0
<b>Total GF/non-GF</b>	<b>\$247,335</b>	<b>\$0</b>	<b>\$245,688</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$247,335</b>		<b>\$245,688</b>	
<b>Program FTE</b>	1.30	0.00	1.30	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2016: 40036-16 Community Health Council and Civic Governance

**Department:** Health Department      **Program Contact:** Jae Douglas  
**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted  
**Related Programs:** 40007, 40008, 40015, 40006  
**Program Characteristics:**

### Executive Summary

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health inequities exacerbated by negative and disparate exposure to a range of environmental, social and economic factors. This program focuses on vulnerable individuals and families living in substandard housing, health and equity impacts of climate change, air quality, toxics exposure, Brownfields, built environment, lead, and emerging environmental health issues. Activities include education, investigation, community engagement, and policy analysis.

### Program Summary

The program addresses health inequities in lead poisoning, respiratory illness, and cardiovascular disease by improving the health, safety and livability of the home, neighborhood, and community.

**Lead Poisoning Prevention:** Provides lead poisoning prevention services. Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into healthy adults. The lead program 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, screening, and reducing home lead hazards; 2) Conducts free lead testing clinics for children and pregnant women to screen for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of 5+ lead levels by a Certified Lead Risk Assessor by conducting an in-home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for 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.

**Home Health and Safety:** Addresses substandard housing issues throughout the county and respond to specific complaints in unincorporated areas. Performs housing inspections for aged and disabled to identify/reduce health/safety risks to allow them to age in place. Conducts community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins.

**Environmental Health Consultation, Assessment, and Engagement:** Bring a public health and environmental justice lens to projects and initiatives through providing data collection and analysis, research and technical consultation, risk communication, community engagement, stakeholder workgroup participation, and policy analysis. Focal areas include climate change and implementation of the Climate Action Plan, air quality, toxin exposure, chemicals of concern, built environment (land use, transportation, food access, etc.), Brownfield redevelopment, housing and emerging environmental health issues, and integrating environmental health risk reduction with other MCHD initiatives.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of Community Members receiving information on lead prevention.	28,506	18,000	39,031	40,000
Outcome	Number of successfully identified children with EBLLs who have been reported to Leadline.	83	90	133	100
Output	Number of Home Health and Safety Visits.	N/A	N/A	122	122

### Performance Measures Descriptions

1) Reach of program through phone counseling, referral, educational materials, website and events (from PO #40015) 2) EBLL found during screening at community test sites or by Multnomah County health care providers, and through ORPHEUS. (from PO #40015) 3) Includes four types of visits: Adult Foster Care, Asthma Inspection & Referral, Low Income Seniors & People with Disabilities, and Unincorporated Rental Home visits.

## 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); and 21.800 (Multnomah County Housing Code) 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	2016	2016	2017	2017
Personnel	\$401,214	\$141,977	\$210,034	\$133,724
Contractual Services	\$74,957	\$0	\$6,750	\$7,000
Materials & Supplies	\$19,837	\$14,606	\$20,931	\$16,628
Internal Services	\$78,742	\$23,417	\$63,030	\$32,648
<b>Total GF/non-GF</b>	<b>\$574,750</b>	<b>\$180,000</b>	<b>\$300,745</b>	<b>\$190,000</b>
<b>Program Total:</b>	<b>\$754,750</b>		<b>\$490,745</b>	
<b>Program FTE</b>	3.80	1.20	1.63	1.07

Program Revenues				
Indirect for Dept. Admin	\$10,822	\$0	\$12,650	\$0
Intergovernmental	\$0	\$180,000	\$0	\$180,000
Service Charges	\$0	\$0	\$0	\$10,000
<b>Total Revenue</b>	<b>\$10,822</b>	<b>\$180,000</b>	<b>\$12,650</b>	<b>\$190,000</b>

## Explanation of Revenues

\$175,000 City of Portland Bureau of Housing & Community Development supporting the Lead Program  
 \$5,000 State Lead Program supporting the Lead Program.  
 \$10,00 Patient Fees

## Significant Program Changes

**Last Year this program was:** FY 2016: 40037-16 Environmental Health Education, Outreach and Housing

The Healthy Homes Asthma Early Childhood Home Visiting Program was moved to program 40055, Children with Special Health Care Needs Home Visiting Program. This includes Medicaid Targeted Case Management revenue of \$811,944 for home visiting services and 4.6 FTE.

**Department:** Health Department      **Program Contact:** Noelle Wiggins  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40045  
**Program Characteristics:**

### Executive Summary

This program builds capacity in communities to improve health and eliminate inequities. Activities include providing empowering training for community health workers (CHWs) and others, conducting community-based participatory research and empowerment evaluation about CHWs and related models, managing projects that employ CHWs to build community capacity to address priority issues, and building system capacity to use these culturally-appropriate approaches.

### Program Summary

The Community Capacitation Center develops culturally-appropriate approaches to build capacity in communities to improve health and eliminate inequities. The program conducts 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 health system transformation. The CCC-developed curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, the CCC has trained over 250 of the 300 CHWs called for in Oregon's Medicaid waiver. Curriculum is adapted for cultural specificity in communities most affected by inequities. The program also helps build system capacity to use the CHW model effectively, and provide training on popular education to a variety of participants.

**Research and Evaluation:** Five 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. The program builds system capacity to identify and fill gaps in CHW research.

**Project Management:** 1) The CCC leads STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence (see related program offer). 2) With funds from Early Learning Multnomah (ELM), Northwest Health Foundation (NWHF), 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in training classes.	2,028	2,200	2,292	2,000
Outcome	Percent of participants in training courses who report increased ability to promote health.	96%	95%	97%	95%
Outcome	Percent of participants reporting increased understanding of relationship between inequality & health.	94%	93%	95%	93%
Outcome	Percent of participants in CHW training courses whose empowerment increased from baseline to follow-up.	80%	65%	70%	70%

### 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$833,217	\$335,691	\$650,880	\$319,193
Contractual Services	\$234,000	\$11,250	\$7,000	\$241,896
Materials & Supplies	\$122,944	\$45,462	\$34,585	\$29,807
Internal Services	\$117,925	\$78,997	\$155,388	\$68,105
Capital Outlay	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$1,308,086</b>	<b>\$471,400</b>	<b>\$847,853</b>	<b>\$659,001</b>
<b>Program Total:</b>	<b>\$1,779,486</b>		<b>\$1,506,854</b>	
<b>Program FTE</b>	8.05	3.75	5.86	2.91

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$28,341	\$0	\$23,631	\$0
Intergovernmental	\$0	\$375,000	\$0	\$548,001
Other / Miscellaneous	\$0	\$96,400	\$0	\$111,000
Service Charges	\$142,000	\$0	\$142,000	\$0
<b>Total Revenue</b>	<b>\$170,341</b>	<b>\$471,400</b>	<b>\$165,631</b>	<b>\$659,001</b>

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers, conducting research and evaluation, and managing projects.

Federal STRYVE grant: \$99,735

Revenue from fees and contracts: Janus Youth \$7,000, Social Venture Partners \$50,000, NW Health Foundation \$24,000, Kaiser Permanente \$30,000

OHA Health Promotion Chronic Disease Prevention Program: \$150,000

United Way Early Learning Model: \$298,266

Significant Program Changes

**Last Year this program was:** FY 2016: 40038A-16 Health Promotion and Community Capacity Building

The 5-year federal STRYVE grant will end in August, 2016.

New grant funds from DCHS include \$298,266.



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$241,527	\$0
Contractual Services	\$0	\$0	\$140,000	\$0
Materials & Supplies	\$0	\$0	\$68,473	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$450,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$450,000</b>	
<b>Program FTE</b>	0.00	0.00	2.83	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** 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 community based organizations (CBOs), compensation (stipends or salaries) for a smaller number of CHWs who have completed the training course. Finally, it provides support for supervision at CBOs.

### 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 responds to these inequities by providing training and support for Community Health Workers from African immigrant and refugee communities. During FY16, leaders in the African immigrant and refugee communities formed a steering committee, developed a budget, hired a coordinator, and determined what support they needed from staff at the Community Capacitation Center (CCC). Beginning in FY16 and continuing into FY17, community leaders, CBO and CCC 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.

Compensation will be provided to a smaller number of CHWs through the CBO. 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.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

N/A

## Significant Program Changes

Last Year this program was: FY 2016: 40038C-16 Training Community Health Workers for Immigrant and Refugee

**Department:** Health Department      **Program Contact:** Holly Calhoun  
**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.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY15 Actual</b>	<b>FY16 Purchased</b>	<b>FY16 Estimate</b>	<b>FY17 Offer</b>
Output	# of cultures operational in the Cultural Competence mapping pool knowledge bank	-	8	8	8
Outcome	% of Health Department staffed trained in Cultural Competence Policy Framework	-	10%	10%	10%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	0	10%	10%	10%
Output	# of recruitment training events for Health managers and employees	-	8	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	2016	2016	2017	2017
Personnel	\$2,498,570	\$0	\$2,530,670	\$0
Contractual Services	\$229,200	\$0	\$234,211	\$0
Materials & Supplies	\$62,785	\$0	\$75,952	\$0
Internal Services	\$295,767	\$0	\$359,339	\$0
<b>Total GF/non-GF</b>	<b>\$3,086,322</b>	<b>\$0</b>	<b>\$3,200,172</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,086,322</b>		<b>\$3,200,172</b>	
<b>Program FTE</b>	22.65	0.00	20.65	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2016: 40039-16 Human Resources and Training

**Department:** Health Department

**Program Contact:** Robert Stoll

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:** 40041 and 40042

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

This program is responsible for providing all financial reporting and forecasting, grant accounting, budget development and monitoring, and accounts payable for the Health Department. They are liaisons for the department with the Department of County Management (e.g. Budget Office, Central Finance) and are responsible for adhering to County budget, financial and administrative procedures, policies and practices.

**Program Summary**

This program manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department's financial reports and forecasting, as well as develops and maintains the Department's budget. Accounts Payable and travel and training services are also provided.

Budget and Finance works closely with county staff in the CFO's office, Budget office, and central finance. Compliance with a multitude of federal, state and county financial policies and procedures is a key responsibility of this division.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of invoices processed	7,798	16,500	10,700	11,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	10 days	8 days	11 days	8 days
Quality	Number of audit findings in County's annual financial audit.	no findings	no findings	no findings	no findings

**Performance Measures Descriptions**

The accounts payable measure, "# of invoices processed," cash management's along with "Avg # of days..." and "Number of audit findings" is a cross section of measures to test performance in many areas. The FY15 invoices processed is low comparatively because it is for Health only prior to the inclusion of Mental Health and Addiction Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,142,286	\$0	\$2,477,556	\$0
Contractual Services	\$40,500	\$0	\$40,000	\$0
Materials & Supplies	\$26,544	\$0	\$20,013	\$0
Internal Services	\$223,452	\$0	\$0	\$310,742
<b>Total GF/non-GF</b>	<b>\$2,432,782</b>	<b>\$0</b>	<b>\$2,537,569</b>	<b>\$310,742</b>
<b>Program Total:</b>	<b>\$2,432,782</b>		<b>\$2,848,311</b>	
<b>Program FTE</b>	22.40	0.00	25.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$310,742
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$310,742</b>

Explanation of Revenues

\$ 310,742 Healthshare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was: FY 2016: 40040A-16 Budget & Finance



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,324,435	\$0	\$1,355,099	\$0
Contractual Services	\$8,460	\$0	\$7,360	\$0
Materials & Supplies	\$123,851	\$0	\$127,368	\$0
Internal Services	\$132,951	\$0	\$175,665	\$0
<b>Total GF/non-GF</b>	<b>\$1,589,697</b>	<b>\$0</b>	<b>\$1,665,492</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,589,697</b>		<b>\$1,665,492</b>	
<b>Program FTE</b>	14.00	0.00	14.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40041-16 Medical Accounts Receivable





**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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,296,247	\$0	\$1,443,737	\$0
Materials & Supplies	\$13,286	\$0	\$8,533	\$0
Internal Services	\$141,187	\$0	\$0	\$197,663
<b>Total GF/non-GF</b>	<b>\$1,450,720</b>	<b>\$0</b>	<b>\$1,452,270</b>	<b>\$197,663</b>
<b>Program Total:</b>	<b>\$1,450,720</b>		<b>\$1,649,933</b>	
<b>Program FTE</b>	12.00	0.00	13.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$197,663
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$197,663</b>

**Explanation of Revenues**

\$ 197,663 HealthShare of Oregon (Medicaid)

**Significant Program Changes**

Last Year this program was: FY 2016: 40042A-16 Contracts & Procurement



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,945,650	\$0	\$2,256,495	\$0
Contractual Services	\$10,100	\$0	\$11,600	\$0
Materials & Supplies	\$45,919	\$0	\$47,238	\$0
Internal Services	\$390,157	\$0	\$170,016	\$114,892
<b>Total GF/non-GF</b>	<b>\$2,391,826</b>	<b>\$0</b>	<b>\$2,485,349</b>	<b>\$114,892</b>
<b>Program Total:</b>	<b>\$2,391,826</b>		<b>\$2,600,241</b>	
<b>Program FTE</b>	16.60	0.00	17.60	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$114,892
Other / Miscellaneous	\$9,281,818	\$0	\$9,865,692	\$0
<b>Total Revenue</b>	<b>\$9,281,818</b>	<b>\$0</b>	<b>\$9,865,692</b>	<b>\$114,892</b>

Explanation of Revenues

\$ 114, 892 Healthshare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was: FY 2016: 40043-16 Health Department Operations



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$451,996	\$0	\$647,023	\$0
Materials & Supplies	\$2,002,616	\$0	\$2,185,992	\$0
Internal Services	\$9,823	\$0	\$62,533	\$0
<b>Total GF/non-GF</b>	<b>\$2,464,435</b>	<b>\$0</b>	<b>\$2,895,548</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,464,435</b>		<b>\$2,895,548</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40044A-16 Health Clinical Data and Reporting

**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 Health Equity Initiative (HEI) helps the County achieve its commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions and programmatic efforts affect health. Goals of the Health Equity Initiative include addressing root causes of health inequities through policy, systems, and environmental change strategies; prioritizing community-driven interventions by establishing organizational governance and infrastructure for equity; and addressing priority health issues in partnership with cross-cultural community organizations.

**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) addresses racial and ethnic health inequities by promoting authentic community partnerships, providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and assuring culturally-competent service delivery.

**Authentic Community Partnerships:** Develop and maintain authentic community partnerships with cross-cultural and culturally specific organizations working within the Native American, Pacific Islander, African-American, African and Latino communities to identify and implement community-driven recommendations to address longstanding health inequities in Multnomah County, align Public Health Division (PHD) strategies and activities with community needs and priorities and shift public health practice and Health Department organizational culture toward the elimination of health disparities. For example, HEI has been able to address the lack of basic health coverage in the Pacific Islander community, due to a federal policy that barred them from Medicaid eligibility, by partnering to support key legislation in this year's legislative season. MCHD provided written testimony in support of the bill, which successfully passed the House Health Care Committee with a unanimous vote. **Equity & Empowerment Consultation & Technical Assistance:** Provide technical assistance and consultation to improve policies, programs, and practices through an intentional application of equity, empowerment, and cultural competency. **Organizational Capacity Building & Infrastructure:** Develop the infrastructure (e.g. data, policies, workforce development opportunities) needed to implement community-driven recommendations that lead to an elimination of racial and ethnic health inequities. Part of this function includes research and evaluation support to ensure accountability to PHD health equity priorities and measure the impact of PHD policies, programs and practices designed to promote equity, empowerment, and cultural-responsiveness. **Assuring Culturally-Competent Service Delivery:** HEI helps promote this long-documented community priority by assuring that programs meet Culturally- and Linguistically-Appropriate Standards (CLAS), which have been adopted by the Department of Health and Human Services and align with accreditation standards set by the Joint Commission and National Committee for Quality Assurance.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Percent of programs applying equity lens to decision-making processes.	NA	NA	30%	75%
Outcome	Percent of programs assessed for compliance with Title VI of the Civil Rights Act of 1964.	NA	NA	20%	75%
Outcome	Percent of programs assessed for compliance with CLAS standards.	NA	NA	20%	75%

**Performance Measures Descriptions**

1) New measure. Unit: Health Department. New tool is trauma-informed and empowerment- and equity-focused. 2) New measure. Unit: Public Health Division. Corresponds to 2016-2018 Public Health Division Strategic Plan goal. 3) New measure. Unit: Health Department. CLAS stands for Culturally- and Linguistically-Appropriate Standards.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$873,272	\$0	\$907,324	\$0
Contractual Services	\$225,000	\$0	\$216,000	\$0
Materials & Supplies	\$41,846	\$0	\$37,212	\$0
Internal Services	\$38,716	\$0	\$84,398	\$0
<b>Total GF/non-GF</b>	<b>\$1,178,834</b>	<b>\$0</b>	<b>\$1,244,934</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,178,834</b>		<b>\$1,244,934</b>	
<b>Program FTE</b>	7.60	0.00	7.70	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

**Significant Program Changes**

**Last Year this program was:** FY 2016: 40045-16 Health Equity Initiative (Racial Justice Focus)

Due to Public Health Division reorganization, 1.1 FTE was moved into this program.



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

**Executive Summary**

Community Epidemiology Services (CES) provides the fundamental capacity that allows the Public Health Division to make data-driven decisions, program improvements, and policy recommendations. CES helps public health leaders, policy makers, clinicians, and community members know how disease is occurring within communities. CES identifies the drivers of health and causes of disease, and demonstrates whether and how well health interventions are working.

**Program Summary**

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, epidemiologic, and environmental data in order to prevent disease and promote and protect health among all Multnomah County populations. The CES unit leads Public Health Division (PHD) programs in coordinated public health data and epidemiologic analysis and analyzes population and health system data to assist programs in optimizing quality and accountability to the communities they serve. The program provides analytic products and reports to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES also works closely with the Communicable Disease Services program to provide outbreak response through epidemiologic support, statistical modeling, and standardized investigative guidelines.

CES identifies appropriate analytical approaches, helps assure the use of high quality data for analysis, and provides technical, scientific oversight and leadership for all research and epidemiologic work in the PHD. This program provides support in quantitative methods, guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, data management, and designing metrics related to health care transformation and Public Health Modernization. This unit disseminates analytic findings, including public health data reports, policy briefs, web-based reports, and presentations to County leadership, programs and community partners. In addition, CES provides public health practice recommendations to PHD leadership based on needs identified from local data, evidence-based and promising practices identified through literature review.

Program Design & Evaluation Services, a unit shared between CES and the Oregon Health Authority, conducts applied public health research projects and provides program design and evaluation support to County and State programs to improve community health, shape public policy, and reduce health inequities. Examples of data monitoring and reporting in CES/PDES include the development, maintenance, and dissemination of the Multnomah County Maternal Child and Family Health Databook, Report Card on Racial and Ethnic Disparities, and the Vital Signs, which presents data on emerging policy issues (e.g., retail marijuana legalization).

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	12	NA	12	12
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	21	NA	23	25

**Performance Measures Descriptions**

1) New measure. Example includes 2015 report, "Health Disparities among Pacific Islanders in Multnomah County: A supplement to the 2014 Report Card on Racial and Ethnic Disparities." 2) New measure.

## 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

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,025,663	\$1,148,877	\$713,269	\$1,059,283
Contractual Services	\$25,000	\$539,000	\$0	\$605,486
Materials & Supplies	\$91,895	\$89,368	\$60,240	\$99,332
Internal Services	\$167,280	\$175,637	\$45,792	\$122,924
<b>Total GF/non-GF</b>	<b>\$1,309,838</b>	<b>\$1,952,882</b>	<b>\$819,301</b>	<b>\$1,887,025</b>
<b>Program Total:</b>	<b>\$3,262,720</b>		<b>\$2,706,326</b>	
<b>Program FTE</b>	8.25	9.60	5.23	8.21

Program Revenues				
Indirect for Dept. Admin	\$123,363	\$0	\$95,844	\$0
Intergovernmental	\$0	\$1,671,570	\$0	\$1,887,025
Other / Miscellaneous	\$0	\$417,022	\$0	\$0
<b>Total Revenue</b>	<b>\$123,363</b>	<b>\$2,088,592</b>	<b>\$95,844</b>	<b>\$1,887,025</b>

## Explanation of Revenues

State Local Public Health Authority IGA: \$619,301  
 Natl Institutes of Health: \$479,074  
 State Of Alaska: \$459,049  
 State Office of Multicultural Health: \$147,085  
 Oregon Marijuana Legalization Impact: \$41,500  
 Seattle King County: \$19,316  
 Oregon Dept. of Corrections: \$85,300  
 Lead Harzard Reduction Program Eval: \$36,400

## Significant Program Changes

**Last Year this program was:** FY 2016: 40048-16 Community Epidemiology

This program incorporates functions from former program #40035 (Health Assessment, Planning and Evaluation). Public health informatics function has moved to program 40001, Public Health Administration and Quality Management.

New federal funding from the National Institutes of Health for assessing impact of local regulatory policies associated with recreational marijuana legalization include \$479,074 per year.

**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 80 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.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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 bring 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	2016	2016	2017	2017
Personnel	\$569,134	\$71,639	\$778,333	\$0
Contractual Services	\$2,800	\$0	\$0	\$0
Materials & Supplies	\$27,365	\$2,893	\$31,234	\$0
Internal Services	\$81,529	\$6,917	\$106,021	\$0
<b>Total GF/non-GF</b>	<b>\$680,828</b>	<b>\$81,449</b>	<b>\$915,588</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$762,277</b>		<b>\$915,588</b>	
<b>Program FTE</b>	3.90	0.00	5.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,897	\$0	\$0	\$0
Service Charges	\$0	\$81,449	\$125,000	\$0
<b>Total Revenue</b>	<b>\$4,897</b>	<b>\$81,449</b>	<b>\$125,000</b>	<b>\$0</b>

## Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, Medicaid and OHP. These rules and laws are under review 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.

## Significant Program Changes

**Last Year this program was:** FY 2016: 40049-16 Corrections Health Juvenile Detention

This year the Department of Community Justice transferred 2.0 FTE Mental Health Consultants in JDH to Corrections Health. These positions had been with DCJ for several years and they felt that both clinically and administratively they fit better with Corrections Health. These two staff join a mental health team that was able to give them daily support for clinical issues and provides more timely supervision. They also join the other CH staff at JDH to be part of a larger clinical team.

**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 into 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 PMHNPs, 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average # of health screenings completed in a month	500	540	540	560
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	55%	55%	60%

### 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.  
Outcome Measure 2 captures initial interview information and how many clients are referred for mental health care.

## 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	2016	2016	2017	2017
Personnel	\$3,116,058	\$0	\$3,050,913	\$172,142
Contractual Services	\$284,924	\$0	\$200,000	\$0
Materials & Supplies	\$127,523	\$0	\$152,031	\$0
Internal Services	\$86,403	\$0	\$107,773	\$0
<b>Total GF/non-GF</b>	<b>\$3,614,908</b>	<b>\$0</b>	<b>\$3,510,717</b>	<b>\$172,142</b>
<b>Program Total:</b>	<b>\$3,614,908</b>		<b>\$3,682,859</b>	
<b>Program FTE</b>	24.10	0.00	21.70	1.70

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$172,142
Service Charges	\$0	\$0	\$50,000	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$172,142</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review 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.

State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40050A-16 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.

The fourth floor housing unit 4D is acute mental health. There are 10 beds in that unit. Both medical and mental health services are provided to these chronically ill clients.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # inmate medical requests for care evaluated by nurse monthly	1000	1000	980	1000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	-	160	180	170

### 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	2016	2016	2017	2017
Personnel	\$1,589,196	\$0	\$1,956,243	\$0
Contractual Services	\$219,011	\$0	\$200,000	\$0
Materials & Supplies	\$194,594	\$0	\$253,540	\$0
Internal Services	\$112,565	\$0	\$144,281	\$0
<b>Total GF/non-GF</b>	<b>\$2,115,366</b>	<b>\$0</b>	<b>\$2,554,064</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,115,366</b>		<b>\$2,554,064</b>	
<b>Program FTE</b>	14.60	0.00	16.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review 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 2016: 40050B-16 Corrections Health MCDC Clinical Services and 4th Floor Housing



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

### Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average # of inmate medical requests for care evaluated by nurse monthly	1,000	1,000	980	1,000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	-	160	180	170

### Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC, as we do not separate suicide watches or medical evaluation requests per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14, we began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

## 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	2016	2016	2017	2017
Personnel	\$2,306,981	\$0	\$2,542,299	\$0
Contractual Services	\$362,541	\$0	\$200,000	\$0
Materials & Supplies	\$215,249	\$0	\$202,164	\$0
Internal Services	\$145,321	\$0	\$134,221	\$0
<b>Total GF/non-GF</b>	<b>\$3,030,092</b>	<b>\$0</b>	<b>\$3,078,684</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,030,092</b>		<b>\$3,078,684</b>	
<b>Program FTE</b>	20.50	0.00	20.20	0.00

Program Revenues				
Service Charges	\$50,000	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review 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 2016: 40050C-16 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	2016	2016	2017	2017
Personnel	\$2,127,932	\$0	\$2,222,601	\$0
Contractual Services	\$220,820	\$0	\$200,000	\$0
Materials & Supplies	\$144,361	\$0	\$297,494	\$0
Internal Services	\$204,104	\$0	\$217,286	\$0
<b>Total GF/non-GF</b>	<b>\$2,697,217</b>	<b>\$0</b>	<b>\$2,937,381</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,697,217</b>		<b>\$2,937,381</b>	
<b>Program FTE</b>	15.70	0.00	15.70	0.00

Program Revenues				
Service Charges	\$0	\$0	\$45,000	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$45,000</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review 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 2016: 40051A-16 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 settings.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # of inmate medical requests for care evaluated by the Nurse monthly.	950	950	930	1000
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	2016	2016	2017	2017
Personnel	\$1,329,425	\$0	\$1,408,296	\$0
Contractual Services	\$170,421	\$0	\$120,000	\$0
Materials & Supplies	\$144,060	\$0	\$163,501	\$0
Internal Services	\$119,920	\$0	\$124,709	\$0
<b>Total GF/non-GF</b>	<b>\$1,763,826</b>	<b>\$0</b>	<b>\$1,816,506</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,763,826</b>		<b>\$1,816,506</b>	
<b>Program FTE</b>	11.50	0.00	11.10	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare. These rules and laws are under review 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 2016: 40051B-16 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 provides skilled nursing and protective isolation in house, and prevents a stay in a hospital at a 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.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	950	930	1000
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	2016	2016	2017	2017
Personnel	\$1,030,352	\$0	\$1,029,437	\$0
Contractual Services	\$138,283	\$0	\$100,000	\$0
Materials & Supplies	\$101,032	\$0	\$111,003	\$0
Internal Services	\$98,749	\$0	\$103,090	\$0
<b>Total GF/non-GF</b>	<b>\$1,368,416</b>	<b>\$0</b>	<b>\$1,343,530</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,368,416</b>		<b>\$1,343,530</b>	
<b>Program FTE</b>	9.00	0.00	8.70	0.00

Program Revenues				
Service Charges	\$50,000	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review 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 2016: 40051C-16 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of deaths requiring investigation	2,173	2,380	2,200	2,300
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	83%	81%	84%	85%

**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. We estimated a 70% response time: we reached 83%.

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,069,585	\$0	\$1,127,811	\$0
Contractual Services	\$13,050	\$0	\$12,880	\$0
Materials & Supplies	\$65,346	\$0	\$72,903	\$0
Internal Services	\$97,923	\$0	\$92,956	\$0
<b>Total GF/non-GF</b>	<b>\$1,245,904</b>	<b>\$0</b>	<b>\$1,306,550</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,245,904</b>		<b>\$1,306,550</b>	
<b>Program FTE</b>	10.20	0.00	10.20	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2016: 40052A-16 Medical Examiner

In FY16, we reinstated a Chief Deputy Medical Examiner at 1.0 FTE (which had been in place from the early 1970s until 2005). The intent and positive results of this are: 1) the provision of on-site leadership and supervision for the 9 permanent and 9 on-call personnel that had been absent for 10 years; 2) increased number of personnel available to respond to death notifications and associated activities in a timely manner; 3) assessment and improvement of program operations and efficiencies; 4) reduced County liability due to improved personnel safety.

**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.

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. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and addresses underlying causes of 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.

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.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served	485	450	450	450
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	62%	60%	70%	65%
Quality	Client retention in prenatal phase of NFP program	64%	71%	71%	71%
Quality	Client satisfaction	NA	98%	NA	98%

**Performance Measures Descriptions**

Output "Number of families served": Data source is EPIC, combining MCHD NFP teams for ECS Northeast and East. Additional families served by HBI nurses trained in the NFP model are reflected in the HBI program offer.

