

FY 2018
Adopted
Budget

Multnomah County,
Oregon



Volume 3

County Human Services
Health Department
Library
Nondepartmental

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Understanding Program Offers

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

- Introduction to the department, a department budget overview, budget trends summary, and a budget summary by division.
- Division narratives including significant changes by division.
- List of all of program offers in the department.
- The department's program offers.

Program offers form the basis for the County's budget process. The offers constitute a department's budget request and provide information to the Board of County Commissioners so they can select programs that best serve the community.

Program offers are labeled with a five digit document number and title (e.g. 50005 - DCJ Human Resources). Throughout the budget document, readers will see references to program offers by number and/or title. To find a program offer that is referenced in this document, go to the department's section in Volume 2; the program offers are listed in numerical order.

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.
- Show why the County's spending on this program is effective.
- Show evidence the program can deliver and measure its results.
- Give accurate performance measures to 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 simply because they already exist – they are about outcomes. They emphasize meeting the County's goals, not preserving the government status quo. The following pages describe the configuration of each program offer and the major types of information each should contain.

Anatomy of a Program Offer

Executive Summary & Description

In Multnomah County's budget, a "program" is an organizational unit that provides services to the public or to other County departments/divisions. Program offer documents explain all aspects of the program through the following sections: executive summary and description, performance measures, legal and contractual mandates, revenue/expense detail, explanation of revenues, and significant program changes.

The program executive summary should briefly and clearly explain the activities in the program offer. The description should describe how the program will support department strategies or known County policy frameworks. If the offer represents a change in current practice (e.g. a reorganization or change in staffing levels, service hours, etc.), it should briefly describe the nature of that change. The description should cite research, experience, or logic to convincingly make the case for program selection. New programs should note how the department created program 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

Performance Measures

Performance measures are organized in a table in each program offer. The table identifies the type of measure, the measure's definition, and measure results. Where available, the table reports history, annualized current service level estimates (what's being delivered at the time of printing), and anticipated target service level for the upcoming year. Additional supporting information, such as explanations of notable performance changes, are located in the narrative section below the table. Every program offer includes two to four performance measures indicating the level of service expected if the 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 teenage girls might report the number of girls who received treatment (output), and the percentage of teenage girls who achieved sobriety and completed their treatment plan upon exit (outcome).

Departments may also include additional measures to further illustrate a program's performance, such as resource measures (inputs other than staffing or finances) and measures of service quality/efficiency. Using the addictions treatment example, inputs might be reported as the number of treatment beds available. Quality could be reported as the percent of teenage girls that rate counseling staff as engaging and supportive, and efficiency might be reported as the cost for each successful treatment completion.

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 shows 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 (Other Funds) 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:

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

In this section you will also find a reference from this year's program offer to its predecessor in the previous year, if applicable. (Note that program offer numbering can change between fiscal years.)

Types of Programs

Program offers are 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 (e.g. 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. For example, the Health Department’s Primary Care Clinics.

New/Innovative

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

Program Alternative or Reconstruction

A current or former program with changes to operations, different providers, or with different business models than in the previous year.

Internal Service

Programs that support countywide operations. Examples include Fleet or Information Technology services.

Revenue

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

Additional Program Details

Program Offer Characteristics

Program offer documents also include information on program characteristics (see below). Program characteristics provide additional information on the type of funding for the program.

A letter at the end of a program offer number indicates a scaled program offer. Scaled offers are a way for the Board to make choices on the size of programs to fund (see next page).

At the top of each program offer, you will see a list of program characteristics (if they are applicable):

Backfill - Backfill is defined as discretionary dollars (General Fund) applied to a program formerly 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 - In Oregon we have a constitutional limit on how much real property tax we can spend for educational services. Multnomah County has General Fund revenues which are not derived from real property taxes, and these revenues can be expended on educational services without violating the Constitutional limitation. In order for the County to easily demonstrate that it has complied with the Constitutional limitation, departments can designate a program as a "Measure 5 Education Offer" indicating the program may be funded by non real property tax revenues.

Scaled Program Offers

Program offers represent discrete increments of service and many County programs have the ability to 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. Scaled offers are indicated by including an A, B, C, etc at the end of the program offer number. When looking at scaled program offers, one should consider the following definitions:

- 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, e.g. "C", "D") represent incremental levels of service that buy additional outcomes. In the alcohol and drug treatment example, Program "B" could be 50 additional beds, and another, separate increment (Program "C") could be 100 additional beds.