Outcome "% of mothers enrolled in NFP services who are breastfeeding at 6 months": Data source ETO (NFP reporting port

## 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	2016	2016	2017	2017
Personnel	\$1,908,070	\$812,909	\$1,402,075	\$1,337,769
Contractual Services	\$33,038	\$431,012	\$461,010	\$180,000
Materials & Supplies	\$34,641	\$42,659	\$65,012	\$10,784
Internal Services	\$133,068	\$271,706	\$282,207	\$161,086
<b>Total GF/non-GF</b>	<b>\$2,108,817</b>	<b>\$1,558,286</b>	<b>\$2,210,304</b>	<b>\$1,689,639</b>
<b>Program Total:</b>	<b>\$3,667,103</b>		<b>\$3,899,943</b>	
<b>Program FTE</b>	17.80	5.40	9.96	10.44

Program Revenues				
Indirect for Dept. Admin	\$93,685	\$0	\$125,940	\$0
Intergovernmental	\$0	\$92,120	\$0	\$282,120
Other / Miscellaneous	\$14,190	\$0	\$0	\$0
Service Charges	\$0	\$1,466,166	\$0	\$1,407,519
<b>Total Revenue</b>	<b>\$107,875</b>	<b>\$1,558,286</b>	<b>\$125,940</b>	<b>\$1,689,639</b>

## 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. \*In the future, MCM and 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.

Local Public Health Authority IGA: \$272,120  
 Target Case Management Babies First fees: \$1,001,952  
 Medicaid Maternity Case Management fees: \$405,567  
 Early Home Visiting grant: \$10,000

## Significant Program Changes

**Last Year this program was:** FY 2016: 40054-16 Nurse Family Partnership

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40054, 40056, 40058A, 40037  
**Program Characteristics:**

### Executive Summary

The Children with Special Health Care Needs Home Visiting Program includes CaCoon and Healthy Homes Asthma Home Visiting programs. Using nurse and community health worker home visiting models, these programs support vulnerable families with children who have health conditions by providing comprehensive health assessments in the home, conducting care coordination, building a family's capacity to work with health and social services systems, reducing environmental toxins, and more.

### Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Multnomah County CaCoon and Healthy Homes Asthma Home Visiting programs serve families with children that have a chronic health condition, 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. 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. Nurses provide technical support for families enrolled in non-CaCoon home visiting programs in the event a child develops a special health care need. Community health nurses and community health workers provide consulting support to families enrolled in the Mt Hood Head Start program, Oregon Child Development Coalition (OCDC), Multnomah Early Childhood Program (MECP), and through a contract for nurse consulting at Albina Head Start.

The Healthy Homes Asthma Home Visiting Program addresses health inequities by improving the health and livability of the home environment and addressing health and housing related health concerns. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to improve health outcomes, quality of life, and housing conditions; and reduce environmental triggers. Healthy Homes staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma, consult with medical providers and pharmacists, partner with landlords and tenants to improve housing conditions, coordinate asthma care with school and day-care, identify and provide supplies to reduce or eliminate asthma triggers, and advocate for safe, healthy, stable and affordable housing.

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. Healthy Homes has shown improvements in asthma control, reduced emergency department visits, reduction of asthma triggers in the home and improved quality of life.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served by CaCoon team	353	300	159	150
Outcome	Number of families receiving an environmental home inspection.	65	162	102	120
Quality	Number of families completing mandatory assessments.	96%	95%	96%	96%

### Performance Measures Descriptions

1) Number of families served includes CaCoon-specific families and high-risk families that do not have a CaCoon diagnosis. Numbers of families served directly through CaCoon dropped as community health nursing staff were moved to new roles in nurse consulting with Head Start and MECP serving families with children with special healthcare needs. 3) Includes 6 mandatory assessments as directed by State program for CaCoon-enrolled families seen more than three times.

## 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.

Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$872,511	\$873,976	\$585,172	\$1,525,342
Contractual Services	\$119,387	\$383,768	\$212,203	\$161,595
Materials & Supplies	\$31,142	\$19,849	\$76,484	\$86,556
Internal Services	\$95,167	\$370,442	\$326,339	\$222,119
<b>Total GF/non-GF</b>	<b>\$1,118,207</b>	<b>\$1,648,035</b>	<b>\$1,200,198</b>	<b>\$1,995,612</b>
<b>Program Total:</b>	<b>\$2,766,242</b>		<b>\$3,195,810</b>	
<b>Program FTE</b>	6.94	7.76	5.49	13.61

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$99,080	\$0	\$141,253	\$0
Intergovernmental	\$0	\$410,315	\$0	\$1,104,812
Other / Miscellaneous	\$4,256	\$10,000	\$0	\$0
Service Charges	\$0	\$1,227,720	\$0	\$890,800
<b>Total Revenue</b>	<b>\$103,336</b>	<b>\$1,648,035</b>	<b>\$141,253</b>	<b>\$1,995,612</b>

## Explanation of Revenues

This program offer is funded by the following:

Medicaid Targeted Case Management (TCM) revenue for CaCoon and Healthy Homes Asthma Home Visiting programs: \$890,800

Federal CaCoon grant: \$120,000

Nursing Case Management Services for MESD: \$211,315

Care Oregon Maternal Medical Home contract: \$739,497

Nursing Case Management Services for Early Head Start and Oregon Child Development Coalition: \$34,000

At some point next year, TCM is expected to roll into the Coordinated Care Organization (CCO) global budget. Contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep current TCM programs whole.

## Significant Program Changes

**Last Year this program was:** FY 2016: 40055A-16 CaCoon

Healthy Homes Asthma Home Visiting program is being moved from Environmental Health Education, Outreach, and Housing (FY16 program offer 40037) to this program offer. This means the addition of Targeted Case Management services and 4.6 FTE to this offer.

Numbers of families served directly through CaCoon dropped as nursing staff moved to new roles in nurse consulting with Head Start and Multnomah Early Childhood Program-serving families with children with special healthcare needs, and into the developing Maternal Medical Home in partnership with MCHD Primary Care Clinics.





## 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	2016	2016	2017	2017
Personnel	\$514,665	\$338,472	\$446,972	\$640,225
Contractual Services	\$659,686	\$1,055,838	\$432,981	\$1,547,632
Materials & Supplies	\$8,717	\$26,441	\$0	\$23,071
Internal Services	\$0	\$196,836	\$61,532	\$164,533
<b>Total GF/non-GF</b>	<b>\$1,183,068</b>	<b>\$1,617,587</b>	<b>\$941,485</b>	<b>\$2,375,461</b>
<b>Program Total:</b>	<b>\$2,800,655</b>		<b>\$3,316,946</b>	
<b>Program FTE</b>	4.91	3.99	5.55	7.00

Program Revenues				
Indirect for Dept. Admin	\$97,251	\$0	\$48,363	\$0
Intergovernmental	\$0	\$1,617,587	\$0	\$2,375,461
<b>Total Revenue</b>	<b>\$97,251</b>	<b>\$1,617,587</b>	<b>\$48,363</b>	<b>\$2,375,461</b>

## 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 2016: 40056-16 Healthy Families

In FY17, the Healthy Families program will increase screening with a new community-based strategy to the established "Welcome Baby" parent screening program. This will further target screening where it is most needed and facilitate broader access to early childhood programs.

MCHD no longer receives contract funding for additional Healthy Families slots from Federal funding. These funds go directly to our contractors and leverages an additional 102 slots for Healthy Families.



**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 governments 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 ended in FY15). The FGC is using funds 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 3-year \$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 responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and the Multnomah County Health Department Public Health Division 2015, Community Health Assessment. The FGC addresses underlying causes of population health by focusing on the social determinants of health and a life course health perspective, and building capacity in the Native community and among Native-serving organizations.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of capacity building trainings addressing root causes of FASD.	6	3	4	3
Outcome	Percent of native community members attending trainings that increase awareness of FASD.	98%	100%	98%	100%
Quality	Number of Elders/Natural Helpers and community health workers engaged in policy advocacy.	NA	NA	NA	10
Quality	Percent of organizational partners reporting that MC operates with a trauma-informed approach in the FGC.	90%	90%	90%	90%

### Performance Measures Descriptions

3) New outcome measure to replace FY16 outcome measure.

## Legal / Contractual Obligation

The Health Department serves as the backbone agency for the FGC. In this role we have developed contracts with two Native-serving community-based organizations to complete the planned work of the NWHF grant. Those contracts are Native American Youth and Family Center [contract number 44-1937] and the Native Wellness Institute [44-1092]. We expect these contracts to continue until the grant period ends (January 2018).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$143,920	\$0	\$153,141	\$0
Contractual Services	\$266,000	\$67,726	\$221,334	\$133,435
Materials & Supplies	\$5,819	\$10,056	\$2,022	\$0
Internal Services	\$20,595	\$7,218	\$15,562	\$0
<b>Total GF/non-GF</b>	<b>\$436,334</b>	<b>\$85,000</b>	<b>\$392,059</b>	<b>\$133,435</b>
<b>Program Total:</b>	<b>\$521,334</b>		<b>\$525,494</b>	
<b>Program FTE</b>	1.50	0.00	1.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$5,110	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$0	\$20,000
Other / Miscellaneous	\$0	\$85,000	\$0	\$113,435
<b>Total Revenue</b>	<b>\$5,110</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$133,435</b>

## Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund and a Northwest Health Foundation grant.

Local Public Health Authority Title V: \$20,000

Northwest Health Foundation Future Generations Collaborative grant: \$113,435

## Significant Program Changes

**Last Year this program was:** FY 2016: 40057-16 Future Generations Collaborative

The FGC is adding funds for two key areas of work – evaluation capacity and community healing events. This funding will increase the FGC’s ability to develop decolonized evaluation processes as prioritized by Collaborative members and ensure that there is sufficient funding to engage a broad spectrum of the AI/AN community in healing events that are integral to the FGC’s mission to address root causes of inequities. Revenue changes include carry-over in the amount of \$66,666. NWHF grant brings total to \$113,435. \$20,000 in Title V funds has been added to support FGC activities.

**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 inequities 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 inequities 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. Care coordination is promoted between internal Health Department programs, external health and social service providers, and larger systems. HBI also enrolls uninsured members of the African American community in health insurance. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement. One of the partnerships of HBI is the Black Parent Initiative. The Black Parent Initiative provides a parenting curriculum and parent empowerment to HBI families.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served.	142	125	155	190
Outcome	Percent of mothers initiating breastfeeding after delivery.	92%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old.	78%	80%	80%	85%
Quality	Percent of participants who express satisfaction with cultural specificity of program.	90%	87%	90%	92%

**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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$640,706	\$687,102	\$189,138	\$1,040,108
Contractual Services	\$162,383	\$153,563	\$207,000	\$6,021
Materials & Supplies	\$57,242	\$56,733	\$80,093	\$13,775
Internal Services	\$136,889	\$215,290	\$188,692	\$112,784
<b>Total GF/non-GF</b>	<b>\$997,220</b>	<b>\$1,112,688</b>	<b>\$664,923</b>	<b>\$1,172,688</b>
<b>Program Total:</b>	<b>\$2,109,908</b>		<b>\$1,837,611</b>	
<b>Program FTE</b>	5.65	7.15	2.24	9.71

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$66,896	\$0	\$88,177	\$0
Intergovernmental	\$0	\$750,000	\$0	\$810,000
Service Charges	\$0	\$362,688	\$0	\$362,688
<b>Total Revenue</b>	<b>\$66,896</b>	<b>\$1,112,688</b>	<b>\$88,177</b>	<b>\$1,172,688</b>

## 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.

Health Resources Services Administration grant: \$750,000

State Maternal & Child Health grant: \$60,000

Targeted Case Management Fees: \$362,688

## Significant Program Changes

**Last Year this program was:** FY 2016: 40058-16 Healthy Birth Initiative

The Healthy Birth Initiatives' Director has moved to program 40060, Community Health and Chronic Disease Prevention.

**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 three 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	n/a	160	180	160
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	n/a	6	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	2016	2016	2017	2017
Personnel	\$406,471	\$0	\$491,757	\$0
Materials & Supplies	\$5,160	\$0	\$503	\$0
<b>Total GF/non-GF</b>	<b>\$411,631</b>	<b>\$0</b>	<b>\$492,260</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$411,631</b>		<b>\$492,260</b>	
<b>Program FTE</b>	4.20	0.00	4.40	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

These positions have been put in the CH budget as permanent employees.

**Department:** Health Department      **Program Contact:** Rachael Banks  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40053, 40047, 40045, 40001, 40006  
**Program Characteristics:**

### Executive Summary

Research shows that our zip code is a more powerful determinant of health than our genetic code, and strongly affects rates of chronic disease. Chronic diseases account for 7 of 10 deaths each year. Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities and prevent chronic diseases by promoting place-based, culturally-specific, and population-level approaches to create healthier communities in which Multnomah County residents can live, work, play, worship, and study.

### Program Summary

Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities through policies and practices that prioritize the self-identified needs of diverse community partners. Strategies include policy, system, and environmental improvements to address inequities; and community-informed planning and decision-making.

Policy, system, and environmental improvements to address inequities: Racial and Ethnic Approaches to Community Health (REACH) is a culturally-specific program funded by the Centers for Disease Control and Prevention (CDC). 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. This includes nutrition policies in childcare centers and faith-based settings, working with the City of Gresham to incorporate food access and equity criteria into transportation policies, and system changes in healthcare settings so that pregnant patients are being screened for tobacco exposure.

CH-CDP's focus on housing inequities represents another example of policy, system, and environmental improvements to address inequities by working to decrease negative public health outcomes resulting from housing quality, affordability and stability. Other efforts include informing the design of healthy, safe neighborhoods; creating strong local food systems; and implementing innovative place-based initiatives such as the Healthy Retail Initiative and the Healthy Worksites Initiative. Taken together these strategies ensure a comprehensive chronic disease framework that prevents chronic disease for those who don't have it and improves longevity and the quality of life for those who do.

Community-informed planning and decision-making: CH-CDP is contracting with a coalition of community partners to create a Community Health Improvement Plan (CHIP), an action-oriented plan outlining priority community health issues, such as chronic disease, and how these issues will be addressed. This partnership is an example of authentic engagement of, partnership with, and accountability to those communities most affected by inequities.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of new partnerships developed to prevent and reduce rates of chronic disease.	NA	NA	16	15
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease.	14	16	16	16
Outcome	Percent of African Americans in MC with increased access to healthy food, tobacco-free places, & more.	NA	15%	16%	16%

### Performance Measures Descriptions

1) New measure. Includes policy, systems, and environment work with new partners in sectors including education, business, non-profit, and more. 2) Measure previously tracked in program 40047. Includes policies to promote healthy eating and active living and create healthier neighborhoods and workplaces. This measure does not include tobacco-related policies; those are tracked in program 40006, Tobacco Prevention and Control. 3) Measure previously tracked in program 40053. Also includes access to chronic disease self-management options and opportunities to be active.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$360,665	\$666,331	\$817,198	\$511,925
Contractual Services	\$4,500	\$495,490	\$94,500	\$519,785
Materials & Supplies	\$27,432	\$63,349	\$35,506	\$71,605
Internal Services	\$149,583	\$144,793	\$61,602	\$132,685
<b>Total GF/non-GF</b>	<b>\$542,180</b>	<b>\$1,369,963</b>	<b>\$1,008,806</b>	<b>\$1,236,000</b>
<b>Program Total:</b>	<b>\$1,912,143</b>		<b>\$2,244,806</b>	
<b>Program FTE</b>	2.80	7.25	6.60	5.25

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$82,363	\$0	\$48,428	\$0
Intergovernmental	\$0	\$1,369,963	\$0	\$1,236,000
<b>Total Revenue</b>	<b>\$82,363</b>	<b>\$1,369,963</b>	<b>\$48,428</b>	<b>\$1,236,000</b>

**Explanation of Revenues**

This offer includes federal funding from the Centers for Disease Control and Prevention for the Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$1,236,000.

**Significant Program Changes**

**Last Year this program was:**

This new program consolidates functions formerly associated with 40047, Public Health Community Initiatives (now defunct) and 40053, Racial and Ethnic Approaches to Community Health (a grant-funded culturally-specific program operating within this larger unit).





## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$363,440	\$655,717	\$371,470	\$575,201
Contractual Services	\$188,925	\$17,744	\$0	\$609,638
Materials & Supplies	\$28,243	\$63,853	\$756	\$66,392
Internal Services	\$59,652	\$63,111	\$0	\$148,099
<b>Total GF/non-GF</b>	<b>\$640,260</b>	<b>\$800,425</b>	<b>\$372,226</b>	<b>\$1,399,330</b>
<b>Program Total:</b>	<b>\$1,440,685</b>		<b>\$1,771,556</b>	
<b>Program FTE</b>	1.70	4.80	2.09	3.71

Program Revenues				
Indirect for Dept. Admin	\$24,430	\$0	\$32,601	\$0
Intergovernmental	\$0	\$656,604	\$0	\$1,255,509
Other / Miscellaneous	\$349,883	\$143,821	\$0	\$143,821
<b>Total Revenue</b>	<b>\$374,313</b>	<b>\$800,425</b>	<b>\$32,601</b>	<b>\$1,399,330</b>

## Explanation of Revenues

\$ 660,522 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 143,821 - Care Oregon Incentive

\$ 394,987 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40065-16 Mental Health & Addiction Services Administration

**Department:** Health Department      **Program Contact:** David Hidalgo  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

MHASD supports a recovery oriented system of care which endorses the belief that all consumers experiencing mental health and substance use conditions can and do recover. The important voice of consumers, with lived experience brings a valuable and necessary perspective to ensure community services are recovery oriented and trauma informed. In order to support the expansion, coordination and quality of peer services in Multnomah County, we seek to employ an Office of Consumer Engagement within MHASD.

**Program Summary**

Currently, MHASD and community contractors employ a total of 76 paid peer staff and volunteers. The MHASD Office of Consumer Engagement will advise division leadership and function as liaisons to community providers and system partners. This team will also help MHASD utilize current resources to improve engagement and coordination of care for our most vulnerable residents in Multnomah County living with mental illness and addiction. Peer staff will develop workforce strategies and community training to increase awareness and the number of peers being competitively employed in our county. We believe that employing an Office of Consumer Engagement in MHASD will increase engagement of consumers in our community, improve our outreach to diverse communities around mental health and substance use, and improve outcomes that lead to recovery for those we serve.

This peer team will work with MHASD, contracted providers and system partners to increase awareness about the value of including peers in all aspects of our community system of care. Additionally, the team will assist MHASD to improve strategies for outreach, engagement and coordination of recovery services to a population of consumers frequently engaged with multiple systems in our community.

OCE will work with and the division, department, and community to lead, support, and advise on peer efforts across our county. The development of other projects and improved community engagement will include: creation of a county Peer Advisory Network, peer led community trainings, recommendations supporting system improvements, assistance with the mental health public awareness campaign and improved engagement around mental health and substance use with our local communities of color.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of peer lead trainings and supervision sessions	0	0	0	4
Outcome	Number of peers employed across provider agencies	0	0	0	106
Output	Number of MHASD and provider program and leadership meetings attended.	0	0	0	18

**Performance Measures Descriptions**

This is a new program offer.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$0	\$134,500	\$0
Contractual Services	\$0	\$0	\$6,000	\$0
Materials & Supplies	\$0	\$0	\$8,000	\$0
Internal Services	\$0	\$0	\$1,500	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$150,000</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

**Program Revenues**

<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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**Explanation of Revenues****Significant Program Changes**

Last Year this program was:

**Department:** Health Department      **Program Contact:** Neal Rotman  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40070  
**Program Characteristics:**

**Executive Summary**

This offer is a 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 allows for direct admit to an available bed from Probation and Parole, Corrections Health, Jail Diversion Programs and PPB-Behavioral Health Unit. This service enhancement served an estimated 184 individuals this year and increases 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 individuals who require a secure alternative to hospitalization or incarceration. To stabilize or protect an individual, first responders and County Corrections currently use emergency departments and jails as a triage point for CATC. CATC is less expensive than hospitalization and jail, but lacks a dedicated Behavioral Health Triage (BHT) service. This service does not increase the 16 bed capacity in CATC but adds a program enhancement to allow direct admits to an available bed. The BHT 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 an MD when needed. The service operates 24-hours -a-day/ four days a week as identified by the highest referral times. Consumers assessed to need a lower level of care than CATC, could remain at the triage site while arrangements are made for placement. The CATC BHT reduces overall cost to the system, diverts from inappropriate admits to emergency departments, inpatient and booking into jail.

The goal of the Stabilization and Treatment Program (STP) program is to address the problem of individuals with a mental illness involved 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 (MHASD) Court Diversion programs and Department of Community Corrections-Mentally Ill Offender Unit who are homeless will be eligible for placement. 24/7 staffing will ensure a safe living environment. Individuals will have 24/7 support services provided by a Community Additions 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 to provide services to help clients formally engage in treatment and receive assistance with permanent housing.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of triage referrals received	151	240	279	275
Outcome	Total Number of individuals who received triage services	108	180	192	240
Outcome	Total Number of Individuals who received housing and treatment referrals at the STP program.	0	180	184	210
Output		-	-	-	TBD

**Performance Measures Descriptions**

STP began in July of 2015. No previous year data is available.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$683,500	\$240,000	\$683,500	\$0
Internal Services	\$0	\$22,272	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$683,500</b>	<b>\$262,272</b>	<b>\$683,500</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$945,772</b>		<b>\$683,500</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$15,768	\$0	\$0	\$0
Intergovernmental	\$0	\$262,272	\$0	\$0
<b>Total Revenue</b>	<b>\$15,768</b>	<b>\$262,272</b>	<b>\$0</b>	<b>\$0</b>

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

Last Year this program was: FY 2016: 40066-16 Mental Health (CATC / Jail Diversion)



## 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 V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Chapter 1 Part 2, Public Law 94-142, Public Law 99-57, State of Oregon Mandatory Child Abuse Reporting Laws, Oregon Health Plan, Mental Health Organization Contract, Multnomah Mental Health HSO Policies & Procedures, Practice Guidelines of the American Health Information Management Association, and Centers for Medicare and Medicaid billing regulations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$565,985	\$135,062	\$173,487	\$507,372
Materials & Supplies	\$5,987	\$1,552	\$0	\$4,576
Internal Services	\$102,577	\$33,382	\$0	\$188,563
<b>Total GF/non-GF</b>	<b>\$674,549</b>	<b>\$169,996</b>	<b>\$173,487</b>	<b>\$700,511</b>
<b>Program Total:</b>	<b>\$844,545</b>		<b>\$873,998</b>	
<b>Program FTE</b>	6.75	1.75	2.16	6.14

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$5,429	\$0	\$38,634	\$0
Intergovernmental	\$0	\$169,996	\$0	\$700,511
Other / Miscellaneous	\$596,707	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$602,136</b>	<b>\$169,996</b>	<b>\$38,634</b>	<b>\$700,511</b>

## Explanation of Revenues

\$465,089 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$235,422 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40067-16 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) 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	2016	2016	2017	2017
Personnel	\$1,035,213	\$2,451,625	\$820,677	\$3,077,247
Contractual Services	\$809,220	\$1,069,515	\$196,555	\$969,341
Materials & Supplies	\$10,700	\$105,381	\$1,414	\$191,993
Internal Services	\$45,903	\$511,162	\$99,040	\$403,910
<b>Total GF/non-GF</b>	<b>\$1,901,036</b>	<b>\$4,137,683</b>	<b>\$1,117,686</b>	<b>\$4,642,491</b>
<b>Program Total:</b>	<b>\$6,038,719</b>		<b>\$5,760,177</b>	
<b>Program FTE</b>	9.38	23.32	7.30	27.60

Program Revenues				
Indirect for Dept. Admin	\$157,904	\$0	\$202,517	\$0
Intergovernmental	\$0	\$4,137,683	\$0	\$4,642,491
Other / Miscellaneous	\$1,162,520	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$1,320,424</b>	<b>\$4,137,683</b>	<b>\$202,517</b>	<b>\$4,642,491</b>

## Explanation of Revenues

- \$ 3,302,154 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates
- \$ 33,543 - Washington County Older Adult Grant
- \$ 33,543 - Clackamas County Older Adult Grant
- \$ 485,728 - State Mental Health Grant: MH Older/Disabled Adult based on 2015-2017 IGA with State of Oregon
- \$ 787,523 - State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40068-16 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. FY15 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 FY15 was 83,493.

**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 authorization for Multnomah Mental Health members, and authorizations for indigent medications, crisis housing and transportation. Total number of calls managed in FY14 was 74,864.

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 FY15, total number of clients served was 3,179. 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 317 face to face contacts in FY15.

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 FY15 was 4,489.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total Crisis System Contacts <sup>1</sup>	83,493	79,844	84,000	84,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED <sup>2</sup>	96.5%	96.8%	96.1%	96.1%

**Performance Measures Descriptions**

<sup>1</sup> Total crisis system contacts: Crisis Line: 74,864 (calls), Project Respond: 3,179, CATC: 192, ITT: 644, UWIC: 4,489, ED Liaisons: 317

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

## Legal / Contractual Obligation

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

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	2016	2016	2017	2017
Personnel	\$25,090	\$2,144,794	\$998,684	\$1,165,930
Contractual Services	\$4,467,648	\$3,668,106	\$811,678	\$3,909,405
Materials & Supplies	\$0	\$40,876	\$0	\$18,054
Internal Services	\$29,318	\$609,803	\$0	\$430,156
<b>Total GF/non-GF</b>	<b>\$4,522,056</b>	<b>\$6,463,579</b>	<b>\$1,810,362</b>	<b>\$5,523,545</b>
<b>Program Total:</b>	<b>\$10,985,635</b>		<b>\$7,333,907</b>	
<b>Program FTE</b>	0.20	20.34	9.93	10.32

Program Revenues				
Indirect for Dept. Admin	\$284,025	\$0	\$73,307	\$0
Intergovernmental	\$0	\$5,943,739	\$0	\$5,508,329
Beginning Working Capital	\$0	\$491,760	\$0	\$0
Service Charges	\$0	\$28,080	\$0	\$15,216
<b>Total Revenue</b>	<b>\$284,025</b>	<b>\$6,463,579</b>	<b>\$73,307</b>	<b>\$5,523,545</b>

## Explanation of Revenues

\$ 3,810,069 - Health Share of Oregon (Medicaid)

\$ 1,698,261 - State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

\$ 15,216 - Fee for Service Insurance Reimbursement Family Care

## Significant Program Changes

**Last Year this program was:** FY 2016: 40069A-16 Behavioral Health Crisis Services

In FY17, a new community based crisis resource, the Unity Center for Behavioral Health, will be opening. To ensure the best investment of resources, we will adjust and right size current crisis programs to minimize duplicate entry points or services while still ensuring the crisis continuum can best respond to the behavioral health needs of our community.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$1,226,825	\$1,948,795	\$655,125	\$2,620,495
Internal Services	\$0	\$143,248	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$1,226,825</b>	<b>\$2,092,043</b>	<b>\$655,125</b>	<b>\$2,620,495</b>
<b>Program Total:</b>	<b>\$3,318,868</b>		<b>\$3,275,620</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$101,416	\$0	\$0	\$0
Intergovernmental	\$0	\$2,092,043	\$0	\$2,620,495
<b>Total Revenue</b>	<b>\$101,416</b>	<b>\$2,092,043</b>	<b>\$0</b>	<b>\$2,620,495</b>

## Explanation of Revenues

\$2,620,495 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

## Significant Program Changes

Last Year this program was: FY 2016: 40070-16 Mental Health Crisis Assessment & Treatment Center (CATC)

**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 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 132 children, an 1083 adults each year who need secure placement outside the home for mental health care.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total unduplicated children receiving inpatient, subacute & residential care <sup>1</sup>	132	133	122	122
Outcome	Average length of stay in psychiatric residential treatment <sup>2</sup>	74	78	70	70

### Performance Measures Descriptions

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

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$2,430,000	\$0	\$2,856,605
Internal Services	\$0	\$225,504	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,655,504</b>	<b>\$0</b>	<b>\$2,856,605</b>
<b>Program Total:</b>	<b>\$2,655,504</b>		<b>\$2,856,605</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$159,651	\$0	\$0	\$0
Intergovernmental	\$0	\$2,655,504	\$0	\$2,856,605
<b>Total Revenue</b>	<b>\$159,651</b>	<b>\$2,655,504</b>	<b>\$0</b>	<b>\$2,856,605</b>

## Explanation of Revenues

\$2,856,605 - Health Share of Oregon (Medicaid): Based on FY16 Rates

## Significant Program Changes

Last Year this program was: FY 2016: 40071-16 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, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority. In FY15, ICP investigated 3,692 total holds; commitment staff monitored 387 patients and 123 trial visits.

### Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

**Involuntary Commitment Program:** An emergency psychiatric hold (E-Hold) keeps an individual in a hospital while ICP staff investigates the individual's mental health status. Through an investigation, staff determines if the person has a mental illness and is dangerous to self or others, or is unable to meet their basic needs. ICP staff files 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 & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the 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 & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of E-Holds investigated for County residents <sup>1</sup>	3,692	4,251	3,702	3,702
Outcome	% of total E-Holds that did not go to Court hearing <sup>2</sup>	92.9%	90.2%	93.4%	93.4%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment <sup>2</sup>	89.4%	90.8%	90.9%	90.9%
Output	# of commitments monitored annually <sup>3</sup>	387	401	376	380

### Performance Measures Descriptions

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

<sup>2</sup> Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

<sup>3</sup> # monitored reflects new & existing commitments of residents in acute care settings & secure res. 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,010,784	\$1,963,392	\$1,143,679	\$1,984,418
Contractual Services	\$205,000	\$1,267,628	\$151,000	\$581,503
Materials & Supplies	\$23,042	\$42,227	\$37,900	\$3,058
Internal Services	\$135,850	\$248,993	\$0	\$417,439
<b>Total GF/non-GF</b>	<b>\$1,374,676</b>	<b>\$3,522,240</b>	<b>\$1,332,579</b>	<b>\$2,986,418</b>
<b>Program Total:</b>	<b>\$4,896,916</b>		<b>\$4,318,997</b>	
<b>Program FTE</b>	9.00	16.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$3,022,240	\$0	\$2,986,418
Beginning Working Capital	\$0	\$500,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,522,240</b>	<b>\$0</b>	<b>\$2,986,418</b>

## Explanation of Revenues

\$2,986,418 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40072-16 Mental Health Commitment 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**

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 (SAMHSA). 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of active members	151	200	170	170
Outcome	Percent of members in paid employment positions	42.0%	16.0%	40.0%	40.0%
Output	Average daily attendance (ADA)	22	15	25	25

**Performance Measures Descriptions**

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

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$80,000	\$0	\$80,000	\$0
<b>Total GF/non-GF</b>	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$80,000</b>		<b>\$80,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

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

Last Year this program was: FY 2016: 40073-16 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 & 621 beds of 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 serves 178 individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing provides short-term stable housing to decrease the likelihood that they will need crisis & 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.

The four Transitional Housing programs that receive funding provide 158 Single Room occupancy units and 20 dormitory shelter beds for 178 individuals. Diverse funding is utilized to maximize the ability of these programs to provide in-house supportive services that ensure individuals can maintain living independently and decrease the likelihood of being hospitalized due to inability to care for themselves.

FY 15, there were:

- 33 licensed structured care programs
- 7 supportive housing programs
- 27 licensed adult foster care programs with more in development
- A total of 621 beds

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of New Residential Services Referrals <sup>1</sup>	469	379	400	400
Outcome	% of Residential Services referrals placed	46%	40.4%	40%	40%

**Performance Measures Descriptions**

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

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$466,802	\$348,602	\$485,760	\$494,312
Contractual Services	\$813,898	\$12,824,904	\$333,164	\$11,183,361
Materials & Supplies	\$9,223	\$7,175	\$7,949	\$0
Internal Services	\$67,727	\$69,463	\$143,991	\$38,109
<b>Total GF/non-GF</b>	<b>\$1,357,650</b>	<b>\$13,250,144</b>	<b>\$970,864</b>	<b>\$11,715,782</b>
<b>Program Total:</b>	<b>\$14,607,794</b>		<b>\$12,686,646</b>	
<b>Program FTE</b>	4.50	3.50	4.50	4.64

Program Revenues				
Indirect for Dept. Admin	\$11,883	\$0	\$14,384	\$0
Intergovernmental	\$0	\$12,631,114	\$0	\$11,715,782
Beginning Working Capital	\$0	\$619,030	\$0	\$0
<b>Total Revenue</b>	<b>\$11,883</b>	<b>\$13,250,144</b>	<b>\$14,384</b>	<b>\$11,715,782</b>

## Explanation of Revenues

\$ 170,452 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates  
\$ 231,700 - City of Portland, Bureau of Housing & Community Development  
Revenue below is from State Mental Health Grant based on 2015-2017 IGA with State of Oregon:  
\$ 3,500,000 - Non-Residential Adult Mental Health  
\$ 55,562 - Non-Residential Youth & Young Adult  
\$ 509,636 - Residential Mental Health Treatment Services for Youth and Young Adult  
\$ 4,500,000 - Residential Treatment Services  
\$ 2,076,990 - Supervision Services for Individuals Under PSRB and JPSRB  
\$ 232,285 - Projects For Assistance In Transition From Homelessness (PATH) Services  
\$ 77,188 - Adult Foster Care

## Significant Program Changes

Last Year this program was: FY 2016: 40074A-16 Mental Health Residential 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**

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. 669 individuals were served in FY15.

**Program Summary**

Mental Health and Addiction Services Division (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 (ENCC) 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of Clients Served in AMHI	669	846	690	690
Outcome	Number of Qualifying Events <sup>1</sup>	497	550	575	575

**Performance Measures Descriptions**

<sup>1</sup> The contractual measure of performance includes total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living).

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$966,388	\$0	\$1,075,940
Contractual Services	\$0	\$2,568,586	\$0	\$2,915,849
Materials & Supplies	\$0	\$9,465	\$0	\$5,130
Internal Services	\$0	\$208,790	\$0	\$225,231
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,753,229</b>	<b>\$0</b>	<b>\$4,222,150</b>
<b>Program Total:</b>	<b>\$3,753,229</b>		<b>\$4,222,150</b>	
<b>Program FTE</b>	0.00	9.67	0.00	10.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$69,405	\$0	\$52,328	\$0
Intergovernmental	\$0	\$3,703,229	\$0	\$2,790,559
Beginning Working Capital	\$0	\$50,000	\$0	\$1,431,591
<b>Total Revenue</b>	<b>\$69,405</b>	<b>\$3,753,229</b>	<b>\$52,328</b>	<b>\$4,222,150</b>

## Explanation of Revenues

\$ 713,440 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 2,077,119 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2015-2017 IGA with State of Oregon

\$ 1,431,591 - State Mental Health Grant: Adult Mental Health Initiative Beginning Working Capital

## Significant Program Changes

Last Year this program was: FY 2016: 40075-16 Adult Mental Health Initiative (AMHI)



**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 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 10,790 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 6,090 adults receive outpatient services each month, with many remaining in treatment for several months.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total adults receiving outpatient mental health services <sup>1</sup>	10,877	9,146	10,318	10,318
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge <sup>2</sup>	13.5%	18.9%	11.8%	11.8%

### Performance Measures Descriptions

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

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

## Legal / Contractual Obligation

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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$718,002	\$0	\$1,573,523
Contractual Services	\$0	\$32,250,625	\$0	\$27,272,338
Materials & Supplies	\$0	\$5,815	\$0	\$1,166
Internal Services	\$0	\$3,010,414	\$0	\$306,388
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$35,984,856</b>	<b>\$0</b>	<b>\$29,153,415</b>
<b>Program Total:</b>	<b>\$35,984,856</b>		<b>\$29,153,415</b>	
<b>Program FTE</b>	0.00	7.16	0.00	15.06

Program Revenues				
Indirect for Dept. Admin	\$2,089,920	\$0	\$147,903	\$0
Intergovernmental	\$0	\$35,984,856	\$0	\$29,153,415
<b>Total Revenue</b>	<b>\$2,089,920</b>	<b>\$35,984,856</b>	<b>\$147,903</b>	<b>\$29,153,415</b>

## Explanation of Revenues

\$ 28,433,405 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 731,010 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40076-16 Mental Health Services for Adults

An additional 4.2 FTE has been added to support Intensive Treatment Services which are being brought in house in FY17. Additional FTE increases are due to positions moving from Program Offers 40075 and 40080.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$1,221,357	\$107,418	\$1,113,897	\$146,368
<b>Total GF/non-GF</b>	<b>\$1,221,357</b>	<b>\$107,418</b>	<b>\$1,113,897</b>	<b>\$146,368</b>
<b>Program Total:</b>	<b>\$1,328,775</b>		<b>\$1,260,265</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$107,418	\$0	\$146,368
<b>Total Revenue</b>	<b>\$0</b>	<b>\$107,418</b>	<b>\$0</b>	<b>\$146,368</b>

## Explanation of Revenues

\$ 146,368 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40077-16 Mental Health Treatment & Medications for the Uninsured

**Department:** Health Department      **Program Contact:** William Baney  
**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 160 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total individuals enrolled in the EASA program receiving services	142	77	140	140
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment (1)	75%	75%	75.0%	75.0%
Output	Number of unduplicated individuals referred to the EASA program	194	141	170	170

### Performance Measures Descriptions

<sup>1</sup> This measure compares the hospitalization rate for the three 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$947,840	\$0	\$1,146,238
Contractual Services	\$0	\$328,260	\$0	\$330,200
Materials & Supplies	\$0	\$14,446	\$0	\$16,896
Internal Services	\$0	\$132,310	\$0	\$169,280
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,422,856</b>	<b>\$0</b>	<b>\$1,662,614</b>
<b>Program Total:</b>	<b>\$1,422,856</b>		<b>\$1,662,614</b>	
<b>Program FTE</b>	0.00	9.45	0.00	10.32

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$6,883	\$0	\$11,400	\$0
Intergovernmental	\$0	\$1,422,856	\$0	\$1,578,614
Service Charges	\$0	\$0	\$0	\$84,000
<b>Total Revenue</b>	<b>\$6,883</b>	<b>\$1,422,856</b>	<b>\$11,400</b>	<b>\$1,662,614</b>

## Explanation of Revenues

\$ 154,884 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 84,000 - Fee For Service Insurance Receipts

\$ 1,423,730 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40078-16 Early Assessment & Support Alliance



**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$67,000	\$0	\$67,000	\$0
<b>Total GF/non-GF</b>	<b>\$67,000</b>	<b>\$0</b>	<b>\$67,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$67,000</b>		<b>\$67,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

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

Last Year this program was: FY 2016: 40079-16 Mental Health Services for Victims and Survivors of Domestic Violence



**Department:** Health Department      **Program Contact:** William Baney  
**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 Head Start 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, clinics, homes, schools, and 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, Sub-Acute, 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 responsive 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 keep vulnerable children in home with their families, permanent foster care or with other long-term caregivers. Early Childhood and Head Start Programs' provide prevention and early intervention for 5,564 children, and address child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces the trauma of 1,042 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 4,252 children and parents, and seeks 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total children receiving outpatient services <sup>1</sup>	4,252	4,154	4,671	4,671
Outcome	% of children demonstrating improvement in their global distress score <sup>2</sup>	81%	76%	82.5%	82.5%
Output	Total children (0-6) receiving prevention services	5,485	new	5,564	5,600

**Performance Measures Descriptions**

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

<sup>2</sup> The ACORN is a short and frequent survey where clients rate their symptoms. The global distress score is the average score of all items on the survey. and with repeat measurement. provides an accurate measure of change over time.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,421,780	\$1,411,361	\$1,573,856	\$705,444
Contractual Services	\$101,970	\$11,245,047	\$111,432	\$11,286,577
Materials & Supplies	\$0	\$10,888	\$420	\$24,774
Internal Services	\$169,543	\$1,271,936	\$73,283	\$612,069
<b>Total GF/non-GF</b>	<b>\$1,693,293</b>	<b>\$13,939,232</b>	<b>\$1,758,991</b>	<b>\$12,628,864</b>
<b>Program Total:</b>	<b>\$15,632,525</b>		<b>\$14,387,855</b>	
<b>Program FTE</b>	12.27	12.55	13.20	5.97

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$795,957	\$0	\$15,769	\$0
Intergovernmental	\$111,432	\$13,939,232	\$0	\$12,507,620
Service Charges	\$0	\$0	\$111,432	\$121,244
<b>Total Revenue</b>	<b>\$907,389</b>	<b>\$13,939,232</b>	<b>\$127,201</b>	<b>\$12,628,864</b>

## Explanation of Revenues

- \$ 11,471,022 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
- \$ 111,432 - Federally Qualified Health Centers Medicaid Wraparound Funds
- \$ 248,725 - Head Start Contracts
- \$ 121,244 - Fee For Services Insurance Receipt
- \$ 787,873 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40080-16 Community Based MH Services for Children & Families

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

**Executive Summary**

Multnomah Wraparound and Care Coordination follows the System of Care Principles and Values, and is a contracted service through Multnomah Mental Health and Local Mental Health Authority. Multnomah Mental Health has oversight of the screening and eligibility of medical necessity 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**

Multnomah Wraparound is funded by Oregon Health Plan and managed by Multnomah Mental Health, with additional resources from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice -Juvenile Justice. Approximately 225 children, youth, and families are engaging multi-system coordination at any given time.

Multnomah Wraparound and Care Coordination 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. Multnomah Wraparound and Care Coordination utilizes flex funding and community resources to meet the needs of families, monitors quality assurance, conducts utilization management, and evaluates service effectiveness.

Multnomah Wraparound and Care Coordination ensures policies and procedures are culturally competent and services provided are compatible with the families' cultural beliefs, practices, literacy skills and language. Multnomah Wraparound and Care Coordination is leading the effort to develop a System of Care cross sector governance structure, inclusive of youth and families

HSO Multnomah and LMHA intake unit provides 372 screenings on children per year for intensive services and care coordination. Multnomah Wraparound facilitates 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, as the risk accepting entity for 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of unique children served through Wraparound	159	172	172	172
Outcome	% of children who are meeting their goals on Wraparound service plan <sup>1</sup>	84%	84%	84%	84%
Outcome	% of children completing the Youth Care Coordination Progress review each quarter	81%	76%	81%	81%
Output	Number of unique children screened for Youth Care Coordination eligibility	258	219	270	270

**Performance Measures Descriptions**

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

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$2,137,530	\$0	\$2,500,310
Contractual Services	\$0	\$592,525	\$0	\$183,566
Materials & Supplies	\$0	\$845	\$0	\$15,967
Internal Services	\$0	\$462,468	\$0	\$620,484
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,193,368</b>	<b>\$0</b>	<b>\$3,320,327</b>
<b>Program Total:</b>	<b>\$3,193,368</b>		<b>\$3,320,327</b>	
<b>Program FTE</b>	0.00	19.47	0.00	22.92

Program Revenues				
Indirect for Dept. Admin	\$191,988	\$0	\$235,919	\$0
Intergovernmental	\$0	\$3,193,368	\$0	\$3,320,327
<b>Total Revenue</b>	<b>\$191,988</b>	<b>\$3,193,368</b>	<b>\$235,919</b>	<b>\$3,320,327</b>

## Explanation of Revenues

\$ 3,202, 907 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates  
\$ 117,421 - Centennial School District

## Significant Program Changes

Last Year this program was: FY 2016: 40081-16 Multnomah Wraparound

**Department:** Health Department      **Program Contact:** William Baney  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40080,  
**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 1500 children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public School Districts. 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 1500 underserved families. This program reaches youth who have not accessed services in a mental health clinic and over 43% of those served were children of color. Approximately 75% of the children served were 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. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority, to ensure capacity and supports are available to assist with improving attendance for students served, leading to school completion and raising indicators for economic well being and improved health.

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 the Cradle to Career Framework.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total unduplicated children receiving mental health services	1,531	1,500	1,700	1,700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement. (NEW)	62%	81.5%*	55%	60%

### Performance Measures Descriptions

\*Changed Performance Measure 2 Outcome to a client/student reported perception of change versus the previous measure of a clinician observation of improvement. Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment.

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,069,045	\$1,378,338	\$1,036,565	\$1,558,914
Materials & Supplies	\$12,547	\$14,927	\$8,857	\$1,129
Internal Services	\$73,030	\$153,151	\$311,284	\$96,293
<b>Total GF/non-GF</b>	<b>\$1,154,622</b>	<b>\$1,546,416</b>	<b>\$1,356,706</b>	<b>\$1,656,336</b>
<b>Program Total:</b>	<b>\$2,701,038</b>		<b>\$3,013,042</b>	
<b>Program FTE</b>	9.25	13.46	9.04	13.14

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$26,848	\$0
Intergovernmental	\$137,266	\$1,546,416	\$0	\$1,456,337
Service Charges	\$0	\$0	\$137,265	\$199,999
<b>Total Revenue</b>	<b>\$137,266</b>	<b>\$1,546,416</b>	<b>\$164,113</b>	<b>\$1,656,336</b>

## Explanation of Revenues

\$ 137,265 - Federally Qualified Health Center Medicaid Wraparound payments

\$ 237,547 - Local Public Health Agency IGA with State of Oregon for School Based Clinics

\$ 22,498 - Parkrose School District

\$ 74,996 - Centennial School District

\$ 199,999 - Fee for Service Insurance Receipts

\$ 177,000 - Portland Public Schools

\$ 944,296 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40082A-16 School Based Mental Health Services

and FY 2016: 40082B-16 Expansion of School Based Mental Health 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 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 a minimum of two trainings per month with up to 30 participants per training. 653 people were trained in FY15.

**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, introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments. Participants of the 8-hour course become certified as Mental Health First Aid-ers 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 addition to Mental Health First Aid, the Prevention Coordinator has been offering Applied Suicide Intervention Skills Training (ASIST). ASIST is an evidenced based practice to provide suicide first aid. Shown to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. Developed in 1983, and regularly updated to reflect improvements in knowledge and practice, ASIST is the world's leading suicide intervention workshop. During the two-day interactive session, participants learn to intervene and help prevent risk of suicide. In FY16, we estimate that 180 community members will have been trained in ASIST.

In FY16, we estimate that 587 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY17, Mental Health First Aid will continue to be offered to all county employees as well as 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of individuals trained in Mental Health First Aid and ASIST <sup>1</sup>	653	720	767	775
Outcome	% of individuals who report greater understanding of mental illness.	87%	90%	88%	88%

**Performance Measures Descriptions**

<sup>1</sup> Estimate for current year total # trained in MH First Aid 587, Estimate for current year # trained in ASIST 180. The Suicide Prevention Coordinator position funded in FY16, has provided the necessary program administration to increase promotion of mental health awareness and increased community involvement.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$88,306	\$0	\$93,400	\$0
Contractual Services	\$85,945	\$0	\$40,000	\$0
Materials & Supplies	\$20,062	\$0	\$21,295	\$0
Internal Services	\$14,148	\$0	\$16,371	\$0
<b>Total GF/non-GF</b>	<b>\$208,461</b>	<b>\$0</b>	<b>\$171,066</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$208,461</b>		<b>\$171,066</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues****Significant Program Changes**Last Year this program was: FY 2016: 40083-16 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 under-served 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 723 indigent individuals received services in FY15.

**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 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, Pacific Islander and Middle East refugees were identified in stakeholder discussions and culturally specific behavioral health provider meetings. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total culturally diverse individuals receiving services <sup>1</sup>	723	820	735	735
Outcome	Culturally specific persons served per 1,000 culturally diverse in population <sup>2</sup>	3.2	3.4	3.2	3.2

**Performance Measures Descriptions**

<sup>1</sup> This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. <sup>2</sup> Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2014.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$1,567,513	\$0	\$1,567,513	\$0
<b>Total GF/non-GF</b>	<b>\$1,567,513</b>	<b>\$0</b>	<b>\$1,567,513</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,567,513</b>		<b>\$1,567,513</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$180,000	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$180,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

Last Year this program was: FY 2016: 40084-16 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

This continuum consists of addictions outpatient and residential treatment for under and uninsured adult residents; medication management; and recovery support services. Projects include a program for homeless individuals with complex behavioral health problems including severe addiction; and care coordination to assist high utilizers of detox and hospitals in accessing appropriate treatment options. The continuum serves approximately 2,250 clients a 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, with roughly 18% of those accessing addiction treatment and more than 40% of those who try to get help experiencing barriers related to cost or insurance issues. Addiction is recognized as a chronic disease often requiring lifelong attention due to relapse rates similar to other chronic diseases including diabetes. While the overall goal of treatment is to help clients maintain sobriety, it also reduces criminal activity, infectious disease transmission, and child abuse and neglect even when people continue to struggle with their disease.

Treatment helps clients shift from denial about their addiction to acceptance and hope. Our adult continuum supports treatment engagement, recovery and a return to a healthy lifestyle. Services address the negative consequences of alcohol and other drug abuse; target specific issues that are barriers to recovery; and teach pro-social alternatives to addictive behaviors through clinical therapy, skill building, and peer delivered services. Providers also address 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.

Clinical 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 2,250 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, due to the severity of illness, as well as risk factors like unemployment and housing problems. Residential treatment serves about 500 clients annually. Recovery support services facilitate ongoing clean and sober social support activities for clients and their families, and provide an avenue for recovering people to give back to the community.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number served in treatment (all levels of care)	1,547	3,395	1,856	1,856
Outcome	Percentage of clients who successfully complete outpatient treatment <sup>1</sup>	45%	45%	45%	45%

### Performance Measures Descriptions

Performance measures reflect a move to more intensive services for a fewer number of individuals with higher-level needs, and an increase in recovery support services separate from treatment. New County reporting methods and State MOTS data led to adjusting estimates.<sup>1</sup> "Successful completion of treatment" is defined as the client 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 Health Systems Division contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant which obligates us to spend funds in accordance with State Service Elements. 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	2016	2016	2017	2017
Personnel	\$200,963	\$645,677	\$207,597	\$1,075,816
Contractual Services	\$2,552,424	\$15,645,968	\$2,536,792	\$11,294,700
Materials & Supplies	\$7,640	\$14,348	\$0	\$13,077
Internal Services	\$39,917	\$782,108	\$0	\$223,773
<b>Total GF/non-GF</b>	<b>\$2,800,944</b>	<b>\$17,088,101</b>	<b>\$2,744,389</b>	<b>\$12,607,366</b>
<b>Program Total:</b>	<b>\$19,889,045</b>		<b>\$15,351,755</b>	
<b>Program FTE</b>	1.50	6.33	1.50	10.35

Program Revenues				
Indirect for Dept. Admin	\$492,290	\$0	\$57,245	\$0
Intergovernmental	\$0	\$17,088,101	\$0	\$12,607,366
<b>Total Revenue</b>	<b>\$492,290</b>	<b>\$17,088,101</b>	<b>\$57,245</b>	<b>\$12,607,366</b>

## Explanation of Revenues

\$ 5,741,435 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates  
 \$ 578,890 - Local 2145 Beer and Wine Tax  
 \$ 720,557 - Community Mental Health Block Grant  
 \$ 125,000 - Safe Neighborhoods Advocacy Partnership US Department of Health & Human Services  
 \$ 485,000 - Addictions Benefit Coordinate Pilot Program  
 Revenue below is from the State Mental Health grant based on 2015-2017 IGA with State of Oregon  
 \$ 1,300,000 - State Mental Health Grant: Adult Substance Use Disorder Residential Treatment  
 \$ 431,649 - State Mental Health Grant: Supported Capacity for Dependent Children  
 \$ 1,356,002 - State Mental Health Grant: Community Behavioral and Substance Use Disorder Services  
 \$ 1,868,833 - State Mental Health Grant: Substance Use Disorder Residential Capacity

## Significant Program Changes

**Last Year this program was:** FY 2016: 40085-16 Adult Addictions Treatment Continuum

Medicaid expansion through the Affordable Care Act has allowed us to 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 and recovery outcomes, as well as new care coordination for high utilizers of detox and hospital services. Traditional performance measures reflect a move towards more intensive services 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 2014-2015 data the county's community-based providers treated approximately 327 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact 99% of the time and 74% report no gambling 12 months following treatment.

### 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 2014-2015, 285 gamblers enrolled in treatment. As noted, family participation is important, and 42 family members enrolled in treatment as well.

Approximately 1,400 adult Oregonians statewide receive Lottery funded treatment each year. Multnomah County has the highest rate, per capita (18 years and older), of lottery sales statewide. Nearly 90% report a preference for gambling on machines (video poker, line games, slots). 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.

Multnomah County provider network has expanded and includes Lewis & Clark, Volunteers of America InAct, Cascadia Behavioral Healthcare, OHSU IPP, Empowerment Clinic and Voices of Problem Gambling Recovery (VPGR). Culturally specific Asian, African American and Latino services are available in this network of providers.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of gamblers and family members accessing treatment annually <sup>1</sup>	327	330	350	360
Outcome	Gambler successful treatment completion rate <sup>2</sup>	49%	40%	50%	50%

### Performance Measures Descriptions

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

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$19,190	\$0	\$17,905
Contractual Services	\$0	\$696,000	\$0	\$770,000
Materials & Supplies	\$0	\$11	\$0	\$1,595
Internal Services	\$0	\$2,405	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$717,606</b>	<b>\$0</b>	<b>\$789,500</b>
<b>Program Total:</b>	<b>\$717,606</b>		<b>\$789,500</b>	
<b>Program FTE</b>	0.00	0.17	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$717,606	\$0	\$789,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$717,606</b>	<b>\$0</b>	<b>\$789,500</b>

## Explanation of Revenues

\$ 19,500 - State Mental Health Grant: Local Administration - Addictions Services based on 2015-2017 IGA with State of Oregon

\$ 70,000 - State Mental Health Grant: Problem Gambling Prevention Services based on 2015-2017 IGA with State of Oregon

\$ 700,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40086-16 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. Last year, the public housing program provided over 5,500 prevention service contacts. The County is also in the second year of a federally-funded coalition initiative to prevent substance abuse and underage drinking among youth 18 and under.

**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. In 2014, Multnomah County received a Drug Free Communities (DFC) grant 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.

The DFC initiative has expanded the reach of the County effort called Safe Neighborhood Advocacy Partnership (SNAP), a coalition of diverse stakeholders in its fifth year of working to reduce high risk drinking among young adults ages 18-25 in downtown Portland. High risk drinking is defined as binge drinking, heavy drinking and underage drinking (for those 18-20 for whom drinking is illegal). The coalition has adopted a new name, Big Village, to reflect its expansion demographically and geographically — from young adults partying in downtown Portland to underage alcohol and marijuana use by youth under the age of 18 in the Portland Police Bureau's Central Precinct geographic area — with plans to expand even further. Big Village has two task forces: the Youth Empowerment Committee (YE Committee) and the Safe Nightlife Committee (SNL Committee). The YE Committee has created two educational fliers for parents and teachers, providing information on recreational marijuana laws, risks associated with underage marijuana use, and how to speak with youth. The SNL Committee has hosted the Portland Bar Academy for two years, an event designed to educate bar owners and employees on over-service prevention best practices.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Youth served at public housing sites <sup>1</sup>	387	275	300	275
Outcome	Core group youth w/ improved behavior <sup>2</sup>	88%	75%	75%	75%
Outcome	Core group youth w/ improved academic achievement	91%	75%	75%	75%

**Performance Measures Descriptions**

- <sup>1</sup> This measure includes all participants in the entire collaborative after-school program serving youth in public housing.  
<sup>2</sup> Intensive core group services will be provided to 30 families with youth exhibiting behavioral and academic risk factors. Outcomes of improved behavior (e.g., less disruptive, better attendance, fewer suspensions) and improved academic achievement are good predictors of reduced future substance abuse.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through the State Oregon Health Authority (OHA) contract. Additionally, the Big Village coalition program is funded by the Federal Office of National Drug Control Policy (ONDCP) Drug Free Communities Support Program Grant (DFC). Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA and DFC grants, we are obligated to spend funds in accordance with regulations regarding State Service Elements A&D 70 (Prevention Services) as well as the Federal ONDCP DFC grant.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$107,368	\$0	\$110,599
Contractual Services	\$0	\$0	\$0	\$206,399
Materials & Supplies	\$0	\$1,482	\$0	\$4,970
Internal Services	\$0	\$16,347	\$0	\$2,783
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$125,197</b>	<b>\$0</b>	<b>\$324,751</b>
<b>Program Total:</b>	<b>\$125,197</b>		<b>\$324,751</b>	
<b>Program FTE</b>	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$125,197	\$0	\$324,751
<b>Total Revenue</b>	<b>\$0</b>	<b>\$125,197</b>	<b>\$0</b>	<b>\$324,751</b>

## Explanation of Revenues

\$ 324,751 - Community Mental Health Block Grant

## Significant Program Changes

Last Year this program was: FY 2016: 40087-16 Addiction Services Alcohol & Drug Prevention



**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 FY15 Community Court: 1,074, Forensic Diversion: 305, Mental Health Court: 80.

### 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 37 new participants in FY15.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of participants in Community Court	1,074	1,375	1,054	1,100
Outcome	% of participants in good standing or have successfully completed services	61%	60%	58%	60%
Output	# of participants engaged with Forensic Diversion	305	600	344	450
Outcome	% of participants successfully engaged with Forensic Diversion	73%	68%	74%	70%

### 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

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$209,612	\$1,044,761	\$215,991	\$1,033,990
Contractual Services	\$0	\$300,027	\$291,999	\$208,022
Materials & Supplies	\$1,184	\$13,100	\$0	\$3,119
Internal Services	\$62,999	\$87,902	\$0	\$192,570
<b>Total GF/non-GF</b>	<b>\$273,795</b>	<b>\$1,445,790</b>	<b>\$507,990</b>	<b>\$1,437,701</b>
<b>Program Total:</b>	<b>\$1,719,585</b>		<b>\$1,945,691</b>	
<b>Program FTE</b>	2.00	9.20	2.00	9.20

Program Revenues				
Indirect for Dept. Admin	\$7,498	\$0	\$7,212	\$0
Intergovernmental	\$0	\$1,445,790	\$0	\$1,437,701
<b>Total Revenue</b>	<b>\$7,498</b>	<b>\$1,445,790</b>	<b>\$7,212</b>	<b>\$1,437,701</b>

## Explanation of Revenues

\$ 358,194 - Multnomah Behavioral Health Treatment Court (MBHTC) federal grant from SAMHSA

\$ 1,079,507 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40088-16 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 that served 2,375 in FY15, 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

The detoxification and stabilization program supports capacity for withdrawal management services to be provided 24 hours/day, 7 days/week under medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. Detoxification is provided in a culturally competent manner -- with new specialized services for African American individuals -- in an integrated medical clinic with primary care and dual-diagnosis capability. Stabilization services include counseling; case management; referrals related to housing, food and transportation, and such economic independence resources as job training, employment referrals, benefits eligibility screening; and discharge linkage to continuing care treatment.