Department Overview

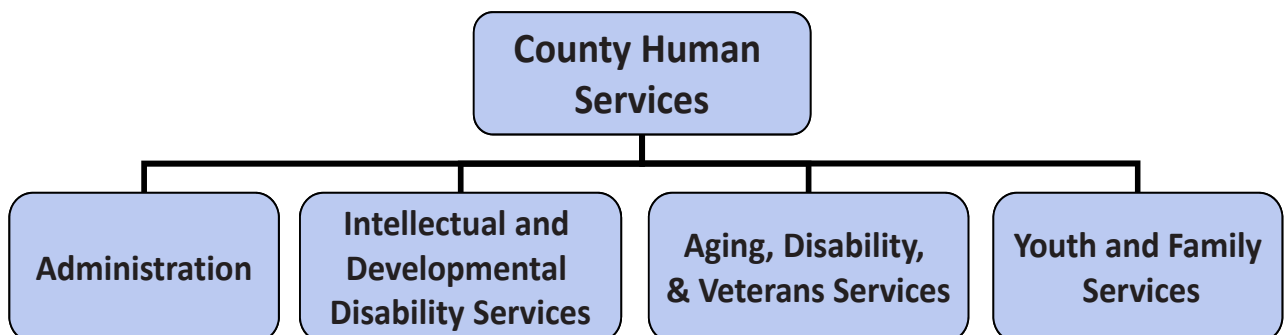
The vision for the Multnomah County Department of County Human Services (DCHS) is that every person, at every stage of life, will have equitable opportunities to thrive. Human services provide support for well-being throughout life. We help people and communities create a solid foundation of social relationships, resources, and opportunities. We all benefit when everyone can reach their potential and can fully contribute to the community.

In childhood, DCHS supports people by promoting positive parenting and play, improving educational success for youth, and making sure children have enough to eat in the summer months. In adulthood, DCHS can support a young adult with a disability who wants to live in their own home but is unsure how to pay the rent, we can help someone stay in an affordable home, and we provide safety and support for a survivor of domestic or sexual violence.

DCHS supports older adults by doing things like helping older veterans navigate the public programs they've earned as part of their service, setting up a class at a senior center to keep people healthy, and protecting older or disabled people who are potentially being abused.

We've remained dedicated to three focus areas a) quality of life b) economic opportunity, and c) education for all. Specifically our goals center in three key areas: a) building equity, b) strengthening partnerships and c) investing in what works through culturally specific and responsive services.

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, the Domestic and Sexual Violence Services Coordination Office for the County and City of Portland, and the Community Development Disability Program (CDDP) for Multnomah County. DCHS accomplishes its goals with a budget of over \$150 million and 672 FTE.



Budget Overview

The DCHS FY 2018 budget is \$150.2 million, which represents a 5.4% increase over the FY 2017 Adopted Budget. The County General Fund contributes \$50.8 million, or 34% of the total. The remainder of the DCHS budget, \$99.4 million, comes from Federal, State, and other (“Other Fund”) revenue. The department’s budget is allocated to 71 program offers across four divisions and funds over 670 full-time-equivalent employees.

DCHS’s \$99.4 million in Federal, State, and local revenue is a \$5.3 million increase over the FY 2017 Adopted Budget. The increase is largely due to additional Medicaid funding (\$2.9 million) and a carryover of Energy Assistance funds (\$1.5 million). With two-thirds of the DCHS budget coming from over 100 Federal and State sources, many of the key services provided by the department are reliant on state and federal funding. For example, in Aging, Disability, and Veteran Services, which will serve over 235,000 older adults, people with disabilities, and veterans in FY 2018, over 80% of the division’s \$68.8 million budget is from Federal and State sources. With significant uncertainty about the short-and long-term trajectory of these funding streams, DCHS will continue to monitor and adapt to funding changes as it works to protect our community’s most vulnerable citizens.