Supportive Housing greatly increases post-detoxification treatment engagement rates. For people who are homeless, addicted, and newly sober, it can be a vital resource in the work towards long-term recovery. 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.

Homeless clients transitioning to 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 \$2,724 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,375	2,400	2,375	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	94%	90%	94%	90%
Output	Number of supportive housing units	133	168	168	168

### Performance Measures Descriptions

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

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate. Performance Measure 3 now reflects an increase in total number of supportive housing units.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer & 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	2016	2016	2017	2017
Contractual Services	\$1,751,881	\$528,380	\$1,747,560	\$1,296,616
<b>Total GF/non-GF</b>	<b>\$1,751,881</b>	<b>\$528,380</b>	<b>\$1,747,560</b>	<b>\$1,296,616</b>
<b>Program Total:</b>	<b>\$2,280,261</b>		<b>\$3,044,176</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$528,380	\$0	\$1,296,616
<b>Total Revenue</b>	<b>\$0</b>	<b>\$528,380</b>	<b>\$0</b>	<b>\$1,296,616</b>

## Explanation of Revenues

\$ 1,187,152 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon  
 \$ 109,464 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40089-16 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 adolescent youth in outpatient and residential addictions treatment and in early recovery, and includes culturally-specific outpatient services which target high-risk minority youth. This program also provides alcohol/drug-free supportive housing resources for families headed by adult parent(s) who are in early addiction recovery. In FY16, a minimum of 90 families will receive housing supports in recovery-focused housing communities, with the same projected for FY17.

### 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 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.

Most core treatment services are paid by public (Medicaid) or private insurance, and thus our offer focuses on engagement and recovery wraparound supports which Medicaid does not cover, to expand treatment access and strengthen 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 supporting families in 89 units of Central City Concern long-term transitional housing for families who are rebuilding their lives following the negative impacts of their addictions. These housing communities provide a clean, safe and sober living environment in which parents can raise their children while new recovery principles are reinforced. This offer funds an array of services aligned for FAN families including rent assistance, family mentoring, and housing case management. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households that received rent assistance	113	75	90	75
Outcome	Exiting families that move into long-term permanent housing	64%	52%	52%	52%
Output	Number of families that received housing coordination services	119	105	115	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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$337,133	\$702,614	\$205,000	\$795,779
<b>Total GF/non-GF</b>	<b>\$337,133</b>	<b>\$702,614</b>	<b>\$205,000</b>	<b>\$795,779</b>
<b>Program Total:</b>	<b>\$1,039,747</b>		<b>\$1,000,779</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$702,614	\$0	\$795,779
<b>Total Revenue</b>	<b>\$0</b>	<b>\$702,614</b>	<b>\$0</b>	<b>\$795,779</b>

## Explanation of Revenues

\$ 24,700 - Local 2145 Beer & Wine Tax

\$ 275,100 - State Mental Health Grant: A&D Special Projects based on 2015-2017 IGA with State of Oregon

\$ 495,979 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2016: 40090-16 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$1,067,134	\$0	\$855,446
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,067,134</b>	<b>\$0</b>	<b>\$855,446</b>
<b>Program Total:</b>	<b>\$1,067,134</b>		<b>\$855,446</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,067,134	\$0	\$855,446
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,067,134</b>	<b>\$0</b>	<b>\$855,446</b>

## Explanation of Revenues

\$ 855,446 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2016: 40091-16 Family Involvement Team





Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$500,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$500,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$400,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$400,000</b>	
Program FTE	0.00	0.00	2.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

## 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:

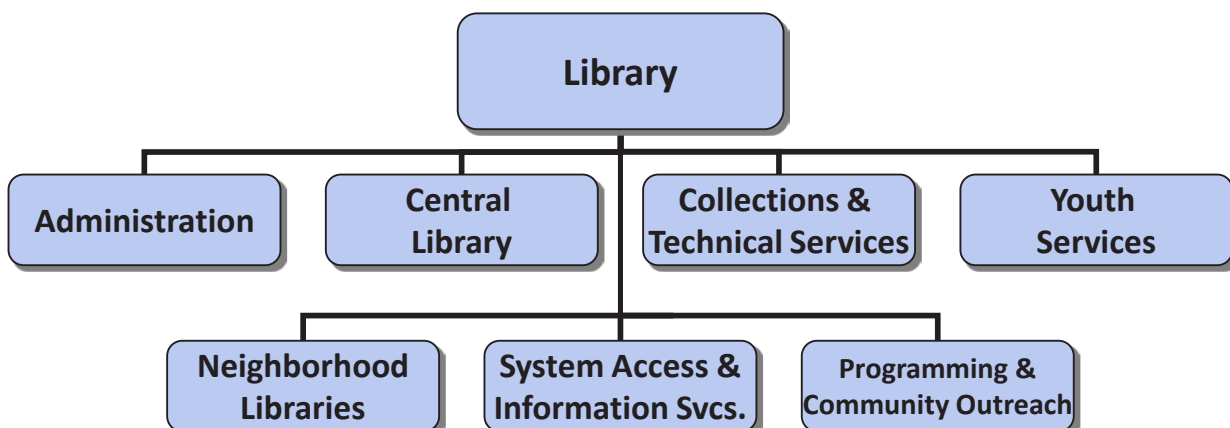
- Free access for all
- A trusted guide for learning
- The leading advocate for reading

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

The Library’s FY 2017 budget maintains current service levels while adding several strategic investments. Library operations are funded exclusively through the independent Multnomah County Library District, which was enacted by voters in 2012. Changes from FY 2016 include efforts to prepare for future capital needs, increase safety and security for employees and patrons, improve diversity internally, and increase equity of access for patrons.

The Library’s FY 2017 proposed expenditures of \$76.4 million represents a 2% increase over FY 2016. Notable new expenditures include:

- Library Director’s Office (80007) will fund consulting services for the capital planning process and an LDA position to manage the process - \$310,000
- System Access & Information Services (80019) establishes a new system-wide contact center to respond to basic questions and more efficiently connect patrons to the appropriate services - \$249,000
- Diversity Initiative (80021) funds a new Equity and Inclusion Manager - \$136,000

The Library District will be in its fourth year, and has maintained the original tax rate of \$1.18 per \$1,000 of assessed value. Lower than expected compression in Multnomah County has resulted in revenues 1% higher than expected in FY 2017. According to the most recent economic forecast for the Library, expenses will begin to grow faster than revenues in the near future, but annual budget surpluses are still forecast for the next eight years.

Budget Trends	FY 2015	FY 2016	FY 2016	FY 2017	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	518.00	527.50	527.50	535.20	7.70
Personnel Services	\$43,329,501	\$45,219,381	\$46,861,811	\$49,147,765	\$2,285,954
Contractual Services	1,380,828	1,953,556	1,729,590	2,044,605	315,015
Materials & Supplies	9,311,618	10,549,806	11,000,573	11,198,180	197,607
Internal Services	13,961,787	13,738,699	14,089,959	13,983,069	(106,890)
Capital Outlay	<u>34,564</u>	<u>361,598</u>	<u>451,997</u>	<u>0</u>	<u>(451,997)</u>
<b>Total Costs</b>	<b>\$68,018,298</b>	<b>\$71,823,040</b>	<b>\$74,133,930</b>	<b>\$76,373,619</b>	<b>\$2,239,689</b>

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

## Successes and Challenges

As the needs of the community change, Multnomah County Library must balance and serve those needs in new ways. With stable funding in place, the library is uniquely positioned to realize an innovative vision of library service for future generations. FY 2016 was another year of successes for Multnomah County Library. The library implemented an updated set of strategic priorities with increased focus on identifying and addressing opportunity gaps in the community.

In early 2016, the library opened its first makerspace to better serve youth through fun and engaging creative learning with STEAM resources. The makerspace aligns public and private funding to provide rich and captivating experiences for young people in East Multnomah County. The effort leverages the skills and knowledge of partners, adult mentors and staff with the latest practices in self-driven creative learning to support workforce development and community vitality.

FY 2016 also saw new approaches to address community need through the creation of a mental health crisis worker position. In partnership with Cascadia Behavioral Healthcare, the library shaped a new contracted position to respond to patrons in crisis, create connections and offer resources to those patrons. This position also supports library staff in these interactions to improve outcomes.

The library continued its investments to better serve patrons through technology. FY 2016 saw the addition of two Drupal developers and a director of digital strategies. This unit increases capacity to develop and integrate new digital resources for patrons, who now use the library online more than in person.

My Librarian, which offers patrons personalized reading recommendations, made strides in FY 2016, adding emphasis on children's literature. The My Librarian service was featured as the cover story in October's issue of Library Journal and the library shared its knowledge and success with peers across North America.

Creating safe, secure and welcoming space for staff and patrons alike remains a high priority. In response, the library has created a new library safety officer classification, adopted new practices and invested in updates to facilities.

Demand for library service continues to increase in East Multnomah County. Size limitations of public service locations warrant a comprehensive and long-term strategy for how, when and why those spaces will change to better serve community needs. The library's impending capital planning process is intended to examine these issues and offer a clear set of recommendations to address them.

## Diversity and Equity

Multnomah County Library is committed to the goals of equity, inclusion and sustaining a workforce that reflects the community it serves.

The library increased its outreach in recruiting to a diverse pool of potential applicants in FY 2016. These activities included in-person recruitment efforts at the National Conference of African American Librarians in St. Louis (in conjunction with the American Library Association’s Black Caucus) and at the ALA conference in San Francisco. The library conducted recruitments for a Bilingual Chinese Regional Librarian; a Youth Librarian with an African American cultural competency; Library Assistants with African American cultural competency; Bilingual Library Assistants with Spanish, Vietnamese, Chinese and Russian cultural competencies and a Bilingual Chinese Clerk with a cultural competency.

The library also partnered with Multnomah County Talent Development to develop training curriculum addressing microaggressions in dealing with patrons and colleagues.

As founding members of the Digital Inclusion Network, the library highlighted the needs of those without access to quality broadband, affordable devices and personal training. The group’s efforts will emerge in a Digital Equity Action Plan, which will take a regional view of how public and private sector agencies can be more inclusive and contribute to the success of individuals and the community in today’s digitally focused economy.

## Budget by Division

Division Name	FY 2017 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$10,021,050	\$10,021,050	65.95
Central Library	0	14,204,819	14,204,819	136.75
Collections & Technical Services	0	11,580,536	11,580,536	32.00
Youth Services	0	3,132,622	3,132,622	19.75
Neighborhood Libraries	0	26,402,766	26,402,766	252.00
System Access & Information Services	0	8,665,238	8,665,238	12.00
Programming & Community Outreach	0	2,366,588	2,366,588	16.75
<b>Total Library</b>	<b>\$0</b>	<b>\$76,373,619</b>	<b>\$76,373,619</b>	<b>535.20</b>



### 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 28,000-plus people who use the library each day; Facilities & Logistics ensures the movement of books and materials among all 22 locations and coordinates buildings and grounds maintenance; Safety & Security ensures safe, secure and welcoming facilities for patrons and staff; 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

A new program offer, Diversity Initiative (80021) is being added to this division. The Diversity Initiative funds a senior level position to lead the development and implementation of proactive diversity, equity, and inclusion initiatives.

A second new program offer, Safety & Security (80020), represents a restructuring of FY 2016 funding from two other program offers within this division: Library Director's Office (80007) and Facilities & Logistics (80018), in order to more effectively coordinate safety and security operations.

### 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 2,400 people visit Central Library every day, from all around Multnomah County and the surrounding areas. First opened in 1913 and renovated from 1994 to 1997, Central Library houses a diverse collection of over 740,000 current or historic books and materials, including The Oregonian, back to the first issue from 1850.

Statistics demonstrate heavy use of the Central Library. Staff answer 130,000 reference questions for a diverse population — from students who need homework help to entrepreneurs who need information on starting a new business. Members of the public use nearly 600,000 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 220 school classes and other groups visit the library, conduct research, hear stories, and select materials to check out. Over 27,000 new borrowers sign up for library cards. More than 1,100 programs and classes are attended by people of all ages. In FY 2017, Central Library will continue to operate seven days a week (57 open hours).

### Significant Changes

The interlibrary loan (ILL) function is being transferred from Central Library (80000) to Library Books-Acquisition & Processing (80014) within the Collections & Technical Services division. The ILL function has historically been housed and performed at the Central Library, but operationally it aligns more closely with the work of the Collections & Technical Services division.

### Collections & Technical Services

The Collections & Technical Services Division acquires, catalogs, processes and manages the library's collection for all locations. It is organized into four units:

- The Selections Unit works with vendors, publishers and professional review sources to select materials in all formats (print, CDs, DVDs, electronic) for purchase. This unit monitors collection use by location, age group and patron and staff 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 2017, the division expects to add 150,000 new print and electronic titles to the library collection. It also manages 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 2017, the library continues to expand the availability of electronic content in response to changes in the publishing industry and in the way patrons access content. The library launched two new e-content services: Zinio, which offers digital magazines and IndieFlix, a streaming movie platform.

## 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 supporting the library's priorities. It includes Teen Services and the Summer Reading program, which served over 111,000 participants in the summer of 2015.
- Every Child programs support kindergarten readiness by working with children's adult caregivers and key community partners. In FY 2015, the library hosted 6,000 storytimes to over 136,000 children and caregivers. Other programs include Every Child a Reader: weekly rotation of home book collections for children in Head Start and low-income child care; Early Words: supporting early childhood care and education providers; Reach Out and Read: a partnership with county health clinics; Multnomah County Library at Earl Boyles Community School; and New Parent Gifts: (partially funded by The Library Foundation) providing a literacy-focused package to new parents, encouraging reading with their preschoolers.
- School-Age Services works in partnership with school districts and afterschool 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 through School Corps.

## Significant Changes

Multnomah County Library is viewed as a leader in state and local birth-to-third- grade reading success campaigns. The Youth Services Director continued the development of 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. Youth Services completed a two year Paul G. Allen Family Foundation grant that created new services to connect families with new readers to the library's collection and expertise. Two highlights include the new Welcome to Reading kits for beginning readers and the countywide 1st grade Golden Ticket promotion. The library will request funding from The Library Foundation to expand these successful pilot projects. Youth Services continued work on new Teen Services Strategies to focus service and measure success in connecting with the teen population. All Youth Services staff added 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. This division also worked closely with Learning Systems and Volunteer Services to refresh the training approach and content for the Summer Reading Program's 781 volunteers, the majority of whom are youth.

## Neighborhood Libraries

Spread throughout Multnomah County, 18 neighborhood libraries are hubs of community engagement and creativity. These libraries 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 over two million books and other materials, including rich collections in Spanish, Russian, Vietnamese, and Chinese. Families participate in storytimes offered in English, Spanish, Russian, Vietnamese, Mandarin, Cantonese, and Somali. Neighborhood libraries offer after-school activities, including STEAM programs in support of creative learning that is transferable to education and the workforce. Last year over 111,000 youth 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 over 46,000 hours of service this past year. All 18 Neighborhood Libraries locations have developed annual outreach plans to ensure strategic outreach in their communities, as well as annual programming plans that aim to provide a variety of engaging programs for all ages. All staff are trained, coached and evaluated on customer service principles to support a seamless patron experience.

## Significant Changes

During FY 2016 Multnomah County Library's first makerspace will open at Rockwood library. A partnership effort with the Mt. Hood Cable Regulatory Commission and The Library Foundation, the makerspace provides a cooperative learning environment where underserved youth can cultivate STEAM (science, technology, engineering, arts, math) skills. The makerspace will offer instruction and programs, the assistance of adult mentors, and innovative technology tools.

### System Access & Information Services

System Access & Information Services has two areas: Information Technology (IT) Services and System Access and Information Services. Together, these programs ensure patron access to library collections and information services, functional library technology and an inviting online presence.

IT Services provides leadership and development resources for the library's technology vision and digital strategy, ensuring that the library has sustainable and robust information technology that supports innovative and progressive service to the diverse community. IT Services also supports staff computing and maintains over 900 computers and mobile devices for public use, 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.

System Access and Information Services develops policies and procedures to help people use library services, including an estimated 62,000 new cardholders in FY 2016. This program develops and trains staff on new policies and procedures, ensures good stewardship of library collections, and manages systemwide service.

### Significant Changes

System Access & Information Services (80019) contains funding for the initial implementation of a systemwide contact center. The contact center will handle incoming phone calls that are currently being received on a variety of library information lines as well as respond to all emails coming in via "Ask a Librarian", online comments, and any other online forms – a total of about 200,000 contacts a year.

Program offer 80020-16, Information Services, was folded into two other program offers (System Access & Information Services, 80019, and Human Resources/Learning Systems/System Wide Staffing, 80011) and discontinued as a separate program offer.

## 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 4,400 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

There are no significant changes.

## 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 2017 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
80007	Library Director's Office	\$0	\$1,459,587	\$1,459,587	6.00
80008	Marketing + Online Engagement	0	1,127,007	1,127,007	7.50
80009	Business Services	0	1,177,398	1,177,398	6.00
80010	Volunteer Services/Title Wave Book Store	0	572,443	572,443	4.25
80011	Volunteer Services/Learning Systems/System Wide Staffing	0	2,604,199	2,604,199	21.45
80018	Facilities & Logistics	0	2,280,651	2,280,651	14.75
80020	Safety & Security	0	663,577	663,577	5.00
80021	Diversity Initiative	0	136,188	136,188	1.00
<b>Central Library</b>					
80000	Central Library	0	11,348,787	11,348,787	133.00
80012	Central Director's Office	0	2,856,032	2,856,032	3.75
<b>Collections &amp; Technical Services</b>					
80013	Library Book Budget	0	7,425,000	7,425,000	0.00
80014	Library Books Acquisitions and Processing	0	4,155,536	4,155,536	32.00
<b>Youth Services</b>					
80003	School Age Services	0	1,315,595	1,315,595	9.00
80004	Early Child Initiative	0	1,080,741	1,080,741	7.50
80015	Youth Services Management	0	736,286	736,286	3.25
<b>Neighborhood Libraries</b>					
80001	Regional Libraries	0	11,095,766	11,095,766	107.25
80002	Neighborhood Libraries	0	14,494,785	14,494,785	140.00
80016	Neighborhood Libraries Management	0	812,215	812,215	4.75
<b>System Access &amp; Information Services</b>					
80017	IT Services	0	7,230,658	7,230,658	3.00
80019	System Access & Information Services	0	1,434,580	1,434,580	9.00
<b>Programming &amp; Community Outreach</b>					
80005	Family & Adult Programming	0	1,470,905	1,470,905	8.50
80006	Adult Outreach	0	<u>895,683</u>	<u>895,683</u>	<u>8.25</u>
<b>Total Library</b>		<b>\$0</b>	<b>\$76,373,619</b>	<b>\$76,373,619</b>	<b>535.20</b>



**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 840,000 people continue to visit Central Library annually, averaging nearly 2,400 visits per day. Central Library fosters opportunities and resources for lifelong learning by offering access to more than 740,000 books and other items. Central Library provides 130 public computers which are utilized for nearly 250,000 free Internet sessions each year. Central Library provides high-speed wireless access by way of 345,000 public wi-fi sessions; answers 130,000 reference questions; offers more than 1,100 programs; and contributes to sustainability by sharing resources that would have cost nearly \$26 million annually if purchased by individuals.

This offer provides opportunities for diverse neighbors to interact and engender a sense of community. People attend programs 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 people experiencing homelessness by providing informational tools to develop life skills.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Books and items checked out or renewed (physical items only)	2,623,051	2,600,000	2,350,000	2,200,000
Outcome	Patrons who found books and items they wanted	94%	91%	92%	92%
Efficiency	Books and items checked out per capita	26.5	27	25.4	24.5

### Performance Measures Descriptions

Output: Usage of physical items is decreasing as checkouts of e-books, streaming and downloadable titles increase. Digital checkouts were nearly 1.2 million in FY15 systemwide.

## 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	2016	2016	2017	2017
Personnel	\$0	\$10,621,615	\$0	\$10,855,745
Contractual Services	\$0	\$9,900	\$0	\$11,800
Materials & Supplies	\$0	\$188,350	\$0	\$183,700
Internal Services	\$0	\$295,306	\$0	\$297,542
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$11,115,171</b>	<b>\$0</b>	<b>\$11,348,787</b>
<b>Program Total:</b>	<b>\$11,115,171</b>		<b>\$11,348,787</b>	
<b>Program FTE</b>	0.00	133.75	0.00	133.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80000-16 Central Library

Reduction of 0.75 Library Clerk. Transferred interlibrary loan (ILL) function to Library Books-Acquisition & Processing (80014-17); no FTE change.



## 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	2016	2016	2017	2017
Personnel	\$0	\$8,808,324	\$0	\$9,145,253
Contractual Services	\$0	\$8,900	\$0	\$10,800
Materials & Supplies	\$0	\$167,780	\$0	\$171,068
Internal Services	\$0	\$1,684,098	\$0	\$1,768,645
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$10,669,102</b>	<b>\$0</b>	<b>\$11,095,766</b>
<b>Program Total:</b>	<b>\$10,669,102</b>		<b>\$11,095,766</b>	
<b>Program FTE</b>	0.00	106.75	0.00	107.25

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80001-16 Regional Libraries

Net increase of 0.50 FTE.



## 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	2016	2016	2017	2017
Personnel	\$0	\$11,639,147	\$0	\$11,938,439
Contractual Services	\$0	\$29,650	\$0	\$32,600
Materials & Supplies	\$0	\$272,662	\$0	\$235,089
Internal Services	\$0	\$2,240,134	\$0	\$2,288,657
Capital Outlay	\$0	\$451,997	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$14,633,590</b>	<b>\$0</b>	<b>\$14,494,785</b>
<b>Program Total:</b>	<b>\$14,633,590</b>		<b>\$14,494,785</b>	
<b>Program FTE</b>	0.00	139.75	0.00	140.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%). \$17,700 comes from The Library Foundation for Rockwood Makerspace.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80002-16 Neighborhood Libraries

Net increase of 0.25 FTE.

**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 in libraries or through outreach 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 expertise, 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 in the classroom 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Youth served in Books 2 U & School Corps (duplicated)	86,873	74,000	73,500	73,500
Outcome	% of students whose research skills increase after School Corps presentation	93%	90%	95%	90%
Quality	% of teachers indicating that they will ask for School Corps services again	100%	90%	95%	95%
Outcome	% of schools served that show improvement in 3rd and 5th grade reading scores	N/A	45%	15%	20%

### Performance Measures Descriptions

2nd Outcome: FY15 reflects the first year of Smarter Balanced testing, a more challenging state test as reflected in the scores. FY15 is the baseline year for the new system, thus the conservative estimates in current and future growth.

## 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	2016	2016	2017	2017
Personnel	\$0	\$992,360	\$0	\$1,011,803
Contractual Services	\$0	\$2,000	\$0	\$7,500
Materials & Supplies	\$0	\$242,274	\$0	\$258,322
Internal Services	\$0	\$46,359	\$0	\$37,970
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,282,993</b>	<b>\$0</b>	<b>\$1,315,595</b>
<b>Program Total:</b>	<b>\$1,282,993</b>		<b>\$1,315,595</b>	
<b>Program FTE</b>	0.00	9.00	0.00	9.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

\$296,362 comes from The Library Foundation for Books 2 U, and other youth literacy programs.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80003-16 School-Age Services

No significant changes.

1.75 FTE Outreach Specialists pending support from The Library Foundation.



**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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	The number of parents, caregivers, and adults served in Every Child Initiative outreach	13,716	14,000	14,000	14,000
Outcome	% of participants who show an increase in five reading and literacy activities	85%	90%	85%	85%
Output	Number of books circulated in Every Child Initiative	1,579,909	1,700,000	1,600,000	1,600,000

### 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	2016	2016	2017	2017
Personnel	\$0	\$748,166	\$0	\$795,719
Contractual Services	\$0	\$14,000	\$0	\$18,000
Materials & Supplies	\$0	\$236,830	\$0	\$227,751
Internal Services	\$0	\$43,883	\$0	\$39,271
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,042,879</b>	<b>\$0</b>	<b>\$1,080,741</b>
<b>Program Total:</b>	<b>\$1,042,879</b>		<b>\$1,080,741</b>	
<b>Program FTE</b>	0.00	7.50	0.00	7.50

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

\$227,316 comes from The Library Foundation for Every Child A Reader program and other early literacy programs.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80004-16 Every Child Initiative

No significant changes.

2.00 FTE Librarian positions pending support from The Library Foundation.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$903,703	\$0	\$934,407
Contractual Services	\$0	\$248,500	\$0	\$248,500
Materials & Supplies	\$0	\$231,500	\$0	\$258,500
Internal Services	\$0	\$39,389	\$0	\$29,498
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,423,092</b>	<b>\$0</b>	<b>\$1,470,905</b>
<b>Program Total:</b>	<b>\$1,423,092</b>		<b>\$1,470,905</b>	
<b>Program FTE</b>	0.00	8.50	0.00	8.50

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

\$47,000 comes from The Library Foundation for Everybody Reads and other programs.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80005-16 Programming & Community 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	2016	2016	2017	2017
Personnel	\$0	\$802,957	\$0	\$833,368
Contractual Services	\$0	\$8,000	\$0	\$0
Materials & Supplies	\$0	\$31,350	\$0	\$29,500
Internal Services	\$0	\$39,305	\$0	\$32,815
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$881,612</b>	<b>\$0</b>	<b>\$895,683</b>
<b>Program Total:</b>	<b>\$881,612</b>		<b>\$895,683</b>	
<b>Program FTE</b>	0.00	8.25	0.00	8.25

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

Last Year this program was: FY 2016: 80006-16 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$905,196	\$0	\$1,065,496
Contractual Services	\$0	\$62,500	\$0	\$264,500
Materials & Supplies	\$0	\$44,274	\$0	\$89,695
Internal Services	\$0	\$38,616	\$0	\$39,896
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,050,586</b>	<b>\$0</b>	<b>\$1,459,587</b>
<b>Program Total:</b>	<b>\$1,050,586</b>		<b>\$1,459,587</b>	
<b>Program FTE</b>	0.00	6.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$74,098,930	\$0	\$76,338,619
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$74,133,930</b>	<b>\$0</b>	<b>\$76,373,619</b>

## 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 (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

\$728,273 (\$7,000 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 2016: 80007-16 Library Director's Office

No net FTE change: transferred 1.00 FTE Safety & Security Manager to Safety & Security (80020-17); added 1.00 FTE HR Analyst Sr.





## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$832,175	\$0	\$866,653
Contractual Services	\$0	\$113,700	\$0	\$81,995
Materials & Supplies	\$0	\$99,717	\$0	\$152,205
Internal Services	\$0	\$31,395	\$0	\$26,154
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,076,987</b>	<b>\$0</b>	<b>\$1,127,007</b>
<b>Program Total:</b>	<b>\$1,076,987</b>		<b>\$1,127,007</b>	
<b>Program FTE</b>	0.00	7.50	0.00	7.50

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

\$11,995 comes from The Library Foundation for enhancements to the Library's mobile app functions.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80008-16 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	2016	2016	2017	2017
Personnel	\$0	\$873,469	\$0	\$906,668
Contractual Services	\$0	\$24,836	\$0	\$19,380
Materials & Supplies	\$0	\$58,970	\$0	\$83,076
Internal Services	\$0	\$175,987	\$0	\$168,274
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,133,262</b>	<b>\$0</b>	<b>\$1,177,398</b>
<b>Program Total:</b>	<b>\$1,133,262</b>		<b>\$1,177,398</b>	
<b>Program FTE</b>	0.00	5.50	0.00	6.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80009-16 Business Services

Added 0.50 FTE Procurement Associate.

**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 67,000 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Hours contributed by volunteers	67,285	67,000	67,200	67,500
Outcome	Student volunteers who report using their volunteer service for school/community requirement	40%	45%	40%	42%

### 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

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	2016	2016	2017	2017
Personnel	\$0	\$467,866	\$0	\$501,392
Contractual Services	\$0	\$10,400	\$0	\$11,400
Materials & Supplies	\$0	\$40,228	\$0	\$42,809
Internal Services	\$0	\$17,271	\$0	\$16,842
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$535,765</b>	<b>\$0</b>	<b>\$572,443</b>
<b>Program Total:</b>	<b>\$535,765</b>		<b>\$572,443</b>	
<b>Program FTE</b>	0.00	4.00	0.00	4.25

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80010-16 Volunteer Svcs/Title Wave Book Store

Added 0.25 FTE Office Assistant, Sr.

**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/Systemwide Assistance Team (HR/LS/SWAT) 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/SWAT (HR/LS/SWAT) supports the library's mission and goals by ensuring HR systems are collaboratively implemented; assisting and consulting with over 600 regular and 90 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. HR/LS/SWAT 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/SWAT 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.

SWAT 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of library staff who agree that they receive sufficient training and education to do their jobs effectively	92%	N/A	90%	90%
Outcome	% of library staff who agree that they can make a difference by working here	95%	N/A	90%	90%

**Performance Measures Descriptions**

New Output & Outcome Measures FY17: results from library respondents to Countywide Employee Survey. Using 2013 survey results for the FY15 Actual.

## 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	2016	2016	2017	2017
Personnel	\$0	\$2,164,618	\$0	\$2,324,110
Contractual Services	\$0	\$30,000	\$0	\$37,000
Materials & Supplies	\$0	\$151,620	\$0	\$173,060
Internal Services	\$0	\$76,000	\$0	\$70,029
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,422,238</b>	<b>\$0</b>	<b>\$2,604,199</b>
<b>Program Total:</b>	<b>\$2,422,238</b>		<b>\$2,604,199</b>	
<b>Program FTE</b>	0.00	21.50	0.00	21.45

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%). \$6,900 comes from The Library Foundation for Library Staff Day.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80011-16 Human Resources/Learning Systems/System Wide Staffing

Transferred 2.00 FTE librarians from System Information Services (80020-16); System Information Services is folded into other program offers and discontinued as a separate offer. Net reduction of .05 FTE: Re-classed a .50 Library Clerk to a .60 Office Assistant Sr. in Learning Systems; reduced a .75 Office Assistant Sr. to .60 FTE in Human Resources.





## 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	2016	2016	2017	2017
Personnel	\$0	\$299,153	\$0	\$422,125
Contractual Services	\$0	\$89,000	\$0	\$114,000
Materials & Supplies	\$0	\$67,348	\$0	\$210,709
Internal Services	\$0	\$2,108,467	\$0	\$2,109,198
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,563,968</b>	<b>\$0</b>	<b>\$2,856,032</b>
<b>Program Total:</b>	<b>\$2,563,968</b>		<b>\$2,856,032</b>	
<b>Program FTE</b>	0.00	2.75	0.00	3.75

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80012-16 Central Director's Office

Added 1.00 FTE Program Coordinator.



## 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	2016	2016	2017	2017
Materials & Supplies	\$0	\$7,478,000	\$0	\$7,425,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$7,478,000</b>	<b>\$0</b>	<b>\$7,425,000</b>
<b>Program Total:</b>	<b>\$7,478,000</b>		<b>\$7,425,000</b>	
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 (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%). \$43,000 comes from The Library Foundation for books and library materials.

## Significant Program Changes

Last Year this program was: FY 2016: 80013-16 Library Book Budget

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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$2,919,612	\$0	\$3,040,665
Contractual Services	\$0	\$808,904	\$0	\$815,770
Materials & Supplies	\$0	\$314,225	\$0	\$210,059
Internal Services	\$0	\$115,781	\$0	\$89,042
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,158,522</b>	<b>\$0</b>	<b>\$4,155,536</b>
<b>Program Total:</b>	<b>\$4,158,522</b>		<b>\$4,155,536</b>	
<b>Program FTE</b>	0.00	32.00	0.00	32.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80014-16 Library Books-Acquisition & Processing

Transferred interlibrary loan (ILL) function from Central Library (80000-17); no FTE change.



## 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	2016	2016	2017	2017
Personnel	\$0	\$431,398	\$0	\$420,773
Contractual Services	\$0	\$13,000	\$0	\$20,500
Materials & Supplies	\$0	\$262,080	\$0	\$270,380
Internal Services	\$0	\$21,034	\$0	\$24,633
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$727,512</b>	<b>\$0</b>	<b>\$736,286</b>
<b>Program Total:</b>	<b>\$727,512</b>		<b>\$736,286</b>	
<b>Program FTE</b>	0.00	3.25	0.00	3.25

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%). \$71,000 comes from The Library Foundation for Summer Reading, the annual Teen Author Lecture, and Early Learning & Play Centers.

## Significant Program Changes

**Last Year this program was:** FY 2016: 80015-16 Youth Services Management

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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$589,566	\$0	\$663,093
Contractual Services	\$0	\$32,400	\$0	\$41,000
Materials & Supplies	\$0	\$72,380	\$0	\$86,476
Internal Services	\$0	\$104,269	\$0	\$21,646
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$798,615</b>	<b>\$0</b>	<b>\$812,215</b>
<b>Program Total:</b>	<b>\$798,615</b>		<b>\$812,215</b>	
<b>Program FTE</b>	0.00	4.75	0.00	4.75

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80016-16 Neighborhood Libraries Management

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	2016	2016	2017	2017
Personnel	\$0	\$488,290	\$0	\$622,632
Contractual Services	\$0	\$100,000	\$0	\$100,000
Materials & Supplies	\$0	\$784,019	\$0	\$782,950
Internal Services	\$0	\$5,591,481	\$0	\$5,725,076
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$6,963,790</b>	<b>\$0</b>	<b>\$7,230,658</b>
<b>Program Total:</b>	<b>\$6,963,790</b>		<b>\$7,230,658</b>	
<b>Program FTE</b>	0.00	3.00	0.00	3.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

Last Year this program was: FY 2016: 80017-16 IT Services

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	2016	2016	2017	2017
Personnel	\$0	\$1,123,887	\$0	\$1,179,664
Contractual Services	\$0	\$1,000	\$0	\$2,000
Materials & Supplies	\$0	\$69,916	\$0	\$50,366
Internal Services	\$0	\$1,025,022	\$0	\$1,048,621
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,219,825</b>	<b>\$0</b>	<b>\$2,280,651</b>
<b>Program Total:</b>	<b>\$2,219,825</b>		<b>\$2,280,651</b>	
<b>Program FTE</b>	0.00	14.75	0.00	14.75

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80018-16 Facilities & Logistics

Transferred budget for security officers and related materials and services to Safety & Security (80020-17).

**Department:** Library

**Program Contact:** Cindy Gibbon

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

System Access & Information Services facilitates the public's use of library physical and virtual collections and information services and supports staff delivering library services. Staff develop and implement policies and procedures; manage the integrated library computer system (ILS) and the catalog discovery layer; coordinate the work of the Information Services Management Team, develop and deliver systemwide training on 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; 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; coordinates the work of the Information Services Management Team; provides ILS data to assist with management decision-making 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total new library cards/welcome notices issued annually	74,101	60,000	62,000	62,000
Outcome	Average \$ value of customer accounts sent to collection agency	\$125	\$130	\$125	\$125
Efficiency	Cost per item checked out or renewed	\$3.27	\$3.25	\$3.35	\$3.63
Output	% of checkouts done by self-checkout	75%	76%	74%	74%

### Performance Measures Descriptions

Output: Card registrations decreased as the economy improved, but the number is rising again as newcomers move here.  
 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.  
 2nd Output: % is likely to remain steady or decline until PCI compliant payment of charges is implemented at self-check stations.

## 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	2016	2016	2017	2017
Personnel	\$0	\$935,620	\$0	\$1,066,132
Contractual Services	\$0	\$122,900	\$0	\$107,860
Materials & Supplies	\$0	\$187,050	\$0	\$228,665
Internal Services	\$0	\$32,902	\$0	\$31,923
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,278,472</b>	<b>\$0</b>	<b>\$1,434,580</b>
<b>Program Total:</b>	<b>\$1,278,472</b>		<b>\$1,434,580</b>	
<b>Program FTE</b>	0.00	8.00	0.00	9.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80019-16 System Access Services

Net increase of 2.00 FTE: 1.00 FTE Program Coordinator transferred from System Information Services (80020-16); System Information Services is folded into other program offers and discontinued as a separate offer. Added 1.00 FTE Library Supervisor and 1.00 FTE Office Assistant, Sr. for creation of centralized contact center; reduced 1.00 Project Manager position.



**Department:** Library **Program Contact:** Chris Linn  
**Program Offer Type:** Program Alternative/Reconstruction **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Library Safety and Security facilitates and supports the library's efforts to create safe and welcoming environments for patrons and staff at 22 locations. Priorities include security staffing; safety and security training; and related facilities resources, IT resources, and supplies. With library executive leadership, Safety and Security develops and implements related policies and procedures.

### Program Summary

Safety and Security coordinates the staffing of Library Safety Officers and contract security officers at multiple library locations. Security personnel support library operations by monitoring library facilities, preventing and resolving safety and security concerns, fostering compliance with the library's behavior rules, issuing and enforcing exclusions, coordinating efforts with law enforcement and other support agencies, and providing security training.

Safety and Security coordinates related training for library and security personnel. General and role-specific training programs are designed to aid personnel in their efforts to ensure library resources are used safely and appropriately. Within these programs, personal safety is a priority.

Safety and Security helps coordinate the acquisition, development, and use of safety and security related material and resources including security cameras, inventory control systems, building access systems, Library Safety Officer uniforms and equipment, and security reporting resources.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of safety & security trainings offered	49	N/A	50	50
Outcome	Staff who report improved/reinforced skills after safety & security training	N/A	N/A	85%	85%

### Performance Measures Descriptions

New program offer & new measures FY17.

## 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	2016	2016	2017	2017
Personnel	\$0	\$314,689	\$0	\$431,543
Contractual Services	\$0	\$0	\$0	\$100,000
Materials & Supplies	\$0	\$0	\$0	\$18,200
Internal Services	\$0	\$363,260	\$0	\$113,834
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$677,949</b>	<b>\$0</b>	<b>\$663,577</b>
<b>Program Total:</b>	<b>\$677,949</b>		<b>\$663,577</b>	
<b>Program FTE</b>	0.00	1.00	0.00	5.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

**Last Year this program was:** FY 2016: 80018-16 Facilities & Logistics

This offer is restructured from the existing budget by transfers from the following program offers: Transferred 1.00 FTE from Library Director's Office (80007-17); added 4.00 FTE Safety Officer positions with \$200,000 temporary budget transferred from Facilities & Logistics (80018-17) along with materials & services budget for additional security cameras; transferred contracted security officers funding from the materials & services budget for Regional Libraries (80001-17) and Neighborhood Libraries (80002-17).



## 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	2016	2016	2017	2017
Personnel	\$0	\$0	\$0	\$122,085
Materials & Supplies	\$0	\$0	\$0	\$10,600
Internal Services	\$0	\$0	\$0	\$3,503
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$136,188</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$136,188</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.95%) and resources from the County's Library Fund (0.05%). It represents a pro-rated share of property taxes (96.81%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (3.19%).

## Significant Program Changes

### Last Year this program was:

This is a new program offer.

## 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.

In a continued effort to address the ongoing crisis of homelessness, the City of Portland and Multnomah County have agreed to establish a Joint Office of Homeless Services, a "lead agency" that would bring homeless services staff from the City and County together in one office at Multnomah County. The Joint Office will closely align with the Portland Housing Bureau and Housing Commissioner. The Office will report directly to the Multnomah County Chair. The Office will receive funding and policy direction from both the City of Portland and Multnomah County.

The lead agency will house staff who administer contracts for services, manage systems of care, oversee system reporting and evaluation, conduct homeless street counts and one-night shelter counts, and write proposals to and monitor funds issued by the US Department of Housing and Urban Development's Continuum of Care program. These operations affect the lives of thousands of homeless singles, youth, and families, as well as survivors of domestic violence in Portland and Multnomah County.

### Budget Overview

The FY 2017 budget is \$197.3 million and 116.08 FTE. The year over year increase of \$80.4 million is due to the following:

- \$44.8 million increase for the Joint Office Homeless Services (see below for additional information).
- \$25.0 million increase in the PERS Bond Fund to establish a side account.
- \$5.0 million increase in contractual payments to Metro for the Transient Lodging Tax in the Convention Center Fund.

The General Fund has increased by \$18.1 million with highlights below.

\$5.8 million of new, backfill, or expanded ongoing General Fund programs:

- Joint Office Homeless Services (10060A, 10061B, 10063B) \$4,812,500
- Emergency Management State Backfill (10012B) \$178,429
- SummerWorks Expanded Internships (10029B) \$825,000

\$6.7 million of one-time-only General & Video Lottery funds for new programs:

- DSS-J Evaluation and System Upgrade (10009C) \$825,000
- Promoting Opportunities/CPACE (10018B) \$60,000
- Diesel Bus Retrofits (10018C) \$73,954
- County Commissioner Office Transitions (10031) \$150,000
- Joint Office Homeless Services (10062B, 10064, 10065) \$5,087,500
- Recovery Oriented Services & Engagement (10066) \$470,000

The Joint Office Homeless Services budget has two major components:

1. Consolidation of existing services from the Department of County Human Services (\$7.2 million of General Fund and \$4.1 million of Other Funds) and the Portland Housing Bureau (\$9.0 million of City General Fund<sup>1</sup> and \$2.3 million of Other Funds); and
2. New funding commitments include \$11.9 million from the City of Portland<sup>2</sup> and \$10.2 million from Multnomah County to expand services.

<sup>1</sup> City General Fund is shown as Other Funds for the County.

<sup>2</sup> The City and County are committing \$20 million in new funding. Not all the funding will go to the Joint Office.

Budget Trends	FY 2015	FY 2016	FY 2016	FY 2017	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	94.63	100.48	100.48	116.08	15.60
Personnel Services	\$12,167,122	\$13,311,644	\$14,012,257	\$16,357,102	\$2,344,845
Contractual Services	46,017,481	50,285,656	50,285,656	125,027,265	74,741,609
Materials & Supplies	819,143	1,259,062	1,325,328	1,395,298	69,970
Internal Services	8,115,480	7,983,381	7,983,381	<u>9,533,784</u>	<u>1,550,403</u>
Debt Service	45,136,941	43,210,190	43,210,190	<u>44,946,384</u>	<u>1,736,194</u>
Capital Outlay	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$112,256,167</b>	<b>\$116,049,933</b>	<b>\$116,816,812</b>	<b>\$197,259,833</b>	<b>\$80,443,021</b>

\*Does not include cash transfers, contingencies or unappropriated balances. Program Offers DO contain cash transfers, contingencies, and unappropriated balances.

### Successes

A selection of successes from Nondepartmental agencies includes:

- The Office of Diversity & Equity supported the development and adoption (in progress) of a Language Access Policy and Title VI Plan for Multnomah County and successfully filled 28 College to County Mentorship Program positions, resulting in one permanent employee hire
- The Communications Office launched the quarterly MultCo Magazine; reached an all-time high in Facebook, Twitter and Instagram followers to the county's main social media accounts; and the newly designed county home page.
- The Office of Emergency Management conducted 51 training and outreach events to over 7,000 community members and partners in the first 9 months of FY 2016. The county responded to the December 2015 flooding which included the first ever joint Multnomah County and Portland City Emergency Operations Center. Operations also included the county opening our first ever shelter for residents which also accommodated pets. The County has transitioned to a new emergency notification system which allows communication with residents and county workers faster and with greater redundancy.
- The Local Public Safety Coordinating Council was selected by the MacArthur Foundation to be a member of the Safety and Justice Challenge network. LPSCC successfully implemented the Multnomah County Justice Reinvestment Program and application to the Oregon Criminal Justice Commission for funding and partnered with the Oregon Criminal Justice Commission to host a very successful What Works Conference, aimed at shifting the criminal justice away from charge-based, and toward risk-based decision-making. Additionally, LPSCC partnered with District 3 to commission an evaluation of DSS-J to help design a data warehouse designed to be responsive to 21st criminal justice data analysis and policy-making.
- The County Auditor's Office seen 90.9% of its recommendations implemented or in progress over the last five years. In FY 2016, they released the Tax Expenditures report giving, for the first time, the Commissioners and the public a look at all of the County's foregone revenue, both under its control and not. The Office will release two audits of Animal Services, one on operations and one financial, that will give the new director a road map for improving services and accountability. Other work include improving access and identity in the County's enterprise system and another first a Pay Equity audit.
- The County Attorney's Office had several successful resolutions in legal matters. Most notably, the Mortgage Electronic Registration Systems (MERS) settlement, a favorable ruling in the Morrison Bridge litigation, and dismissal of a federal ADA claim at the motions stage.

## 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 and 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

fy2017 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 2017 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,556,938	\$0	\$1,556,938	9.00
10001	BCC District 1	619,828	0	619,828	4.00
10002A	BCC District 2	619,828	0	619,828	4.30
10003	BCC District 3	619,828	0	619,828	4.00
10004	BCC District 4	619,828	0	619,828	4.00
10005	Auditor's Office	1,590,455	0	1,590,455	8.78
10006	Tax Supervising and Conservation Commission	334,335	0	334,335	2.00
10007	Communications Office	1,222,841	0	1,222,841	9.00
10008	County Attorney's Office	0	5,198,393	5,198,393	25.80
10009A	Local Public Safety Coordinating Council	656,622	699,870	1,356,492	3.00
10009B	LPSCC - HB3194 Justice Reinvestment	0	719,529	719,529	0.00
10009C	DSS-J Evaluation and System Upgrade	825,000	0	825,000	0.00
10010A	Citizen Involvement Committee	242,989	0	242,989	2.00
10011	Office of the Board Clerk	1,045,223	0	1,045,223	2.00
10012A	Office of Emergency Management	1,308,156	242,757	1,550,913	6.50
10012B	Emergency Management - Backfill for State Funding	178,427	0	178,427	1.50
10016	Government Relations Office	995,827	0	995,827	5.00
10017A	Office of Diversity and Equity	999,261	0	999,261	5.50
10017B	Multnomah Youth Commission Support	108,053	10,000	118,053	1.00
10018A	Office of Sustainability	629,027	0	629,027	5.00
10018B	Promoting Opportunities for Disadvantaged, Minority, and Women Owned Business in the CSPACE Market	60,000	0	60,000	0.00
10018C	School Kids Breathing Easy: Preventing Exposure to Toxins by Fixing Dirty Diesel School Buses	73,954	0	73,954	0.00
10020	Regional Arts & Culture Council	300,000	0	300,000	0.00
10021	State Mandated Expenses	5,944,221	392,089	6,336,310	0.00
10022	Pass-Through Payments to East County Cities	8,317,112	0	8,317,112	0.00
10023	OHS Local Option Levy	0	2,604,278	2,604,278	0.00
10024	County School Fund	0	80,300	80,300	0.00
10025	Convention Center Fund	0	42,177,226	42,177,226	0.00

# Nondepartmental

fy2017 adopted budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
10026	Capital Debt Retirement Fund	0	18,690,593	18,690,593	0.00
10027	GO Bond Sinking Fund	0	6,023,100	6,023,100	0.00
10028	PERS Pension Bond Sinking Fund	0	117,895,916	117,895,916	0.00
10029A	SummerWorks Internship Program	50,000	418,072	468,072	0.70
10029B	SummerWorks Expanded Internship Program	39,000	786,000	825,000	0.00
10030	A Home for Everyone Initiative	256,158	0	256,158	2.00
10031	County Commissioner Office Transitions	150,000	0	150,000	0.00
10060A	Joint Office Administration and Operations	711,035	914,956	1,625,991	11.00
10060B	Joint Office System Support Services	851,348	1,055,320	1,906,668	0.00
10061A	Safety Off the Streets - Existing Services	2,426,526	7,532,653	9,959,179	0.00
10061B	Safety Off the Streets - Expanded Services	2,500,000	2,462,500	4,962,500	0.00
10062A	Rapid Rehousing - Existing Services	1,830,076	4,610,330	6,440,406	0.00
10062B	Rapid Rehousing - Expanded Services	4,487,500	4,275,000	8,762,500	0.00
10063A	Supportive Housing - Existing Services	0	6,878,280	6,878,280	0.00
10063B	Supportive Housing - Expanded Services	1,912,500	0	1,912,500	0.00
10064	Eviction Prevention - Expanded Services	160,000	0	160,000	0.00
10065	Diversion - Expanded Services	440,000	1,100,000	1,540,000	0.00
10066	Recovery Oriented Services and Engagement (ROSE)	470,000	0	470,000	0.00
<b>Total Nondepartmental</b>		<b>\$45,151,896</b>	<b>\$224,767,162</b>	<b>\$269,919,058</b>	<b>116.08</b>

\*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 2017 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	83,723,531	76,805,622	160,529,153	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	\$480,937,881	\$0	\$480,937,881	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 Nondepartmental 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 \$1.7 billion budget and more than 5,000 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, replace the Central County Courthouse and address other county facility needs.

In FY 2017, Chair Kafoury will focus on the following priorities:

- 1) Align and expand programs to improve housing options and reduce homelessness as identified in A Home for Everyone, the community plan to end homelessness.
- 2) Expand culturally specific services across the county, including our SUN system, to improve health and education outcomes.
- 3) Address racial and ethnic disparities in our criminal justice system
- 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Ensure broad community input by conducting community listening sessions	N/A	6	6	5
Outcome	Respond to all constituent emails, phone calls, & meeting requests timely & resolve constituent concerns	N/A	100%	100%	100%
Output	Align program/services to respond to recommendations from Home for Everyone Committee	N/A	65%	75%	100%
Output	Complete next steps on the Central Courthouse & Health Department HQ planning, design & construction	N/A	50%	50%	75%

**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.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,194,757	\$0	\$1,236,264	\$0
Contractual Services	\$34,125	\$0	\$25,000	\$0
Materials & Supplies	\$59,573	\$0	\$64,900	\$0
Internal Services	\$223,860	\$0	\$230,774	\$0
<b>Total GF/non-GF</b>	<b>\$1,512,315</b>	<b>\$0</b>	<b>\$1,556,938</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,512,315</b>		<b>\$1,556,938</b>	
<b>Program FTE</b>	9.00	0.00	9.00	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This is a General Fund program.

**Significant Program Changes**

Last Year this program was: FY 2016: 10000-16 Chair's Office

No significant changes.

**Department:** Nondepartmental      **Program Contact:** Jules Bailey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Commissioner Bailey was elected in May 2014 to serve as one of five elected members that make up the governing body of Multnomah County, representing District 1. District 1 includes areas west of the Willamette River as well as the inner east side of Portland south of Interstate 84. His responsibilities include adopting a balanced budget, setting policy priorities and responding to the needs and concerns of his district. He works to make Multnomah County a place where everyone can thrive through creating and supporting programs that are fundamental to a healthy equitable local economy.

### Program Summary

Commissioner Bailey is advocating for our most vulnerable residents working on issues such as housing and homelessness, crisis mental health services and public safety reform. He will prioritize programs that cut costs and save the county money while providing essential services to Multnomah County's children and families. He will make sure these county programs have clear measurable goals and make sure they are met.

He will participate in the FY 2017 budget process and will advocate for programs that will prevent homelessness and re-house homeless families and individuals in Multnomah County. Commissioner Bailey will lead the way to address mental health crisis services, focusing on integration with healthcare expansion and connections to wrap-around services. He will work to have bridge and infrastructure safety needs prioritized in future capital planning. As a champion for equity, Commissioner Bailey will also continue to emphasize the need to address the radical disparities and racial injustice disproportionately faced by people of color, as well as endemic gender discrimination, the lack of family friendly services, and the persistent wage gap.

Commissioner Bailey will continue to oversee and collaborate with his colleagues on major construction projects in his district, including the County Courthouse replacement project and the Sellwood Bridge construction project. Additionally, he will focus on making sure his FY 16 budget priorities, such as the Burnside Bridge Feasibility Study and the Unity Center for Behavioral Health, are proceeding as planned.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of Commercial Property Assessed Clean Energy Program (CPACE) projects started	N/A	N/A	N/A	1
Outcome	Percent of identified Homeless Veterans housed	100%	100%	100%	100%
Outcome	Percent of Columbia River Levee Systems in Multnomah County with Improvement Plans Strategies in place	100%	100%	100%	100%
Outcome	Percent of Burnside Bridge Feasibility Study milestones met timely	N/A	N/A	N/A	100%

### Performance Measures Descriptions

Levee System Improvement Plans are needed to protect region from loss of levee accreditation through FEMA. In its 2nd year, CPACE enables commercial building owners to invest in energy efficiency and renewable energy. FY 2016, tracking to hit goals of Homeless Veterans housed, will continue efforts in FY 2017. The Burnside Bridge Feasibility Study will begin late FY16/early FY17. FY 16 Measures Offered/Actual: 1. Creation of CPACE Program 1/1; 2. Completed & Adopted Multnomah County Comprehensive Plan 1/1 (anticipated to be complete by end of FY16).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$462,637	\$0	\$473,662	\$0
Contractual Services	\$7,000	\$0	\$16,000	\$0
Materials & Supplies	\$37,423	\$0	\$45,044	\$0
Internal Services	\$82,612	\$0	\$85,122	\$0
<b>Total GF/non-GF</b>	<b>\$589,672</b>	<b>\$0</b>	<b>\$619,828</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$589,672</b>		<b>\$619,828</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2016: 10001-16 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; 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 2016-2017 Promise Neighborhoods Initiative (Disparity Reduction in Communities of Color Initiative), and continue to focus on ensuring that programs serving vulnerable populations, including elders, families, and children are functioning well in Multnomah County.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Respond to constituent inquiries, emails and information requests	120	120	125	130
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks Program	\$150,000	\$150,000	\$150,000	\$150,000
Output	Participate in Regional Disaster Planning Organization and Emergency Preparedness Activity	12	12	12	12
Output	Conduct quarterly town hall meetings in District 2	N/A	N/A	N/A	8

### 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	2016	2016	2017	2017
Personnel	\$463,282	\$0	\$476,641	\$0
Contractual Services	\$8,652	\$0	\$13,605	\$0
Materials & Supplies	\$30,750	\$0	\$38,288	\$0
Internal Services	\$86,988	\$0	\$91,294	\$0
<b>Total GF/non-GF</b>	<b>\$589,672</b>	<b>\$0</b>	<b>\$619,828</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$589,672</b>		<b>\$619,828</b>	
<b>Program FTE</b>	4.00	0.00	4.30	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The District 2 office is funded through County General Fund.

## Significant Program Changes

Last Year this program was: FY 2016: 10002-16 BCC District 2

No significant changes anticipated within the District 2.



**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](http://www.multco.us/ds3).

### Program Summary

Elected in 2008 and re-elected in 2012, Commissioner Shiprack is term limited in December 2016. It is her priority to continue promoting evidence-driven programs and services, honor ethnic and cultural diversity, and engage in community-driven policy as well as creating clear and consistent succession documentation for the future leadership of District 3.

Multnomah County is changing. A recovering economy has meant prosperity and abundance for some. But for a growing population served by county programs, simply meeting basic needs remains difficult. Homelessness is growing, poverty and a lack of opportunity remain, especially for communities of color, and in specific neighborhoods and areas. County safety net services are critical to ensure basic needs; taking care of these needs is a priority which is why Commissioner Shiprack will emphasize support for programs addressing homelessness, elder abuse and over-reliance on jailing people with mental health issues. Her multi-year priority project, the new Central Courthouse, continues to gain momentum with design planning and, by December 2016, ground breaking. Commissioner Shiprack's office has coordinated a Pay for Success feasibility study, with assistance through the Corporation for National and Community Service. The study will examine whether a project to improve outcomes for justice-involved juveniles could be established using the innovative Pay for Success procurement and financing structure.

Commissioner Shiprack continues to Co-Chair the Local Public Safety Coordinating Council (LPSCC). LPSCC focus areas include reducing justice system racial disparities, decreasing the system's use as a default mental health institution, preventing youth and gang violence, and sharing information and data across jurisdictions. Commissioner Shiprack is liaison to Elders in Action and is working on the county's Age Friendly Action Plan, part of the World Health Organization's Global Network of Age-friendly Cities and Communities initiative. She is liaison to the Regional Arts and Culture Council (RACC), where she serves on the governing committee of the Right Brain Initiative. She also represents the county on the Advisory Council of the Gateway Center for Domestic Violence Services.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Local Public Safety Coordinating Council's (LPSCC) What Works Conference	1	1	1	1
Outcome	Multnomah County Downtown Courthouse - Site Planning and Ground Breaking	10%	60%	80%	100%
Outcome	Pay for Success Feasibility Study	0	1	1	1
Input	Local Public Safety Coordinating Council (LPSCC) Meetings - Executive and Subcommittee	44	19	40	44

### Performance Measures Descriptions

LPSCC's conference was on 1/14/15. The theme was, "Public Safety Culture Shift". The event brought together over 200 leaders, policy makers and stakeholders; a safe and efficient courthouse is vital for delivering justice in Multnomah County; Pay for Success Feasibility Study will examine whether a project to improve outcomes for juveniles could be established using the innovative Pay for Success procurement and financing model.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$458,374	\$0	\$497,138	\$0
Contractual Services	\$5,000	\$0	\$5,000	\$0
Materials & Supplies	\$47,071	\$0	\$37,692	\$0
Internal Services	\$79,227	\$0	\$79,998	\$0
<b>Total GF/non-GF</b>	<b>\$589,672</b>	<b>\$0</b>	<b>\$619,828</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$589,672</b>		<b>\$619,828</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

General Fund Program

**Significant Program Changes**

Last Year this program was: FY 2016: 10003-16 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](http://www.multco.us/ds4).