The FY 2018 DCHS General Fund allocation contains \$440,259 in additional ongoing funding for the following programs:

- I/DD Eligibility & Intake Restoration (25016B) \$113,516
- YFS Court Care (25046B) \$31,000
- YFS MSI Healthy Birth Initiative Cohort (25139B) \$200,000
- YFS SUN Community Schools Expansion (25145B) \$55,000
- YFS - SUN Youth Advocacy Program (25149B) \$250,000

The FY 2018 DCHS General Fund allocation also includes \$1.2 million in one-time-only funding for eleven programs. Much of this one-time-only funding, including the Housing Stabilization Team (25133B), is focused on improving coordination within the systems of support that help the most vulnerable members of our community. A list of programs funded one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2016	FY 2017	FY 2017	FY 2018	Difference
	Actual	Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	661.32	679.35	675.05	671.85	(3.20)
Personnel Services	\$60,083,818	\$65,601,597	\$65,699,663	\$67,074,187	\$1,374,524
Contractual Services	67,268,531	55,484,003	58,390,230	61,218,540	2,828,310
Materials & Supplies	2,348,038	2,435,761	2,324,054	2,560,137	236,083
Internal Services	15,489,194	15,691,909	16,111,489	19,360,436	3,248,947
Capital Outlay	<u>767,138</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$145,956,719	\$139,213,270	\$142,525,436	\$150,213,300	\$7,687,864

Successes and Challenges

235,000 older adults, people with disabilities and Veterans were safer and have more equitable opportunity because of the Aging, Disability and Veterans Services Division (ADVSD). ADVSD developed a “trusted partner” relationship between Medicaid service screening and health systems streamlining access for individuals coming out of hospitals. The Division expanded funding and partnerships with OHSU and Providence Health Services. Eighty-four percent of nursing home-eligible clients were able to stay in the community.

5,755 adults, children, and their families, were served with Intellectual/Developmental Disabilities Service Division (I/DDSD), to support choice, inclusion and full community access. 1,779 adults were linked with resources in their neighborhoods (FY16). 5,771 monitoring visits were conducted on 560 housing service sites to improve safety (FY16). I/DDSD also implemented innovative approaches to case management and managing risk by redesigning delivery system to focus on the geographic location of clients, and the use of mobile work designs.

The Youth and Family Services (YFS) Division helped 17,000 households receive energy services, supported 85 SUN Community Schools (79 funded by the County), served 30,000 youth, provided Domestic Violence Prevention trainings to more than 1,000 people and distributed more than a million meals through the SUN Child and Family Hunger program. 700 families received case management through the Multnomah Stability Initiative (MSI). YFS also implemented innovative work through the Housing Stability Team by offering cross-departmental, holistic services trained nearly 4,000 people locally and nationally in Assertive Engagement and Trauma Informed Care practices.

The Director’s office lead a department-wide performance management process, which improved ADVSD’s internal processes for critical court reporting, improved the distribution of energy assistance and increased efficiency in Business Services. We re-created the DCHS website to be participant-centric, and implemented the Department’s first comprehensive communications plan. Internal grant processes were streamlined by 20%. We provided nonprofit trainings and forums for hundreds of partners and County staff. The Office responded to five emergency events including weather, flooding, a gas explosion and the Hotel Alder Fire. We coordinated 100 staff members and multiple community organizations to provide DCHS services such as SNAP replacement, gift cards for lost items and case management. In addition, the Office secured \$676,000 in private and State financial and in-kind grants for innovative projects.

The Department’s challenges center around monitoring and preparing to respond to the changing State and Federal budget landscape that could lead to severe cuts across many programs and for thousands of participants. At a time of growing inequity and when the basics such as food and housing are harder to come by for people struggling to make ends meet, older adults and people with disabilities, potential cuts would create extreme challenges.

Diversity and Equity

DCHS challenges oppression -- including racism, sexism, ageism, and ableism -- which is essential if we are to reach our primary goal of supporting an equitable county.

The Department has focused on building a diverse workforce through recruitment, focused outreach to communities of color, analysis of applicant flow and coordination of specific hiring initiatives. As a result, the Aging Disabilities and Veterans Services Division saw an increase of 2.4% of employees of color representing 30.6 % of their total workforce. Department-wide, the year over year increase was 3.4% for a total of 32.4% of our total workforce.

Additionally, the Department continues to build our use of trauma informed care practices in our program design in order to put the experience of participants front and center. This is particularly important for populations and in places with historical barriers to opportunity and inclusion.

Given our programmatic focus on income inequality, which disproportionately impacts communities of color, the Department has dedicated a position to focus on our internal and external equity efforts. The position will build a plan for how we can achieve better outcomes by focusing on developing pro-equity practices in DCHS from leadership to operations to workplace to policies and partnerships.

Lastly, given our recent reallocations of funding to culturally specific and culturally responsive organizations, we will work with our partners to build community trust and capacity to achieve our collective aspirations of truly culturally responsive services, and improved outcomes for people of color.