### Program Summary

In FY16-17, Commissioner McKeel will focus on the continuity of the initiatives she has worked on during her terms in office to ensure that the advocacy and client assistance in areas such as anti-human trafficking and veterans' services do not experience a gap in service at the end of her political term. Commissioner McKeel will track the remaining VA housing vouchers in the county not currently being used and work to find housing options in order to utilize all federal funds available inside the county. Additionally, Commissioner McKeel plans to co-convene with State Representative Mark Johnson a committee to propose innovative, short-term options to help with Columbia Gorge tourism, traffic, and safety concerns. Commissioner McKeel will monitor the comprehensive planning project for Land Use in Multnomah County and will work to ensure community input, advice, 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 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) and Region 1 ACT.
- 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
- 5) CSEC- Chair of the Local Public Safety coordinating Council' Subcommittee on the Commercial Sexual Exploitation of Children

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Columbia Gorge Committee proposal/plans	N/A	N/A	N/A	1 plan
Outcome	Continuity plan prepared for elected transition mid-year	N/A	N/A	N/A	100%
Outcome	All issued VA housing vouchers are utilized in Multnomah County	N/A	N/A	90%	100%
Output	Wednesday Walker Series, district staff will host weekly during late spring/summ	100%	100%	100%	100%

### Performance Measures Descriptions

- 1) GORGE SAFETY- Increased use has exceeded infrastructure focus on creating a short-term proposals to alleviate safety concerns while encouraging tourism.
- 2) CSEC/VETERANS—Significant work to prepare these areas of advocacy & client work to continue during elected transition.
- 3) HOMELESS VETERANS-Focus on veterans in the community with housing vouchers who haven't secured a place to live and getting all federal dollars into use.
- 4) WORKPLACE WELLNESS- Continue summer Wednesday Walkers series.

## 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	2016	2016	2017	2017
Personnel	\$473,062	\$0	\$480,002	\$0
Contractual Services	\$0	\$0	\$5,000	\$0
Materials & Supplies	\$25,503	\$0	\$47,450	\$0
Internal Services	\$91,107	\$0	\$87,376	\$0
<b>Total GF/non-GF</b>	<b>\$589,672</b>	<b>\$0</b>	<b>\$619,828</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$589,672</b>		<b>\$619,828</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Commissioner McKeel's office is funded by the County General Fund.

## Significant Program Changes

Last Year this program was: FY 2016: 10004-16 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	2016	2016	2017	2017
Personnel	\$1,159,199	\$0	\$1,224,248	\$0
Contractual Services	\$160,785	\$0	\$177,000	\$0
Materials & Supplies	\$25,110	\$0	\$27,640	\$0
Internal Services	\$156,965	\$0	\$161,567	\$0
<b>Total GF/non-GF</b>	<b>\$1,502,059</b>	<b>\$0</b>	<b>\$1,590,455</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,502,059</b>		<b>\$1,590,455</b>	
<b>Program FTE</b>	8.78	0.00	8.78	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

Last Year this program was: FY 2016: 10005-16 Auditor's Office

**Department:** Nondepartmental      **Program Contact:** Craig Gibons  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Tax Supervising and Conservation Commission's 2016-17 program budget continues the same staffing and program levels as in prior years.

**Program Summary**

The Commission carries out statutory mandates to oversee budget, debt, and property tax issues of local governments in Multnomah County.

The Commission is responsible for oversight of its 26 member taxing districts in Multnomah County. The member districts account for 90% of the budgeted expenses of local governments in Multnomah County.

The Commission is also statutorily responsible for producing a report, annually, that compiles and analyzes the budgets, property taxes, and debt of all 41 local governments in Multnomah County. The Commission has produced this report every year since 1922.

In addition to its legal mandates (below), the Commission offers training and consulting services to member jurisdictions. Commission staff is active state-wide on budget and property tax issues in both a practitioner role and a legislative advisory role.

The Commission is governed by five volunteer commissioners, appointed by the Governor.

The Commission ensures that violations of local budget law are minimized, especially if the error results in a property tax levy that exceeds authority. Commission staff works closely with the county assessor's office as a double check that property tax levies are requested and calculated accurately.

The Commission considers the citizens to be its primary customers and seeks to make the financial affairs of local governments more transparent and accountable to those citizens.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Provide training and advisory services to member jurisdictions	50	20	50	60
Outcome	Reduce number of objections and recommendations in certification letters	13	10	10	10
Output	Public Hearings Conducted	17	15	18	15

**Performance Measures Descriptions**

## 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	2016	2016	2017	2017
Personnel	\$291,503	\$0	\$304,915	\$0
Contractual Services	\$8,000	\$0	\$5,000	\$0
Materials & Supplies	\$19,387	\$0	\$21,600	\$0
Internal Services	\$5,899	\$0	\$2,820	\$0
<b>Total GF/non-GF</b>	<b>\$324,789</b>	<b>\$0</b>	<b>\$334,335</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$324,789</b>		<b>\$334,335</b>	
<b>Program FTE</b>	1.90	0.00	2.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The Commission has no direct revenue sources. Funding to support the Commission is derived from two sources: Member districts (\$243,200 for FY15-16) and the state's County Assessment Function Funding Assistance (CAFFA) Grant (\$61,125 for FY15-16). The County also provides office space for the Commission (valued at \$28,780 for FY15-16).

Member districts contribute on a pro-rated share per a statutory formula (ORS 294.632). FY15-16 contributions ranged from \$250 to \$121,600.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10006-16 Tax Supervising and Conservation Commission

There is no significant change in the Commission's budget.



**Department:** Nondepartmental **Program Contact:** David Austin

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

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

The Communications Office is the central distribution voice to and point of information for taxpayers, the public and the news media, communicating what Multnomah County does and how employees work in the community to provide services. The office – using targeted communications strategies – works directly with the Chair’s Office, the Board, elected officials, and County staff to promote transparency and demonstrate how effectively local government officials use taxpayer dollars to support all residents.

**Program Summary**

This office will aggressively and consistently inform the public of stories and events that provide a high level of understanding of what the county does with taxpayer dollars and how local government makes a difference in people’s lives. The office will employ a wide range of media – television, newspapers, radio and digital media, as well as direct communications to the public, including appearances and community meetings – to reach a diverse audience and proactively increase the visibility of Multnomah County and the services it provides to all residents. The office will be the lead on ensuring the public that Multnomah County government is efficient, transparent and open to dialogue with its residents. Also, the office will continue to work with the Chief Operating Officer to handle internal advisory communication for the Chair when it comes to critical information, including – but not limited to – county business, labor practices and negotiations, budget strategies and relevant political issues around labor practices, negotiations and other sensitive topics. Top goals include: providing taxpayers, the public and the media with stories and information about critical county programs; responding to public records requests; responding with urgency and immediacy to the public and media inquiries about the county; strongly carrying and promoting the values of the Board of Commissioners, both internally and externally; advising the Chair, the Board, elected officials, and County staff on the best approaches with taxpayers, the public and the media; creating materials that increase the county’s visibility; committing to and working with the highest standard of transparency for the sake of the public; and developing new ways to reach out to county residents by inviting them to participate in local government.

**Performance Measures**

<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY15 Actual</b>	<b>FY16 Purchased</b>	<b>FY16 Estimate</b>	<b>FY17 Offer</b>
Output	Amount of news stories generated by the office in all media -- TV, print, radio, County website and blogs	375	400	921	1,100
Outcome	Number of multi-media videos/projects produced by the office	65	65	72	80
Output	Number of Twitter users for the county	7,372	14,500	20,100	22,000
Output	Number of FaceBook followers for the county	920	1,974	2,396	2,500

**Performance Measures Descriptions**

**Legal / Contractual Obligation**

None

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$1,012,950	\$0	\$1,092,086	\$0
Contractual Services	\$16,000	\$0	\$500	\$0
Materials & Supplies	\$25,500	\$0	\$12,100	\$0
Internal Services	\$131,362	\$0	\$118,155	\$0
<b>Total GF/non-GF</b>	<b>\$1,185,812</b>	<b>\$0</b>	<b>\$1,222,841</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,185,812</b>		<b>\$1,222,841</b>	
<b>Program FTE</b>	9.00	0.00	9.00	0.00

**Program Revenues**

<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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**Explanation of Revenues**

This is a General Fund program.

**Significant Program Changes**Last Year this program was: FY 2016: 10007-16 Communications Office



## Legal / Contractual Obligation

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$4,234,544	\$0	\$4,478,406
Contractual Services	\$0	\$35,000	\$0	\$25,000
Materials & Supplies	\$0	\$164,379	\$0	\$173,770
Internal Services	\$0	\$506,106	\$0	\$521,217
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,940,029</b>	<b>\$0</b>	<b>\$5,198,393</b>
<b>Program Total:</b>	<b>\$4,940,029</b>		<b>\$5,198,393</b>	
<b>Program FTE</b>	0.00	25.80	0.00	25.80

Program Revenues				
Other / Miscellaneous	\$0	\$4,928,029	\$0	\$5,198,393
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,928,029</b>	<b>\$0</b>	<b>\$5,198,393</b>

## Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10008-16 County Attorney's Office

The County Attorney's Office increased by 1.00 Assistant County Attorney, Sr. FTE. The County Privacy Officer function was transferred from Central Human Resources to the County Attorney's Office to better reflect the liability and risk associated with the privacy function. This position will provide legal counsel, transactional work and assist with training.

**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 the Youth and Gang Violence Steering Committee, 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 2017, LPSCC will fund the following staff: a full-time Executive Director, who directs and coordinates inter-agency public safety policy discussions; a full-time Public Safety System Analyst, who examines cross-agency data and relevant policies to identify improvements to the public safety system, a full-time temporary Project Manager, and a full-time Executive Assistant, who provides organizational and communications support.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of LPSCC Executive Committee and Subcommittee Meetings	65	68	73	75
Outcome	Average percentage of statutorily mandated LPSCC representatives present at Executive Committee meeting	65	75	69	70
Output	Number of policy recommendations made to County Commissioners	10	10	10	10
Outcome	DSS-J assessment report completed in Winter 2015. Structural and operational recommendations considered.	NA	60	40	N/A

### Performance Measures Descriptions

Performance measure 4: DSS-J contains data from non-county agencies. Due to outside agency data system upgrades and a current data system evaluation, DSS-J's focus has been on re-automating web-based and automated reports and improving connectivity with the new data systems.

## Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$401,710	\$0	\$478,194
Contractual Services	\$0	\$10,000	\$0	\$15,000
Materials & Supplies	\$0	\$70,351	\$0	\$74,042
Internal Services	\$645,929	\$4,788	\$656,622	\$132,634
<b>Total GF/non-GF</b>	<b>\$645,929</b>	<b>\$486,849</b>	<b>\$656,622</b>	<b>\$699,870</b>
<b>Program Total:</b>	<b>\$1,132,778</b>		<b>\$1,356,492</b>	
<b>Program FTE</b>	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$476,849	\$0	\$532,675
Other / Miscellaneous	\$0	\$10,000	\$0	\$15,000
Beginning Working Capital	\$0	\$0	\$0	\$152,195
<b>Total Revenue</b>	<b>\$0</b>	<b>\$486,849</b>	<b>\$0</b>	<b>\$699,870</b>

## Explanation of Revenues

\$532,675 is funded by the State Department of Corrections through SB 1145.

\$152,195 of beginning working capital from SB 1145.

\$15,000 donations from partner public safety associations to support the What Works in Public Safety conference.

\$656,622 is General Fund specifically designated to pay for the DSS-J system.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10009A-16 Local Public Safety Coordinating Council

This program combines 10009A and 10009C from FY 2016.

**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. 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 diminished. 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 continue the Internal Services portion of the LPSCC budget by \$105,512. This added a temporary Senior Development Analyst to the DSS-J team in FY16, funded by HB 3194. This position is a Limited Duration Assignment. This program offer continues this position for the a portion of the second year of the 2015-2017 biennium. This program offer also will houses the \$614,017 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 and contracting with victim's services programs and to illustrate how use of the funds will positively impact victims based on a set of criteria.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of meetings facilitated through the justice reinvestment project manager.	120	56	120	120
Outcome	Independent DSS-J assessment report completed in Winter 2015. Major structural and operational recommen	N/A	60	40	N/A
Output	Number of contracts executed with community-based victims services agencies	N/A	N/A	3	3

### Performance Measures Descriptions

Performance measure 2: DSS-J contains data from non-county agencies. Due to outside agency data system upgrades and a current data system evaluation, DSS-J's focus has been on re-automating web-based and automated reports and improving connectivity with the new data systems.

## 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." Via HB3194, the LPSCC is also charge by the CJC to contract with and allocate funds to victim's services agencies.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$56,648	\$0	\$0
Contractual Services	\$0	\$593,395	\$0	\$614,017
Internal Services	\$0	\$162,120	\$0	\$105,512
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$812,163</b>	<b>\$0</b>	<b>\$719,529</b>
<b>Program Total:</b>	<b>\$812,163</b>		<b>\$719,529</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$812,163	\$0	\$495,035
Beginning Working Capital	\$0	\$0	\$0	\$224,494
<b>Total Revenue</b>	<b>\$0</b>	<b>\$812,163</b>	<b>\$0</b>	<b>\$719,529</b>

## Explanation of Revenues

House Bill 3194 established the Justice Reinvestment Grant Program. These funds will cover the Limited Duration Assignment in LPSCC's Internal Services (\$105,512, which is \$81,271 remaining from HB3194 allocation and \$24,241 of carryover). The remaining revenue (\$614,017) is the amount to be allocated to victim's services programs through a process developed by LPSCC. The contracts became effective on 1/1/16, and are based on a calendar year. Therefore, the sum includes the FY 2017 HB 3194 allocation of \$413,764 and FY 2016 carryover of HB 3194 due to the start date delay of \$200,253.

## Significant Program Changes

Last Year this program was: FY 2016: 10009B-16 LPSCC - HB3194 Justice Reinvestment



**Department:** Nondepartmental      **Program Contact:** Abbey Stamp  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

DSS-J is a data warehouse that combines criminal justice data from across agencies, including law enforcement, jails, DA, courts, and parole/probation. This program offer is provides technical stability and additional resources for the Decision Support System - Justice (DSS-J) database, web, and business technology; as well as, enhancements to the related policy, operational, and data governance structures

**Program Summary**

Decision Support System - Justice (DSS-J) provides Multnomah County with a cross-jurisdictional and cross-system view of criminal justice information. During its 17 years of operation, DSS-J has undergone major revisions, and the criminal justice community has replaced or upgraded most of the source systems that provide data to DSS-J.

Multnomah County hired MTG Management Consultants, LLC, to assess the current DSS-J environment and develop an implementation road map for upgrading and enhancing the system. The following initiatives are included in this program offer.

**Initiative I – DSS-J REFRESH**

Initiative I is intended to rectify issues with DSS-J's existing capabilities, specifically the lack of operational direction, the lack of data management, and the obsolete database, web, and reporting tool technologies. This work will improve the system's basic operating capabilities and position DSS-J for long-term fundamental changes. The efforts involve updating web and database software and establishing or modifying interfaces to both internal and external data sources.

**Initiative II – DSS-J GOVERNANCE**

Initiative II includes efforts related to enhancing policy and operational governance. The initiative will define and formalize responsibilities among the three governance groups. The three intended groups of stakeholders are a policy group, an operational group, and a data group.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Completion of Initiative I and Initiative II	N/A	N/A	N/A	70%
Outcome	Approval to move forward with Initiative III	N/A	N/A	N/A	1

**Performance Measures Descriptions**

PM #1-Output: This measure will track the progress by the completion of efforts within each Initiative.

PM #2--Outcome: Based on success of Initiatives I and II, will request approval to move forward with Initiative III.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Internal Services	\$0	\$0	\$825,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$825,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$825,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program is funded with one-time-only County General Fund

**Significant Program Changes**

**Last Year this program was:**

The \$825,000 is transferred to IT through an internal service reimbursements where IT will use it for the following:  
 Personnel (~\$300,000) - 2 limited duration positions, a Operations Manager and a Business Analyst to create operational responsibility for DSS-J including the governance structure, developing consistent and agreed upon data definitions, and the roll out of the governance structure, policies, and processes.

Information Technology Work (~\$525,000) - IT contractor(s) will be hired to address the instability of the current system including the technical issues and the creation of the system governance structure.

**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 that is civically involved is fundamental to building trust and accountability in Multnomah County governance. As the complexion of Multnomah County has changed, the process of engagement must reflect that diversity to achieve confidence in government and participation in decision-making. As an independent office, the CIC and Office of Citizen Involvement (OCI) work together to ensure that these values guide our work. This offer provides the minimal resources for the CIC, through the OCI, to pursue enhanced, focused outreach and engagement consistent with those values.

### 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 administration and assessment of participation opportunities as well as conducting a variety of educational outreach activities designed to inform and involve the community.

This offer supports those efforts through: enhanced and expanded outreach to more than a dozen currently under-represented communities; hosting of community engagement events such as County 101, Budget 101, and others with several civic leadership cohort communities; development of a CIC task force to focus inclusive access issues concerning underserved communities; enhanced and streamlined resources and reporting processes between Budget Advisory Committees, staff, and the Board of Commissioners; developing, hosting, and reporting results to the Board of two Age Friendly Forums identifying priorities among aging populations; collaboration with Chair's Office on an update of 2014 Budget Survey to reflect trends and current priorities to be presented to the Board; participation with Chair's Office and others engaging in community outreach including Listening Sessions and Budget Hearings; hosting and facilitating the 29th Annual Volunteer Awards program including the creation of an independent web page honoring recipients; guided the Health Department through formation, recruitment, and orientation of their new Budget Advisory Committee; continued popularity of our NAACO award winning Diversity Outreach Training workshops with over 110 participants for our workshop at the 2015 Northwest Public Employees Diversity Conference; development, administration, analysis and reporting on the F/Y 2017 budget survey; update and enhancement of the OCI/CIC web site and Facebook page; enhanced community messaging built around new branding of "Be heard!"; increased focus on means to increase access and inclusion including directly and indirectly recruiting representation from communities heretofore not represented; event specific cross cultural collaboration and outreach with specifically underrepresented communities; collaborating with IT and Communications to enhance social media engagement strategies; our annual retreat to ensure that CIC members are equipped with the knowledge and protocol to be successful; continued maintenance of our Spanish website; continued multicultural outreach through our Connect, Educate, Recruit, & Engage Campaign.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Database of volunteers and calendar of meetings is current and publicly available at all times	98%	100%	98%	98%
Outcome	Percentage of participants in activities who felt time was well spent	98%	90%	90%	95%
Output	Multicultural outreach & recruitment events	N/A	N/A	N/A	15
Output	New interest inquiries followed up within 3 working days	N/A	N/A	N/A	100%

### Performance Measures Descriptions

A community that is civically involved is fundamental to building trust and accountability in Multnomah County governance. The performance measures for this program offer essential measurements of efforts to educate and engage the public. OCI's enhanced use of our web pages, social media accounts, online volunteer database, and relationship based recruitment in the community increases the public's knowledge of and likely participation with community 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	2016	2016	2017	2017
Personnel	\$188,798	\$0	\$185,545	\$0
Contractual Services	\$1,500	\$0	\$1,500	\$0
Materials & Supplies	\$12,358	\$0	\$13,351	\$0
Internal Services	\$40,333	\$0	\$42,593	\$0
<b>Total GF/non-GF</b>	<b>\$242,989</b>	<b>\$0</b>	<b>\$242,989</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$242,989</b>		<b>\$242,989</b>	
<b>Program FTE</b>	2.00	0.00	2.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10010-16 Citizen Involvement Committee

The only significant change is in how the money will be used rather than how much is being spent. Access remains the most challenging obstacle to engagement especially among the under-represented communities. The CIC, through the Office of Citizen Involvement, is increasing its efforts to be engaged in pro-active work with county officers, county employees and the larger community to enhance the understanding and value of active participation in county governance. This has been and remains the core mission of CIC supported by ongoing activities such as live topical forums; online surveys; non-English website, the Connect, Educate, Recruit & Engage Campaign; a task force focused on equity and inclusion issues; enhanced community, county, and inter-jurisdictional partnerships; and the reallocation of resources toward facilitating equitable inclusion reflecting the true Multnomah 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total number of Board related documents processed	6,717	6,000	6,000	6,000
Outcome	Files shared with Archives	3,792	4,000	4,000	4,000

**Performance Measures Descriptions**

Board related documents include board packets, proclamations, resolutions, orders, ordinances and other related documents.

## 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	2016	2016	2017	2017
Personnel	\$277,219	\$0	\$288,591	\$0
Contractual Services	\$30,000	\$0	\$105,000	\$0
Materials & Supplies	\$234,374	\$0	\$289,500	\$0
Internal Services	\$394,253	\$0	\$362,132	\$0
<b>Total GF/non-GF</b>	<b>\$935,846</b>	<b>\$0</b>	<b>\$1,045,223</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$935,846</b>		<b>\$1,045,223</b>	
<b>Program FTE</b>	2.00	0.00	2.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund program.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10011-16 Office of the Board Clerk

No significant changes. Includes \$75,000 of one-time-only General Funds to support the National Organization of Black County Officials annual conference if Multnomah County is a selected site. More information is available at [www.nobco.org](http://www.nobco.org).

**Department:** Nondepartmental      **Program Contact:** Christopher Voss  
**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 staff and departments and coordination with cities, special districts and nongovernmental organizations. MCEM also coordinates the County's Continuity of Operations Planning (COOP) for all departments, The County Mitigation Plan and County Emergency Operations Plan.

### Program Summary

The MCEM 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. MCEM fosters citizen preparedness and community resilience through working relationships with a diverse group of community partner organizations.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Personnel	\$649,007	\$411,771	\$707,618	\$173,183
Contractual Services	\$60,000	\$65,000	\$96,293	\$65,000
Materials & Supplies	\$221,544	\$16,450	\$127,100	\$0
Internal Services	\$350,571	\$0	\$377,145	\$4,574
<b>Total GF/non-GF</b>	<b>\$1,281,122</b>	<b>\$493,221</b>	<b>\$1,308,156</b>	<b>\$242,757</b>
<b>Program Total:</b>	<b>\$1,774,343</b>		<b>\$1,550,913</b>	
<b>Program FTE</b>	4.70	3.30	5.00	1.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$242,757
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$242,757</b>

## Explanation of Revenues

MCEM receives \$173,183 of Emergency Management Performance Grant (EMPG) Program funds which provide a maximum of a 50% match to eligible program costs paid for by the County General Fund \$65,000 State Homeland Security Grant Program (SHSP 15-236).

## Significant Program Changes

**Last Year this program was:** FY 2016: 10012A-16 Office of Emergency Management

This program combines 10012A and 10012B from FY 2016.





## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$0	\$173,182	\$0
Materials & Supplies	\$0	\$0	\$5,245	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$178,427</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$178,427</b>	
<b>Program FTE</b>	0.00	0.00	1.50	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

General Fund Backfill

## Significant Program Changes

**Last Year this program was:** FY 2016: 10012A-16 Office of Emergency Management

This program includes \$178,427 of General Fund backfill due to a loss of State Funding.

**Department:** Nondepartmental      **Program Contact:** Claudia Black  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Office of Government Relations represents the Board of Commissioners and county departments before the United State Congress, the Oregon Legislature and local governing bodies to advance Multnomah County's annual state and federal legislative agenda. This function is vital in protecting the interests of Multnomah County.

### Program Summary

The Office of Government Relations manages the federal and state legislative agenda set by the Board of Commissioners and facilitates interdepartmental cooperation on intergovernmental efforts.

The Director manages budget and compliance issues, manages the federal government relations contract, and together with the Deputy Director serves as the state lobbyist for the county, leads stakeholder and coalition meetings and provides regular updates to the Board of Commissioners, departments and other staff. The Policy Manager is responsible for tracking state and federal legislation, working with county department staff on legislative coordination, and providing analysis on key policy issues.

The Senior Grant Coordinator works across departments and systems to increase the county's capacity to secure, track, and successfully implement competitive grants aligned with the County's mission and values.

The East County community liaison position supports 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 alignment and coordination of resources that will benefit residents and reduce barriers to create jobs, leverage private contributions, increase economic activity, expand educational opportunities, increase community health, address environmental inequities, and reduce violent crime.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Develop and pass a comprehensive state and federal agenda	1	1	1	1
Outcome	Provide an annual report that details bill outcomes and progress on county priorities	1	1	1	1
Output	Number of trainings, planning groups, and presentations to increase county-wide competitive grant capacity	N/A	10	20	20
Output	Stakeholders engaged in East County Revitalization	N/A	200	400	600

### Performance Measures Descriptions

The adoption of the state and federal agendas is the culmination of a broad process of broad consultation with employees, departments, elected officials, advocacy organizations and community groups. The annual report provides transparency and identifies both positive and negative results. Planning groups, trainings and presentations ensures broad access to the knowledge, systems and resources necessary for submitting successful grants. Number of engaged stakeholders is a measure of community involvement.

## 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	2016	2016	2017	2017
Personnel	\$732,660	\$0	\$782,012	\$0
Contractual Services	\$117,910	\$0	\$118,000	\$0
Materials & Supplies	\$26,400	\$0	\$25,950	\$0
Internal Services	\$43,221	\$0	\$69,865	\$0
<b>Total GF/non-GF</b>	<b>\$920,191</b>	<b>\$0</b>	<b>\$995,827</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$920,191</b>		<b>\$995,827</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is a General Fund Program.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10016A-16 Government Relations Office

The East County community liaison position is now incorporated into Government Relations for FY 2017. An additional \$10,000 of funding has been added to support the 2016 Rock the Block Community Celebration in Rockwood. More information can be found at <https://www.eventbrite.com/e/rock-the-block-2016-tickets-21503452405>.

**Department:** Nondepartmental      **Program Contact:** Ben Duncan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Office of Diversity and Equity (ODE) is a team of professional resource experts and a partner in making the county a better place to live and work for everyone by providing programming and tangible resources, expertise, best and promising practices, technical support, data and data analysis. ODE works to advance transformational change at the county and incubates empowering tools for the community.

**Program Summary**

ODE provides leadership and resources for advancing organizational equity and inclusion change efforts that support the business of the county.

ODE works with and within departments to lead, support or complement equity and social justice work throughout the County. Projects and resources include: Equity Council, Employee Resource Groups, Civil Rights, Workforce Equity, policy analysis, Equity and Empowerment Lens technical assistance and consultation, interactive actionable workforce data and analysis for Department Directors and HR Managers, and develops resources for and participates in regional and national networks. ODE is represented as a Steering Committee jurisdiction for the National Governing Alliance for Racial Equity, and planning partner for the NW Public Employee Diversity Conference.

This offer funds FTE for the ongoing roll-out and evaluation of the Equity and Empowerment Lens with a Racial Justice focus, technical assistance, development and guidance on policy advancing racial equity, staffing and leadership development support for the Multnomah Youth Commission, coordination of the College to County program, and coordination of Employee Resource Groups and Equity Council.

This offer also ensures compliance with federal statutes related to Americans with Disabilities, Affirmative Action/Equal Employment Opportunity, and discrimination through Title VI administration.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# Employee Resource Groups	10	12	10	12
Outcome	Development of unique data metrics related to racial equity	N/A	N/A	1	5
Output	# Unique Data Dashboards, data reports, compliance reports submitted	15	15	15	15
Output	Number of Equity and Empowerment Lens applications, technical assistance, training and consultation	12	12	15	12

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Title II, Title VI administration for the County

Affirmative Action, Equal Employment Opportunity

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$751,511	\$0	\$816,975	\$0
Contractual Services	\$24,000	\$0	\$25,000	\$0
Materials & Supplies	\$72,351	\$0	\$51,631	\$0
Internal Services	\$97,270	\$0	\$105,655	\$0
<b>Total GF/non-GF</b>	<b>\$945,132</b>	<b>\$0</b>	<b>\$999,261</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$945,132</b>		<b>\$999,261</b>	
<b>Program FTE</b>	5.00	0.00	5.50	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

General Fund.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10017A-16 Office of Diversity and Equity

Revised position description and new staff serving as Civil Rights Administrator. Converted temporary funding into a 0.50 FTE. \$148,000 supporting a 1.00 FTE is funded with one-time-only General Funds.

**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 37 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Personnel	\$115,985	\$0	\$108,053	\$0
Materials & Supplies	\$0	\$0	\$0	\$10,000
<b>Total GF/non-GF</b>	<b>\$115,985</b>	<b>\$0</b>	<b>\$108,053</b>	<b>\$10,000</b>
<b>Program Total:</b>	<b>\$115,985</b>		<b>\$118,053</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$0	\$10,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,000</b>

Explanation of Revenues

Penney Family Foundation grant estimate of \$10,000.

Significant Program Changes

Last Year this program was: FY 2016: 10017B-16 Multnomah Youth Commission Support



**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 2017 include, implementation of the Climate Action Plan, implementation of the Commercial Building Property Assessed Clean Energy program, 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 and respond to new policies; by providing technical support to County departments and community organizations; through direct program delivery; and through research, data analysis, and reporting.

Climate Action Plan activities will include implementation of an enterprise wide tracking and accountability tool meant to capture the County's work on the more than 200 individual actions covered in the plan. The overall purpose of the plan, and these activities, is to promote a low carbon and resilient community. The office will also work to develop policies and procedures that the County can advocate for or implement that will advance the goals of the plan, for example, developing building performance requirements for quality, efficient, health promoting low income housing.

The Office of Sustainability will also support East County Caring Community activities to address infrastructure barriers to livability, including tree canopy cover; parks and open space; and community-oriented destinations. The Office will work with local and Federal partners to help advance these goals. The Federal partnership will be coordinated through the EPA led Making a Visible Difference initiative.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Servings of fresh, culturally appropriate, produce donated. Servings are calculated by tracking the pounds	111,000	115,000	122,000	115,000
Outcome	% decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	14%	13%	14%	15%
Output	Number of volunteer hours contributed to Office of Sustainability events or programs.	1,370	1,500	2,125	1,500

### 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. Output: The office provides meaningful opportunities for residents to engage with the County through the Community Farm program.

**Legal / Contractual Obligation**

None.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$502,191	\$0	\$543,310	\$0
Contractual Services	\$22,000	\$0	\$5,500	\$0
Materials & Supplies	\$29,144	\$0	\$21,000	\$0
Internal Services	\$57,591	\$0	\$59,217	\$0
<b>Total GF/non-GF</b>	<b>\$610,926</b>	<b>\$0</b>	<b>\$629,027</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$610,926</b>		<b>\$629,027</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This is a General Fund program.

**Significant Program Changes****Last Year this program was:** FY 2016: 10018-16 Office of Sustainability

In FY 2017 the Office of Sustainability will focus on the implementation of CPACE, 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 emissions by 80% over 1990 levels by the year 2050; an ongoing area of focus for the office. The office will continue to support Caring Community sustainability efforts in East Multnomah County in partnership with Government Relations. And the office, with the addition of a program technician in FY 16, will produce an annual sustainability report detailing the County's performance on Board adopted sustainability metrics. Finally, the community farm will be relocating on the Edgefield property because of the properties sale to McMenamins; the County has the right to maintain a permanent easement for the farming program.

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

This \$60,000 funding allocation will leverage \$3M in allocated CPACE financing to support disadvantaged, minority, and women-owned enterprise success in utilizing this new opportunity. Participating DMW contractors will be given one on one real world training and ongoing support to use CPACE as a way of closing deals with building owners to improve energy efficiency and/or add renewable energy. This investment will help to ensure diverse participation in the green economy.

### Program Summary

Industry experience in CPACE programs nationwide show that contractors are the most effective sales-force in expanding energy efficiency and renewable energy updates in buildings. With 33% of our building stock needing serious updates and another 40% needing some updates, we know there is significant demand. Matching this pent up demand for building energy upgrades with resources is what CPACE was designed to do.

However, both anecdotal and research data show disparities in the utilization of disadvantaged, minority, and women-owned enterprises (DMW) as prime contractors regionally. CPACE addresses this in the pilot through exclusive focus on DMW firms as prime contractors. In states where CPACE has seen considerable success, contractor training has been crucial. Trainers teach contractors how to best communicate and use the CPACE mechanism to sell energy upgrades and close deals. However, contractors don't sit in the classroom one day and sell CPACE deals the next. Contractors succeed when they have long term support to develop both sales strategies and systems that leverage CPACE.

PDC will contract a CPACE trainer to train participating DMW contractors (~\$100k). However, we recognize the key to success in updating buildings is on-going support. With \$3.0M set aside from PDC to fund actual CPACE projects led by DMW firms, we hope that Multnomah County can provide technical assistance beyond the classroom. By investing \$60,000 to help DMW firms close CPACE deals, Multnomah County will enable \$3MM in economic activity that will benefit building owners and DMW firms alike (based on a 2% fee for each closed deal), while also reducing greenhouse gas emissions. Participating DMW firms will be given one on one training to help market, package, and sell projects. Multnomah County can support creating green jobs for all by ensuring DMW firms have a competitive advantage in this growing market.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of transactions closed by contractor's supported through training resources.	N/A	N/A	N/A	4
Outcome	DMW contractors will have an increased capacity to use the CPACE tool.	N/A	N/A	N/A	10
Output	Number of contractors trained.	N/A	N/A	N/A	10

### Performance Measures Descriptions

Outcome measure will be collected using post training surveys. Output measures will be easily tracked through attendance records, vendor invoices, and financial documents. PDC will collect and report data to Multnomah County.

## Legal / Contractual Obligation

Multnomah County has established an Intergovernmental Agreement that authorizes the Portland Development Commission to implement the CPACE program on the County's behalf. The funding allocated in this program offer would be transferred by IGA to PDC for training of DMW firms. DMW firms would be trained to use CPACE financing when selling their services to building owners.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$60,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$60,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$60,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

In September 2015, with authorization from the Board of County Commissioners, Multnomah County became the first jurisdiction in Oregon to establish a Commercial Property Assessed Clean Energy (CPACE) program. In collaboration with the Portland Development Commission, and the Energy Trust of Oregon, Multnomah County laid the foundation for a program that will help to achieve the ambitious goals committed to in the Climate Action Plan. The CPACE team is working to create family-wage local jobs through intentional inclusion of those historically left out of the energy efficiency and renewable energy fields. In the pilot, we have started a contractor training program that will exclusively support disadvantaged, minority, and women-owned (DMW) enterprises. We believe these strategies will create a strong foundation for growth of DMW firms in our local green economy.

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

School Children in Multnomah County ride over 1.5 million miles a year in dirty diesel buses. Children are particularly vulnerable to diesel pollution, and those that travel to school on clean buses miss fewer school days and have improved lung function. This program offer will leverage over \$600,000 in federal funding to retrofit 48 school buses in the David Douglas and Centennial School Districts, and help to reduce the pollution from dirty diesel buses by up to 95%.

### Program Summary

The problem of diesel Particulate Matter (PM) exposure is particularly acute in Multnomah County. Multnomah County has the 4th highest exposure rate to diesel exhaust of all United States' counties. Exposure to diesel engine exhaust causes cancer, increases the risk of heart attack, stroke, and cardiovascular disease, exacerbates asthma and can lead to low-weight and preterm births.

All Multnomah County residents are exposed to a dangerous level of diesel pollution. In some areas, however, like near transportation corridors or rail yards, levels of diesel pollution are over 8,000 times the California health benchmark. In 2014, the Multnomah County Department of Health conducted a study of racial and ethnic health disparities and found that communities of color are exposed to levels of diesel pollution 2-3 times higher than their white counterparts. The levels of diesel pollution in Multnomah County result in significant public health impacts. A snapshot of annual impacts include: 91 Premature deaths; 70 non-fatal heart attacks; 13,273 work loss days.

Children are especially vulnerable to diesel PM because their lungs are still in the developmental phase and they breathe, on average, 50 percent more air per pound of body weight than adults. For school aged children, riding on the school bus can be a significant exposure route for diesel PM. A California Air Resources Board study found that increased exposures from commuting by school bus were estimated to increase a child's lifetime cancer risk due to diesel PM by approximately 4%. School children riding on cleaner buses also miss fewer school days and have increased lung function. Sadly, however, school Children in Multnomah County ride over 1.5 million miles a year in dirty diesel buses.

Fortunately there are solutions available. Because of federal regulations, newer school buses are fitted with pollution controls that reduce toxic emissions by 99%. But because federal rules only apply to new engines, it is left to states to address older and dirtier engines still in use. Approximately 68% of school buses in East County have older diesel engines. This program offer will leverage over \$600,000 in federal funding to retrofit 48 school buses in the David Douglas and Centennial School Districts, and help to reduce the pollution from those buses by up to 95%. There is an \$86,000 annual monetized public health return on investment.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of pre-model year 2007 school buses retrofitted.	N/A	N/A	N/A	48
Outcome	Annual monetized public health benefit calculated using the EPA diesel emission quantifier.	N/A	N/A	N/A	\$86,000
Output	Annual tons of diesel particulate matter pollution reduced.	N/A	N/A	N/A	0.8

### Performance Measures Descriptions

This program will be aimed at Centennial and David Douglas School Districts. These school districts are among the most diverse in the state with high proportions of students qualifying for free and reduced lunches. Because the program is aimed at communities already burdened by environmental health factors, the calculated public health return on investment is likely a conservative estimate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$73,954	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$73,954</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$73,954</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Although this is a new program, it would build off of the County's experience with diesel retrofits and clean diesel contracting. In 2009, the Office of Sustainability worked with the City of Portland, County Fleet Services, and DCM to retrofit existing county equipment. A study conducted by the Office of Sustainability project and the Health Department on the impact of clean diesel contracting at the East County Courthouse found that for every \$1 invested in retrofiring equipment there was \$10 in public health benefit.

**Department:** Nondepartmental      **Program Contact:** Christian Elkin  
**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 FY 2017 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Dollars leveraged from other sources	\$9,567,600	\$8,500,000	\$8,891,000	\$9,000,000
Outcome	Multnomah County children engaged in creative learning of standard curriculum subjects	7,125	7,500	7,900	8,000
Output	Individuals served by RACC-funded projects and programs (total combined attendance)	3.1 Million	3.3 Million	3.3 Million	3.3 Million
Outcome	Improvement in reading and math scores, compared to average annual rate of increase*	N/A	2.5 times	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	2016	2016	2017	2017
Contractual Services	\$300,000	\$0	\$300,000	\$0
<b>Total GF/non-GF</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$300,000</b>		<b>\$300,000</b>	
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 2016: 10020A-16 Regional Arts & Culture Council

With increased funding from Multnomah County in FY16, RACC is 1. providing significantly more grants and services for artists & arts organizations in underrepresented communities including East Portland, Gresham & other parts of East County. 2. Funding from Multnomah County & Portland's arts tax, RACC awarded a record \$3.9 million to 129 nonprofit organizations and 121 artists. (3)The Right Brain Initiative is now serving 25,000 students & 1,300 teachers in 63 schools across 7 districts in Clackamas, Multnomah & Washington Counties. (4) RACC's professional development workshops served more than 290 artists last year. (5) RACC celebrated the 35th anniversary of Multnomah County's percent-for-art program in 2015 and acquired 56 new pieces for the Portable Works Collection. (6) Work for Art raised \$750,350 in the campaign that ended June 30, 2015 and is working to raise \$1 Million in this year's 2015-16 campaign.



**Department:** Nondepartmental      **Program Contact:** Michael Crank  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer accounts for Facilities charges for the State Courts and for the Tax Supervising & Conservation Commission. It also accounts for debt service on the new East County Courthouse, for pass-through payments to the Multnomah Law Library, the State Watermaster and for maintaining the never-opened Wapato Jail.

**Program Summary**

ORS 1.185 requires that counties provide court space for the operation of the state circuit courts. Multnomah County operates courts at the downtown Courthouse, the Multnomah County Justice Center, the Donald E. Long Juvenile Justice Center, and at the new East County Courthouse, opened in FY 2013. County-provided courtroom space is a key resource in the County's criminal justice system. Multnomah County courts' central locations allow easy access to the court system, provide visibility to the community of the public safety system at work, and allow the justice system to hold offenders accountable.

The County's Facilities Division is responsible for operating and maintaining County courtrooms, and for maintaining the Wapato Jail facility. The Facilities Division provides services ranging from planning, construction, and building operations and maintenance to cleaning the buildings and maintaining the grounds for courtrooms located in Multnomah County's owned and leased facilities. Facilities maintains the grounds, interior, and exterior of the Wapato Jail, and incurs costs for this maintenance and for utilities in order to minimize deterioration of the building.

There is a \$5,000 pass thru payment for the State Watermaster.

The 2011 Legislature passed several bills that changed the way court fees are allocated among local programs. One local program, the Multnomah Law Library, is a recipient of an allocation of fees through Multnomah County to the Law Library. The allocation will be monitored to see if changes are made for the upcoming State biennium.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Preventive Maintenance work orders scheduled (proactive vs. reactive)	50%	55%	55%	60%
Outcome	Customer Service satisfaction rating	90%	90%	90%	90%

**Performance Measures Descriptions**

These performance measures are the same as those used for the County's other building operations see Program Offer 78202. Facilities customers are emailed a link for a Zoomerang customer service satisfaction survey. Replies and results are reviewed and used for continuous quality improvement.

## Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms."

(1) The county in which a circuit court is located or holds court shall:

(a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.

(b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

(2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$1,000,000	\$0	\$1,000,000	\$0
Materials & Supplies	\$191,000	\$0	\$175,760	\$0
Internal Services	\$4,432,826	\$392,089	\$4,768,461	\$392,089
<b>Total GF/non-GF</b>	<b>\$5,623,826</b>	<b>\$392,089</b>	<b>\$5,944,221</b>	<b>\$392,089</b>
<b>Program Total:</b>	<b>\$6,015,915</b>		<b>\$6,336,310</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Fees, Permits & Charges	\$995,000	\$0	\$995,000	\$0
<b>Total Revenue</b>	<b>\$995,000</b>	<b>\$0</b>	<b>\$995,000</b>	<b>\$0</b>

## Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County. The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs are \$392,000 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 2016: 10021-16 State Mandated Expenses

Due to changes in the Departments of County Assets space allocation model, the mothball costs for Wapato increased by nearly \$120,000.

**Department:** Nondepartmental **Program Contact:** Mike Jaspin

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

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

This program offer accounts for Business Income Tax (BIT) collected on behalf of and passed through to the east county cities of Gresham, Troutdale, Fairview, and Wood Village. These payments are prescribed in an intergovernmental agreement (IGA) that shares revenue from the BIT. Under the terms of this agreement, the four cities share 25% of the first 0.6% of BIT collections. This offer also includes the County's obligation to share Community Service Fee revenues generated through the Strategic Investment Program (SIP) with the City of Gresham.

**Program Summary**

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities. The County entered into a SIP agreement with Microchip Technologies, Inc., in FY 2004. Under terms of that agreement, the company agrees to pay 25% of property tax abated in the form of a Community Service Fee. State statutes direct that the County share that revenue with the City in which the company receiving the SIP exemption is located.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$7,798,013	\$0	\$8,317,112	\$0
<b>Total GF/non-GF</b>	<b>\$7,798,013</b>	<b>\$0</b>	<b>\$8,317,112</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$7,798,013</b>		<b>\$8,317,112</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Taxes	\$202,667	\$0	\$202,667	\$0
<b>Total Revenue</b>	<b>\$202,667</b>	<b>\$0</b>	<b>\$202,667</b>	<b>\$0</b>

## Explanation of Revenues

The BIT pass-through is 25% of the first 0.6% of BIT collections.  
Community Service Fee is 25% of the taxes abated under the Strategic Investment Program.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10022-16 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, and educational programs for adults, families and school groups (and also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding (which started in 2011) has provided 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 Oregon 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 every aspect of its operations.

Four east county historical societies of Fairview-Rockwood-Wilkes (renamed East County Historical Organization – ECHO), Gresham, Troutdale and Crown Point Country will together receive \$150,000 per year from the levy proceeds. The levy allocates the balance, estimated at \$2,172,330 in FY 2015/2016, 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 92% 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Multnomah County citizens admitted free of charge.	23,109	22,140	27,067	22,800
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	227	227	226	227
Quality	Care of Collections through additional curator/registrar	2	1	4	1

**Performance Measures Descriptions**

In 2015, WWII: A World at War, A State Transformed exhibit opened to rave reviews, which has helped increase Multnomah County residence visits by 87% 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. The program offer assumes the local option levy will be renewed into FY 2017.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$2,114,643	\$0	\$2,596,778
Internal Services	\$0	\$7,500	\$0	\$7,500
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,122,143</b>	<b>\$0</b>	<b>\$2,604,278</b>
<b>Program Total:</b>	<b>\$2,122,143</b>		<b>\$2,604,278</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$2,107,075	\$0	\$2,584,788
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$12,068	\$0	\$16,490
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,122,143</b>	<b>\$0</b>	<b>\$2,604,278</b>

## Explanation of Revenues

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10023-16 OHS Local Option Levy

The existing five year local option level is set to end in fiscal year 2016. This program offer assumes the local option levy will be renewed beyond the current year.

**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 (SRS) program. Federal legislation governing the SRS payments has sunset several times, and has not been reauthorized for FY 2017.

### 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 law has not been reauthorized for FY 2017, and timber payments will be governed by the 1908 Act as amended.

This program offer includes a placeholder for re-authorization of the Secure Rural Schools program for FY 2017 or reversion to the Act of 1908.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$77,230	\$0	\$80,300
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$77,230</b>	<b>\$0</b>	<b>\$80,300</b>
<b>Program Total:</b>	<b>\$77,230</b>		<b>\$80,300</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$20,000	\$0	\$20,000
Taxes	\$0	\$57,000	\$0	\$60,000
Interest	\$0	\$30	\$0	\$100
Beginning Working Capital	\$0	\$200	\$0	\$200
<b>Total Revenue</b>	<b>\$0</b>	<b>\$77,230</b>	<b>\$0</b>	<b>\$80,300</b>

## Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$15,000-\$20,000 over the past several years.

## Significant Program Changes

Last Year this program was: FY 2016: 10024-16 County School Fund



**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 2015 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 \$743 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	\$ (In Millions) Impact of Convention Center Visitors to County Economy	538	525	560	570
Outcome	# of Employees in Travel/Tourism Industry (Est.)	5,240	5,200	5,450	5,600

**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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$37,146,403	\$0	\$42,177,226
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$37,146,403</b>	<b>\$0</b>	<b>\$42,177,226</b>
<b>Program Total:</b>	<b>\$37,146,403</b>		<b>\$42,177,226</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Taxes	\$0	\$36,826,533	\$0	\$42,158,789
Interest	\$0	\$4,500	\$0	\$5,000
Beginning Working Capital	\$0	\$315,370	\$0	\$13,437
<b>Total Revenue</b>	<b>\$0</b>	<b>\$37,146,403</b>	<b>\$0</b>	<b>\$42,177,226</b>

## Explanation of Revenues

The transient Lodging Tax was originally established in 1972. A supplemental Countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the 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 2016: 10025-16 Convention Center Fund

Hotel/Motel occupancy continues to see strong growth in FY 16 resulting in continued Transient Lodging Tax (TLT) revenue growth. 10-12% TLT growth is expected in FY 16 and 10% in FY17.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$3,000	\$0	\$3,000
Debt Service	\$0	\$17,009,090	\$0	\$17,580,217
Unappropriated & Contingency	\$0	\$1,693,270	\$0	\$1,107,376
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$18,705,360</b>	<b>\$0</b>	<b>\$18,690,593</b>
<b>Program Total:</b>	<b>\$18,705,360</b>		<b>\$18,690,593</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$297,702	\$0	\$298,985
Other / Miscellaneous	\$0	\$16,691,963	\$0	\$16,694,182
Financing Sources	\$0	\$1,400,000	\$0	\$0
Interest	\$0	\$10,000	\$0	\$10,000
Beginning Working Capital	\$0	\$305,695	\$0	\$1,687,426
<b>Total Revenue</b>	<b>\$0</b>	<b>\$18,705,360</b>	<b>\$0</b>	<b>\$18,690,593</b>

## Explanation of Revenues

Debt service payments are collected from departments through internal service reimbursements and passed through to the Capital Debt Retirement Fund.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10026-16 Capital Debt Retirement Fund

Full Faith and Credit Series 2010A debt obligation will fully mature on 6/1/2017

**Department:** Nondepartmental      **Program Contact:** Mark Campbell  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The GO Bond Sinking Fund program accounts for the payment of General Obligation Bond principal and interest approved by the voters in May 1993 and May 1996. The 1993 GO Bond (issued in February 1994) to restore the historic Central Library and build the Midland Library. The 1996 GO Bond was issued in October 1996 to remodel, construct, or purchase various Library and Public Safety facilities and equipment. Revenue to pay the debt is derived from property taxes and interest earned on the cash balances.

**Program Summary**

Multnomah County's General Obligation debt was refinanced in FY 2010 to take advantage of historically low interest rates.

The 1994 and 1996 debt issues were rolled into one debt payment with the Series 2010 Refunding General Obligation Bonds. The savings to taxpayers as a result of this refinancing is estimated at \$5.2 million. Bond payments are made on time to maintain an investment grade rating on the bond issue. The careful management of debt has been noted as a key component in the County's most recent rating reviews.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

**Performance Measures Descriptions**

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. Moody's recently upgraded the rating on the County's General Obligation debt to Aaa. This is the highest rating assigned to municipal debt issues. (1)-indicates Moody's Aa1 rating, (0)-represents rating lower than Aa1.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Debt Service	\$0	\$6,014,500	\$0	\$6,023,100
Unappropriated & Contingency	\$0	\$6,023,100	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$12,037,600</b>	<b>\$0</b>	<b>\$6,023,100</b>
<b>Program Total:</b>	<b>\$12,037,600</b>		<b>\$6,023,100</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$6,078,331	\$0	\$0
Interest	\$0	\$35,000	\$0	\$0
Beginning Working Capital	\$0	\$5,924,269	\$0	\$6,023,100
<b>Total Revenue</b>	<b>\$0</b>	<b>\$12,037,600</b>	<b>\$0</b>	<b>\$6,023,100</b>

## 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 2016: 10027-16 GO Bond Sinking Fund

General Obligation Bond Series 2010 is scheduled to fully mature on 10/1/2016. The savings resulting from 2010 GO refunding is estimated to cover the last year of the debt service; there will be no need to levy the tax in fiscal year 2017.



## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$1,000	\$0	\$25,001,000
Debt Service	\$0	\$20,186,600	\$0	\$21,343,067
Unappropriated & Contingency	\$0	\$76,984,026	\$0	\$71,551,849
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$97,171,626</b>	<b>\$0</b>	<b>\$117,895,916</b>
<b>Program Total:</b>	<b>\$97,171,626</b>		<b>\$117,895,916</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$20,286,427	\$0	\$28,128,480
Interest	\$0	\$320,000	\$0	\$386,287
Beginning Working Capital	\$0	\$76,565,199	\$0	\$89,381,149
<b>Total Revenue</b>	<b>\$0</b>	<b>\$97,171,626</b>	<b>\$0</b>	<b>\$117,895,916</b>

## Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2017, departments will pay 8.25% of payroll costs toward the retirement of the Pension Obligation Bonds.

## Significant Program Changes

**Last Year this program was:** FY 2016: 10028-16 PERS Pension Bond Sinking Fund

The County will be establishing a PERS Side Account (amount \$25 million) with Oregon-PERS in FY17. Existing bond fund reserves will be used to fund side account (reserves are used to provide stability in the department payroll surcharge). The side account will help the County address rising PERS costs by providing PERS rate relief. Rate relief is estimated to be between .7% to 2.25% of payroll.



**Department:** Nondepartmental      **Program Contact:** Loretta Smith  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

SummerWorks is a paid summer internship program that supports key interventions to prevent student dropout rates by connecting youth to career pathways. The program is part of a regional workforce development program with public and private partnerships.

**Program Summary**

SummerWorks is part of the County's broader Economic Development Program that seeks to drive countywide economic development policy, expand relationships with Multnomah County businesses, and promote job creation and a competitive workforce. This program will ensure that 125 youth gain valuable summer work experience at either County or external work sites. Through the program, low-income youth ages 16-21, from diverse backgrounds participate in internships lasting from six to ten weeks for a total of 180 hours.

In addition to the internship experience, youth will receive work-readiness training and case management. County departments participating in the program and the County staff supervising the interns will receive a program orientation, planning assistance, and ongoing program support.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participating youth.	125	125	125	125
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks program.	\$150,000	\$150,000	\$150,000	\$150,000
Outcome	Number of community partners	15	15	15	15

**Performance Measures Descriptions**

OUTCOME - With the increase in internship placements, the County SummerWorks program increased the number and type of external partners with whom interns are hosted. A more general measure reflects both private and public partnerships. With current service level resources, SummerWorks will duplicate private and public partnerships from FY 2016.

**Legal / Contractual Obligation**

None

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$95,000	\$0	\$104,512
Contractual Services	\$32,000	\$250,000	\$0	\$286,500
Materials & Supplies	\$0	\$25,000	\$50,000	\$27,060
<b>Total GF/non-GF</b>	<b>\$32,000</b>	<b>\$370,000</b>	<b>\$50,000</b>	<b>\$418,072</b>
<b>Program Total:</b>	<b>\$402,000</b>		<b>\$468,072</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.70

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

This program is paid for with ongoing Video Lottery resources. It also includes \$50,000 of one-time-only (OTO) General Funds for supplies and administrative support.

**Significant Program Changes**

**Last Year this program was:** FY 2016: 10029A-16 SummerWorks Internship Program

The temporary position was converted to a FTE when the funding became ongoing.

**Department:** Nondepartmental      **Program Contact:** Loretta Smith  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

SummerWorks is a paid summer internship program that supports key interventions to prevent student dropout rates by connecting youth to career pathways. The program is part of a regional workforce development program with public and private partnerships.

### Program Summary

This program offer expands the current internship program from 125 youth served to 500 youth served by funding an additional 375 youth. Through the program, low-income youth ages 16-21, from diverse backgrounds participate in internships lasting from six to ten weeks for a total of 180 hours. In addition to the internship experience, youth will receive work-readiness training and case management. County departments participating in the program and the County staff supervising the interns will receive a program orientation, planning assistance, and ongoing program support.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participating youth	N/A	125	125	375
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks program	N/A	\$150,000	\$262,500	\$825,000
Output	Number of community partners	N/A	15	15	15

### Performance Measures Descriptions

Outcome: Number of community partners: In FY 2016, this outcome was revised to measure private and public/non-profit partnerships. FY 2017 will continue to measure the number of partnerships reflecting both the private and public/non-profit sector.

**Legal / Contractual Obligation**

None

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$250,000	\$0	\$39,000	\$786,000
<b>Total GF/non-GF</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$39,000</b>	<b>\$786,000</b>
<b>Program Total:</b>	<b>\$250,000</b>		<b>\$825,000</b>	
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 Fund resources.

**Significant Program Changes**

Last Year this program was: FY 2016: 10029B-16 SummerWorks Expanded Internship Program

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**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**

Over the past year, our community has come together in an unprecedented way 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 A 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 reside within Multnomah County Chair's Office and report to the inter-jurisdictional A Home for Everyone Executive Committee.

**Role of the Director:**

- Coordinate the work of the Executive Committee, Coordinating Board, Committees and the inter-jurisdictional staff team to develop and implement strategies, budget proposals, and accountability mechanisms to reach the goals of AHFE.
- 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> through community outreach, media, and participation in local and regional forums.
- Serve as liaison for the Initiative to federal and state partners
- Ensure that the faith, philanthropic, and business sectors are engaged in the work of A Home for Everyone

**Role of Program Assistant:**

- Provide administrative support for the Initiative Director
- Manage logistics for the AHFE Executive Committee, Coordinating Board, and Committees
- Manage communications with AHFE board and committee members
- Represent AHFE in program discussions within AHFE and in community settings.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Adopt and implement shared community standards for delivery of shelter and housing related services.	N/A	N/A	N/A	1
Outcome	Percent of adopted action plans that are meeting implementation benchmarks on time.	N/A	100%	100%	100%
Output	Adopt and implement shared data standards for City of Portland and County homeless programs.	NA	NA	NA	1

**Performance Measures Descriptions**

The Home for Everyone Executive Committee adopted action plans in the areas of Housing, Health, Income, Veterans, and Safety Off the Streets. Those plans have been updated to reflect the most current data on unmet housing need in our community and the strategies necessary to meet those needs. Progress on the implementation of the recommendations contained in those action plans is tracked as one measure of outcome accountability within the Initiative. High priority action items for the coming year include final adoption of shared service delivery practices and shared data standards.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$236,940	\$0	\$246,158	\$0
Materials & Supplies	\$18,500	\$0	\$10,000	\$0
<b>Total GF/non-GF</b>	<b>\$255,440</b>	<b>\$0</b>	<b>\$256,158</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$255,440</b>		<b>\$256,158</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

Program Revenues				
Intergovernmental	\$42,796	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$42,796</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 10030A-16 A Home for Everyone Initiative

In FY 2016, the two positions were limited duration and funded with one-time-only funding. In FY 2017, the General Funds were converted to ongoing funding and the positions were budgeted as full time FTE.

**Department:** Nondepartmental      **Program Contact:** Christian Elkin  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

In FY 2017, the Board of County Commissioners will undergo commissioner changes in Districts 1, 3, and 4. This program offer requests one-time-only funding for the administrative and operational costs associated with staffing changes in the offices representing these districts.

**Program Summary**

In FY 2017, the Board of County Commissioners will undergo commissioner changes in Districts 1, 3, and 4. With these changes come administrative and operational expenses associated with both the outgoing and incoming staff. These expenses may include vacation accrual payouts for staff who leave or set-up expenses for new Commissioners and their staff.

By County Charter, the elected Auditor annually appoints and convenes the Salary Review Commission to set salaries for the Chair and the County Commissioners, and per Resolution, recommend the salary for the Sheriff and the County supplement for the District Attorney. The Salary Review Commission is composed of qualified citizens with personnel experience. Funding is also included to address any Salary Commission recommendations.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output					
Outcome					

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$135,000	\$0
Materials & Supplies	\$0	\$0	\$15,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$150,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** Nondepartmental

**Program Contact:** Marc Jolin

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

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

This offer supports operations for a Joint City-County Office of Homeless Services. This office will bring together city and county homeless services within a lead entity, guided by the shared values and common agenda of A Home for Everyone partners, to facilitate service delivery, manage systems of care, provide funding recommendations, and implement contracting. The Joint Office will be a backbone agency supporting a collective impact approach to preventing and ending homelessness in Multnomah County.

**Program Summary**

This program offer would fund operations of a Joint Office of Homeless Services (Joint Office). The Joint Office would house staff who administer contracts for services, manage systems of care, oversee system reporting and evaluation, conduct homeless street counts and one-night shelter counts, and write proposals to and monitor funds issued by the US Department of Housing and Urban Development's Continuum of Care program. These operations affect the lives of thousands of homeless singles, youth, and families, as well as survivors of domestic violence in Portland and Multnomah County.

Homelessness is an ongoing crisis in the City of Portland and Multnomah County. Recently, our community has come together in unprecedented ways to respond. A Home for Everyone, a multi-jurisdictional collaboration, is making remarkable strides toward achieving our community's goal of ending homelessness but we can do more.

Addressing homelessness requires the right confluence of people, plans, policy, funding, and systems. While significant funding, policy direction, planning processes, and human talent have been committed to ending homelessness, the system that delivers homeless services remains divided. Currently, homeless services are provided by both the City of Portland and Multnomah County, targeted toward different populations. A divided service delivery system is more difficult to navigate by those in need of assistance, and less operationally efficient.

Bringing together city and county homeless services under the roof of a "lead entity," guided by the shared values and common agenda of the A Home for Everyone partners, to form a Joint Office, will maximize the impact from a systems perspective. The Joint Office will join homeless services staff currently at the Portland Housing Bureau and Department of County Human Services, be hosted at the County, and report directly to the County Chair. The Joint Office would receive funding and policy direction from the County and the City of Portland, and policy guidance from the City of Gresham and Home Forward, providing a platform of mutual responsibility and accountability for all partners, with the added benefit of integrated staffing for enhanced operational coordination and effectiveness.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Lead community-based budget recommendation development	N/A	1	1	1
Outcome	Present budget recommendations to AHFE Executive Committee	N/A	1	1	1

**Performance Measures Descriptions**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Personnel	\$0	\$0	\$584,535	\$766,872
Materials & Supplies	\$0	\$0	\$4,200	\$23,922
Internal Services	\$0	\$0	\$122,300	\$124,162
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$711,035</b>	<b>\$914,956</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,625,991</b>	
<b>Program FTE</b>	0.00	0.00	4.76	6.24

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$873,226
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$873,226</b>

**Explanation of Revenues**

General Fund: Transferred from County Human Services (DCHS) - \$487,583, New Ongoing Multco. General Fund - \$400,000\*

Other Funds:

State of Oregon Emergency Housing Assistance (EHA) - \$6,660, State of Oregon Emergency Shelter (ESG) - \$2,994  
 Housing and Urban Development Grants (HUD) - \$104,180, State Homeless Assistance Program (SHAP) - \$34,036  
 Housing for Persons Living with Aids (HOPWA) - \$32,788, HUD Continuum of Care Planning Grant - \$459,435  
 HUD Emergency Solutions Grant - \$34,193, City General Fund transferred from the Portland Housing Bureau - \$189,470  
 HUD Outside Transitions into Stability (OTIS) - \$9,470, Multco. Video Lottery Funds - \$41,730

**Significant Program Changes**

**Last Year this program was:**

These are existing services and funding that were transferred from the Department of County Human Services, the City of Portland's Housing Bureau as part of the effort to create a Joint Office.

\*\$176,548 has been moved from this program offer to the Department of County Human Services program offer 25002C to fund two positions for the purposes of providing the Joint Office with financial and contracts support.

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer funds an array of support services needed to make the overall system of homeless services more effective. These services support the effectiveness of systems of care, both systemwide and specifically geared towards specific populations (individuals, families, youth, veterans and domestic violence survivors, etc). These supports include training, information and referral services, coordinated entry, landlord recruitment, and other similar services.

### Program Summary

The effectiveness of homeless services, overall and at the population-specific level, depends on the support services funded through this program offer:

- (1) Access: Equitable and efficient access to available services is an essential commitment of A Home for Everyone. Access starts with information about the services available, and that information must be available in a variety of formats to reach diverse populations. Programs supported in this area include 211 and the Street Roots "Rose City Resource Guide." Equitable and efficient access also requires coordinated entry into services. This program offer funds coordinated entry systems tailored to specific populations (families, youth, etc).
- (2) Training/Education: Through A Home for Everyone, our community has adopted a set of guidelines for the delivery of services, and those guidelines anticipate certain shared practices that require system-wide and population-specific training for staff. There are also trainings and education programs offered to support people seeking services, both community-wide and within specific populations. These include, for example, the community's Rent Well program and certain client education programs.
- (3) Partnership Development: Increasing the resources available to people experiencing homelessness, beyond those funded through the Joint Office, requires the development of partnerships that leverage resources in other systems and in the private sector. This program offer funds programs that foster these partnerships for the benefit of the ending homelessness effort as a whole and for specific populations. Examples include the Housing Partnership Program and the Landlord Recruitment Team.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Shelter and housing service requests	N/A	N/A	N/A	25,000
Outcome	Caller/client satisfaction*	N/A	N/A	N/A	4
Output	Homeless Families System of Care calls	N/A	N/A	N/A	8,000
Outcome	Completed Homeless Family System of Care Assessments	N/A	N/A	N/A	700

### Performance Measures Descriptions

\*Client/caller satisfaction will be measured on a 5-point scale for a sample of clients/callers through in-person, phone, or electronic assessments.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$851,348	\$1,055,320
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$851,348</b>	<b>\$1,055,320</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,906,668</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,055,320
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,055,320</b>

**Explanation of Revenues**

General Fund: Transferred from County Human Services (DCHS) - \$851,348

Other Funds:

Housing and Urban Development Grants (HUD) - \$195,259

Dept. of Justice Office of Violence Against Women (OVW) - \$91,706

City of Portland General Fund- \$401,300

City General Fund transferred from the Portland Housing Bureau - \$381,810

**Significant Program Changes**

**Last Year this program was:**

These are existing services and funding that were transferred from the Department of County Human Services, the City of Portland's Housing Bureau as part of the effort to create a Joint Office.

\$243,244 in transitional housing funding moved to this program offer from DCHS program offer 25133B.

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The basic safety of people experiencing homelessness requires funding for a full range of emergency night and day shelter services, including shelter for specific populations, severe weather shelter, and associated emergency services expenses. This program offer represents a consolidation of all existing City of Portland and Multnomah County general fund programs to provide shelter and associated emergency services.

**Program Summary**

Although not a solution to homelessness, emergency shelter, and associated emergency services, are vital to protecting the basic health and safety of individuals and families while they are experiencing homelessness. Day and night shelter are also critical locations for people to learn about and access the services they need to find permanent housing, acquire an income, and receive health-related services. Included in this program offer:

- (1) Night shelter: Overnight shelter programs for single adults, families, survivors of domestic violence, veterans, and youth are all supported by this program offer. Funds are contracted to non-profit providers to pay the operating expenses for shelter, including rent, maintenance, staffing, materials/supplies, and certain on-site services.
- (2) Day shelter: Day shelters serve a dual purpose of providing people experiencing homelessness a safe place to be out of the elements during the day and a vital point of access to the services they need to end their homelessness. Day shelters, including, for example, the Bud Clark Commons, function as resource centers, bringing together numerous partners at one location to offer an array of services, including employment, health care, and education.
- (3) Severe Weather shelter: In the event of severe weather that significantly elevates the risk to people sleeping unsheltered in our community, additional shelter capacity is created that remains in place for the duration of the severe weather incident. Thus program offer includes funding that is contracted to a non-profit agency to open severe weather shelter on an as-needed basis during the course of a year.
- (4) Emergency Assistance: This program offer also funds an array of services associated with ensuring basic safety, including staffing, flexible funding for material needs, and extended information and referral services.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Year-round emergency shelter beds	N/A	N/A	N/A	620
Outcome	People receiving emergency shelter services	N/A	N/A	N/A	3,000

**Performance Measures Descriptions**

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$2,426,526	\$7,532,653
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,426,526</b>	<b>\$7,532,653</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$9,959,179</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$6,518,011
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,518,011</b>

**Explanation of Revenues**

General Fund: Transferred from County Human Services (DCHS) - \$2,426,526

Other Funds:

State of Oregon Emergency Housing Assistance (EHA) - \$310,442, State of Oregon Emergency Shelter (ESG) - \$110,777  
 Housing and Urban Development Grants (HUD) - \$47,150, City of Portland IGA - \$884,000  
 State Homeless Assistance Program (SHAP) - \$306,318, Multco. Video Lottery Funds - \$1,014,642  
 City General Fund from the Portland Housing Bureau - \$3,668,733, HUD Emergency Solutions (ESG) - \$152,591  
 City of Portland General Fund - \$1,038,000

**Significant Program Changes**

**Last Year this program was:**

These are existing services and funding that were transferred from the Department of County Human Services, the City of Portland's Housing Bureau as part of the effort to create a Joint Office.

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This offer addresses the A Home for Everyone Executive Committee's goal of expanding "safety off the streets" options by at least 650 beds. This offer, in combination with a parallel request from the City of Portland, would provide sufficient resources to fund start-up capital and ongoing operations for expanded shelter capacity for homeless veterans, women, couples, individuals discharging from the Unity Center, chronically homeless individuals, and women and families needing secure-site shelter.

**Program Summary**

The A Home for Everyone Executive Committee recommended the creation of 650 additional traditional and non-traditional shelter beds in order to help provide a shelter option to all women and people with disabilities by the end of 2017. The Executive Committee specifically recommended expanding shelter options for women, including single women, women in couples, and chronically homeless people. This program offer will create access to shelter and safety off the streets options by funding:

- Expanded shelter capacity for homeless veterans who become homeless and remain homeless while seeking permanent housing;
- Basic operating support of shelter for homeless individuals discharging from the Unity Center, as well as access to support services that allow them to remain stable and transition to other appropriate longer-term housing opportunities;
- Additional secure-site shelter for single women and women with children fleeing domestic violence, which could take the form of congregate shelter, master leased motel rooms, or master leased apartments;
- Creation of additional traditional facility-based shelter beds and alternative options (e.g. in churches, re-purposed commercial spaces, master-leased hotel rooms, outdoor pop-up shelters, etc.) for women and couples;
- Support for additional alternative shelter options for chronically homeless people, men or women.

All services funded will be delivered through contractors that are culturally specific or culturally responsive, and will adhere to community guidelines for shelter, including delivering services in accordance with the principles of assertive engagement and trauma informed care.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Year-round shelter/Safety Off Streets beds	N/A	N/A	N/A	650
Outcome	People receiving emergency shelter services	N/A	N/A	N/A	2,000*

**Performance Measures Descriptions**

\*The offer of 2000 people served reflects the fact that new beds will come online over the course of the fiscal year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$2,500,000	\$2,462,500
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,500,000</b>	<b>\$2,462,500</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$4,962,500</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,462,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,462,500</b>

Explanation of Revenues

\$2,500,000 New Ongoing General Fund - Multnomah County  
 \$2,462,500 New General Fund - City of Portland

Significant Program Changes

Last Year this program was:



**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Rapid Rehousing is a nationally recognized best practice to end the homelessness of individuals and families needing only limited duration assistance to reestablish themselves in permanent housing. This program offer continues investment in rapid rehousing programs and associated services, which leverage federal funding, to create housing stability for thousands of households per year. Strategies include a combination of a limited duration, highly flexible rental assistance, housing placement and retention support, and access to income acquisition assistance.

**Program Summary**

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of a limited duration, highly flexible rental assistance, housing placement and retention support, and access to income acquisition assistance. This “rapid rehousing” strategy is a recognized national best practice and critical element of our community’s ending homelessness work.

This program offer continues our community’s investment in rapid rehousing programs that leverage significant federal, state and local resources to support the efforts of people experiencing homelessness to secure and retain permanent housing. These programs create housing stability for thousands of families and individuals per year, including children and their parents.

Rapid Rehousing programs funded through this program offer include programs targeted to communities of color through several different culturally specific providers, domestic violence survivors, youth, veterans, families, the elderly, and single adults. Some of these programs are accessed through shelters and day centers, while others are accessed through coordinated entry systems, or outreach programs.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	People placed into permanent housing	N/A	N/A	N/A	3,000*
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

\*The 3,000 offer is a combined total for this offer and offer 10063A (Supportive Housing - Existing Services).

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$1,830,076	\$4,610,330
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,830,076</b>	<b>\$4,610,330</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$6,440,406</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,252,060
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,252,060</b>

**Explanation of Revenues**

General Fund: Transferred from County Human Services (DCHS) - \$1,830,076

Other Funds:

State of Oregon Emergency Housing Assistance (EHA) - \$196,372

Housing & Urban Development Grants (HUD) - \$1,790,033

Department of Justice Office of Violence Against Women (OVW) - \$14,755, Multnomah County Video Lottery - \$358,270

City General Fund from the Portland Housing Bureau - \$1,583,600, City of Portland General Fund - \$667,300

**Significant Program Changes**

**Last Year this program was:**

These are existing services and funding that were transferred from the Department of County Human Services, the City of Portland's Housing Bureau as part of the effort to create a Joint Office.

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25115B, 25139B  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer would expand housing placement strategies for priority and highly vulnerable populations experiencing homelessness, with a combination of a limited duration, rental assistance, housing placement and retention support, and access to income acquisition assistance.

**Program Summary**

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations at its January 2015 meeting which, if fully implemented, will keep our community on track to reduce the unmet need for permanent housing by 50% by the end of 2017. In addition, implementation of those recommendations will substantially reduce or eliminate the over-representation of people of color in the homeless population, dramatically reduce unsheltered homelessness among women through a combination of permanent housing and shelter, and provide critical housing and shelter resources to people with severe and persistent mental illness.

The adopted recommendations include increased "Rapid Rehousing" placements into permanent housing for AHFE priority populations - including people of color, women, and people with disabilities. In order to achieve these outcomes, the Executive Committee accepted the AHFE Coordinating Board recommendations to prioritize simultaneous and aligned investments in recognized best practices. This offer follow will expand access to these services, including:

- Short-term flexible housing placement and retention services for women and families, including single women, couples, female youth, and women fleeing domestic violence;
- Shared housing for women and youth, including women with children, single women, and women escaping domestic violence;
- Longer term rental subsidies for higher barrier households in the priority populations;
- Short-term flexible housing placement and retention services targeted to the priority populations in East County;

All services funded will be delivered by non-profit organizations that are either culturally specific or culturally responsive, and will adhere to community guidelines for rapid re-housing, including delivering services in accordance with the principles of assertive engagement and trauma informed care.

This program is scalable on a cost per household served basis and will be funded jointly with City and County General Funds based on the shared priorities identified through the AHFE community based process.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	People placed into permanent housing*	N/A	N/A	N/A	1,000*
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N	80%

**Performance Measures Descriptions**

\*The 1,000 offer is a combined total for this offer and offer 10063B (Supportive Housing - Expanding Services).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$4,487,500	\$4,275,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,487,500</b>	<b>\$4,275,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$8,762,500</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,275,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,275,000</b>

Explanation of Revenues

\$4,487,500 New One-Time-Only General Fund - Multnomah County  
 \$4,275,000 New General Fund - City of Portland

Significant Program Changes

Last Year this program was:

An additional \$500,000 is budgeted in the Department of County Human Services programs:  
 \$250,000 25115B Benefits Recovery  
 \$250,000 25139B Multnomah County Stability Initiative

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer funds two types of supported housing programs: transitional and permanent. In certain circumstance, including for people in recovery, transitional housing – limited duration housing with intensive attached services – has proven an effective strategy to help people stabilize and return to permanent housing. A subset of people experiencing homelessness have a disability or disabilities so severe that to be successful in housing they need both permanently affordable rent and longer-term wrap around support service. Permanent Supportive Housing is a recognized best practice.

**Program Summary**

In certain circumstances, individuals require more than a short-term rent subsidy and limited support services to successfully reestablish themselves in permanent housing. This program offer supports two types of programs for these individuals – transitional housing and permanent supportive housing.

Transitional housing is an effective program model for certain subpopulations of people experiencing homelessness, in particular people in the early stages of recovery from an alcohol or drug addiction, and homeless youth. Transitional housing programs typically provide no-cost or extremely low-cost housing for up to two years and couple that housing with intensive support services tailored to the needs of the program’s target population.

Permanent supportive housing programs are our community’s most effective response to chronic homelessness. On any given night, there are more than 1000 individuals who have been homeless for more than a year and are living with one or more severe disabilities. These individuals are considered chronically homeless. Offering a combination of permanently affordable housing and appropriate ongoing support services has proven locally and nationally to be the most effective and cost effective way to end the homelessness of this population.

This program offer supports a range of permanent supportive housing programs. In some cases, funding is used to provide only the support services needed because rental assistance is provided through, for example, a grant from the U.S. Department of Housing and Urban Development. In other cases, funds support primarily the long term rental subsidy needs of program participants, and support services are leveraged through other systems, such as the health care system. Finally, there are programs where local funds provide both the rental assistance and the bulk of the support services because of the unique needs of the subpopulation served by the program and/or the absence of other sources of support.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	People placed into permanent housing	N/A	N/A	N/A	3,000*
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

\*The 3,000 offer is a combined total for this offer and offer 10062A (Rapid Rehousing - Existing Services).

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Contractual Services	\$0	\$0	\$0	\$6,875,227
Materials & Supplies	\$0	\$0	\$0	\$3,053
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,878,280</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$6,878,280</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$6,878,280
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,878,280</b>

**Explanation of Revenues**

Other Funds:

Housing and Urban Development Grants (HUD) - \$46,673, HUD Outside Transitions into Stability (OTIS) - \$308,500  
 City General Fund from the Portland Housing Bureau - \$3,193,407, HUD Emergency Solutions (ESG) - \$265,000  
 Housing for Persons Living with Aids (HOPWA) - \$1,059,000, City of Portland General Fund - \$2,005,700

**Significant Program Changes**

**Last Year this program was:**

These are existing services and funding that were transferred from the Department of County Human Services, the City of Portland's Housing Bureau as part of the effort to create a Joint Office.

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer would expand rental assistance and housing support and retention services to a subset of people experiencing homelessness that have a disability or disabilities so severe that to be successful in housing they need both affordable rent and ongoing wraparound support services. Additionally, this program offer allocates additional resources to ensure a continued ability to meet the permanent and short-term rent assistance needs of all veterans who become homeless in Multnomah County.

### Program Summary

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations in January 2015 which, if fully implemented, will keep our community on track to reduce the unmet need for permanent housing by 50% by the end of 2017. In addition, implementation of those recommendations will substantially reduce or eliminate the over-representation of people of color in the street and shelter homeless population, dramatically reduce unsheltered homelessness among women through a combination of permanent housing and shelter, and provide critical housing and shelter resources to people with severe and persistent mental illness. Within the AHFE priority populations are individuals whose disabilities are so severe that they require long-term deeply subsidized housing as well as access to wrap-around support services, known as permanent supportive housing (PSH). There is a particularly high need for PSH among people with a severe and persistent mental illness. In order to begin to meet this need, the Executive Committee accepted the recommendation to prioritize increasing PSH, and specifically recommended an investment sufficient to create 190 additional units of PSH. The recommendations included that at least 50 of these PSH units serve individuals using the soon to be opened Unity Center. This program will create access to PSH by funding:

- Long-term rental assistance that allows a household with zero income or only long-term disability income to afford the rent in an appropriate unit;
- Non-clinical housing placement and retention services, including assistance locating, applying for, and moving into a housing unit, and then regular ongoing support to ensure housing stability and access to clinical and mainstream support services;
- Income acquisition support including support to acquire long-term disability and/or employment, as appropriate;
- Longer-term rental subsidies to place an additional 30 veterans in permanent housing, and prevention resources to keep at least 30 veterans from returning to homelessness. This will leverage significant federal funds and allow the necessary capacity to ensure homelessness among veterans is rare, brief and one-time.

Programs will be provided through contractors that are either culturally specific or culturally responsive, will adhere to community guidelines for PSH, including delivering services in accordance with the principles of assertive engagement and trauma informed care. This program will align and coordinate with County health, treatment and disability services, as well as other mainstream services; to leverage opportunities and improve outcomes for participants.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	People placed into permanent housing*	N/A	N/A	N/A	1,000*
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	80%

### Performance Measures Descriptions

\*The 1,000 offer is a combined total for this offer and offer 10062B (Rapid Rehousing - Expanding Services).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$1,912,500	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,912,500</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,912,500</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$1,912,500 New Ongoing General Fund - Multnomah County

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

In order to reduce homelessness we must reduce the number of people becoming homeless in our community. Done correctly, prevention is a much better strategy both for individuals or families, because they avoid the trauma of becoming homeless, and for the community, because it can be substantially less costly to prevent a person's homelessness than to end it once they have become homeless.

### Program Summary

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations at its January 2015 meeting which, if fully implemented, will keep our community on track to reduce the unmet need for permanent housing by 50% by the end of 2017. In addition, implementation of those recommendations will substantially reduce or eliminate the over-representation of people of color in the street and shelter homeless population, dramatically reduce unsheltered homelessness among women through a combination of permanent housing and shelter, and provide critical housing and shelter resources to people with severe and persistent mental illness.

The recommendations adopted by the Executive Committee included investments in strategies that would prevent or divert 1000 people from becoming homeless in the coming fiscal year. Prevention and diversion are similar in that both assist a person or family from becoming literally homeless, meaning they are sleeping on the streets, in shelter, or in transitional housing. Prevention does this by helping someone who currently has a home from losing that home (e.g. a tenant facing eviction for non-payment of rent). Diversion assists someone who does not have permanent housing of their own to obtain permanent housing before becoming literally homeless (e.g. someone coming out of long term-treatment transitions directly to permanent housing).

This program would fund homeless preventions for the AHFE priority populations, in particular women, people of color and people with disabilities. It would do this primarily through three recommended strategies adopted by the Executive Committee, all of which have been shown to be effective at preventing homelessness:

- Flexible eviction prevention financial assistance;
- In-home support services for people with disabilities living in affordable housing whose behaviors are jeopardizing their tenancy;
- Legal representation for low-income tenants facing eviction;

All of the providers contracted to provide services through this program will be culturally specific or culturally responsive. Aspects of this program are scalable on a cost per prevention basis.

### Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Individuals receiving eviction prevention services	N/A	N/A	N/A	60
Outcome	Percentage of individuals retaining housing at 6 months	N/A	N/A	N/A	80%

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$160,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$160,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$160,000</b>	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

\$160,000 New One-Time-Only General Fund - Multnomah County

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental  
**Program Offer Type:** Innovative/New Program  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Program Contact:** Marc Jolin  
**Program Offer Stage:** As Adopted

**Executive Summary**

In order to reduce homelessness we must reduce the number of people becoming homeless in our community. Done correctly, diversion is a much better strategy for the individual or family, because they avoid the trauma of becoming homeless, and for the community, because it can be substantially less costly to divert a person from homelessness than to help them end it once they have become homeless.

**Program Summary**

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations at its January 2015 meeting meant to keep our community on track to reduce the unmet need for permanent housing by 50% by the end of 2017. Implementation of those recommendations should substantially reduce or eliminate the over-representation of people of color in the street and shelter homeless population, dramatically reduce unsheltered homelessness among women through a combination of permanent housing and shelter, and provide critical housing and shelter resources to people with severe and persistent mental illness.

The AHFE recommendations included investments in strategies that would prevent or divert 1,000 people from becoming homeless. Prevention and diversion are similar in that both assist a person or family from becoming literally homeless, meaning sleeping on the streets, in shelter, or transitional housing. Prevention does this by helping someone who currently has a home from losing that home (e.g. a tenant facing eviction for non-payment of rent).

Diversion assists someone who does not have permanent housing of their own to obtain permanent housing before becoming literally homeless (e.g. someone coming of long term-treatment transitions directly to permanent housing).

This program would fund diversions from homelessness for AHFE priority populations, in particular for women, people of color and people with disabilities. It would do this primarily through three recommended strategies adopted by the Executive Committee, all of which have been shown to be effective at diverting people from homelessness:

- Flexible financial assistance for agencies providing shelter or coordinating access to shelter that allows them to help families sustain a current non-permanent living situation (e.g. safely doubled up) rather than come to shelter;
- Staff and financial support to assist with placing people who are leaving healthcare and treatment programs directly into permanent housing;
- Long-distance transportation assistance to individuals and families with permanent housing options in other communities and who without the transportation assistance could not access that permanent housing and would instead access the local shelter system;

All of the providers contracted to provide services through this program will be culturally specific or culturally responsive.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Individuals diverted from street and shelter homelessness	N/A	N/A	N/A	500
Outcome	Percentage of individuals retaining housing at 6 months	N/A	N/A	N/A	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$440,000	\$1,100,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$440,000</b>	<b>\$1,100,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,540,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,100,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,100,000</b>

Explanation of Revenues

\$440,000 New One-Time-Only General Fund - Multnomah County  
 \$1,100,000 New General Fund - City of Portland

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** Marc Jolin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Recovery Oriented Services and Engagement (ROSE) program is a set of mental health and addictions services for homeless youth. Homeless youth experience a unique set of barriers to recovery and success, and this program provides services tailored to address those barriers. Supports include addictions specialists, peer recovery advocates, pro-social recreation groups and activities, and wraparound client assistance.

**Program Summary**

This program offer continues funding for the Recovery Oriented Services and Engagement (ROSE). ROSE is a set of homeless-youth-focused mental health and addictions services that has been funded since FY 2014. In FY 2013, the Children's Levy ceased to fund the Metamorphosis Program, a model program providing mental health and addictions treatment engagement for 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 FY 2014, the Board has fully funded the recommended service model. 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.

The rate of mental health and addictions among homeless youth is extremely high. If and when a young person is in a position to address these issues, they often enter a treatment system that is not equipped to support the specific needs resulting from homelessness. This program attempts to accept this population into a treatment system that is more capable and equipped to address the needs that are critical to successful long-term outcomes.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of youth served.	N/A	600	600	600
Outcome	Percentage of youth served who successfully complete their treatment program.	N/A	50%	50%	50%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$470,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$470,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$470,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This program is funded by one-time-only General Fund.

Significant Program Changes

Last Year this program was: FY 2016: 25136B-16 Recovery Oriented Services and Engagement (ROSE)

This program has been transferred from the Department of County Human Services to the Joint Office for Homeless Services.

**Department:** Overall County

**Program Contact:** Mike Jaspin

**Program Offer Type:** Revenue/Fund Level/Tech

**Program Offer Stage:** As Adopted

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

This program offer budgets a number of "fund level" transactions. These include transfers between funds, fund contingencies, and reserves.

**Program Summary**

This offer includes the following cash transfers:

General Fund to Capital Improvement Fund - \$6.85 million  
 General Fund to Hansen Building Replacement Fund - \$3.0 million  
 General Fund to Downtown Courthouse Capital Fund - \$19.9 million  
 General Fund to Information Technology Fund - \$1,479,456

This offer accounts for the General Fund contingency, which is established at \$1,273,724. The General Fund contingency also contains \$7,962,395 for a Business Income Tax reserve set at 10% of anticipated revenues and \$2,488,046 for various earmarks. The General Fund contingency also holds \$914,928 that is set-aside to support spending in FY 2018 and 2019.

This offer accounts for the 10% General Fund revenue reserve as described in the Financial & Budget Policies. The Library Fund contingency (\$7,100,000), the Behavioral Health Managed Care Fund contingency (\$4,075,189), and the Risk Fund contingency (\$15,000,000) and unappropriated balance are recorded here.

Video Lottery Fund resources of \$6,736,100 and contingency of \$533,000 are recorded in this offer, while expenditures are reported in departmental program offers where they are spent.

**Performance Measures**

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of reserve goal met	100%	100%	100%	100%
Outcome	Moody's Bond Rating	0	0	0	0

**Performance Measures Descriptions**

Change in bond rating: (0) = no change, (1) = upgraded rating, (-1) = downgraded rating.

## 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
<b>Program Expenses</b>	<b>2016</b>	<b>2016</b>	<b>2017</b>	<b>2017</b>
Cash Transfers	\$36,997,184	\$0	\$31,229,456	\$7,772,433
Unappropriated & Contingency	\$47,354,203	\$86,930,967	\$52,494,075	\$69,033,189
<b>Total GF/non-GF</b>	<b>\$84,351,387</b>	<b>\$86,930,967</b>	<b>\$83,723,531</b>	<b>\$76,805,622</b>
<b>Program Total:</b>	<b>\$171,282,354</b>		<b>\$160,529,153</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,895,916	\$0	\$5,330,000
Financing Sources	\$0	\$0	\$0	\$16,200
Interest	\$0	\$367,000	\$0	\$325,000
Beginning Working Capital	\$0	\$86,628,878	\$0	\$77,353,722
<b>Total Revenue</b>	<b>\$0</b>	<b>\$91,891,794</b>	<b>\$0</b>	<b>\$83,024,922</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2016: 95000-16 Fund Level Transactions

No significant changes.





Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Total:</b>		<b>\$0</b>	<b>\$0</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$5,401,651	\$0	\$5,613,568	\$0
Taxes	\$364,667,607	\$0	\$386,953,068	\$0
Other / Miscellaneous	\$9,843,619	\$0	\$6,286,944	\$0
Interest	\$1,066,930	\$0	\$1,215,194	\$0
Beginning Working Capital	\$80,269,749	\$0	\$80,869,107	\$0
<b>Total Revenue</b>	<b>\$461,249,556</b>	<b>\$0</b>	<b>\$480,937,881</b>	<b>\$0</b>

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 2016: 95001-16 General Fund Revenues