Budget by Division

Division Name	FY 2018 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$7,738,352	\$315,800	\$8,054,152	55.00
Intellectual and Developmental Disabilities	3,615,538	18,899,604	22,515,142	149.25
Aging, Disability, and Veteran Services	11,977,027	56,775,244	68,752,271	397.60
Youth and Family Services	<u>27,517,603</u>	<u>23,374,132</u>	<u>50,891,735</u>	<u>70.00</u>
Total County Human Services	\$50,848,520	\$99,364,780	\$150,213,300	671.85

Department Administration

Department Administration provides executive leadership and strategic vision for The Department of County Human Service (DCHS). The Director's office works with elected leaders, stakeholders, system partners, community members and staff to ensure quality service delivery.

Department leadership is responsible for provision of quality best practices in services, strategic partnerships, leadership and direction, stewardship of public resources, continuous quality improvement, performance management, emergency preparedness, innovation, communication and support and maintenance of a diverse qualified workforce.

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

Monitoring changes in our State and Federal funding allocations is a significant focus for the department's administration. The department receives about 66% of its funding from sources outside of the county general fund. With more than 100 revenue streams, the continuous process of predicting, monitoring and adapting to changing funding levels is a top priority.

The department continues to plan for effective strategies to develop trauma informed spaces, and approaches to our service delivery by dedicating a position which will be focused on training and technical support for staff, providers and partners. The position will help implement the recommendations made by a department-wide trauma-informed work group and conduct a comprehensive look at department practices.

Equity is at the forefront of the department's internal and external work. A position has been re-purposed in the Director's Office to build an equity framework and actively support both culturally specific and culturally responsive organizations.

Intellectual and Developmental Disabilities Service Division

The Intellectual and Developmental Disabilities Service Division (I/DDSD) supports quality of life by working so that every person is safe, healthy and integrated into their community. I/DDSD serves more than 5,500 people with intellectual and developmental disabilities such as autism, cerebral palsy or intellectual disability diagnosed prior to the age of twenty two. Services may span the entire lifetime.

I/DDSD links individuals and their families to resources in the community and to Medicaid funded residential, employment, in-home and non-County brokerage case management services. The division conducts more than 1,150 intake and eligibility determinations per year. A client survey conducted earlier this year showed 81% customer satisfaction. The division provides Abuse Investigation services to participants, opening more than 250 investigations per year.

The division's streamlining efforts in FY 2017 have increased capacity for our workforce to serve consumers in the community by increasing staff mobility. I/DDSD is also the host for Region One, a five county regional crisis diversion program. I/DDSD is actively implementing Employment First practices providing increased employment opportunities for participants. The division's strategic plan for FY 2018 is focused on enhancing diversity and equitable services and the further streamlining of work processes.

Significant Changes

In FY 2017, I/DDSD received additional State funding to increase capacity to address the significant workload increases due to recently enhanced Medicaid-funded plan options for clients and their families, hiring 30 additional staff to provide case management and required administrative functions. Service innovations include creation of 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, allocation of resources to provide more intensive case management for high-risk clients and added specialization allowing certain case managers to focus on the needs of clients enrolled in residential and employment programs. Streamlining efforts have improved effectiveness of mobile staff in the community, improved quality assurance, and improved case management billing results. I/DDSD designed a service authorization unit that processes payroll and purchases for families receiving in-home services in order to increase case management efficiency. Additionally the division opened a new office space in west Gresham, to place staff closer to where many families that the division serves reside.

Challenges in the coming year include potential reductions that may negatively impact gains recently made regarding client caseloads, crisis diversion and crisis placement services and the division's ability to meet increasing administrative requirements from the state.

Aging, Disability and Veterans Services

Aging, Disability and Veterans Services Division (ADVSD) is the federally-designated Area Agency on Aging that represents diverse needs and preferences of 235,000 older adults, people with disabilities, and Veterans. ADVSD maintains a comprehensive service system that supports individuals to achieve independence, health, safety, and quality of life. Services provided by ADVSD include: 24-hour access to community resources, community social and nutrition services, eligibility for Medicaid health and long-term support services, representation to access Veterans benefits, protective and guardianship services, and adult care home licensing and monitoring.

This past year, ADVSD led the implementation of the Multnomah County Aging-Friendly Action Plan and completed the 2017 - 2021 Area Plan for services for older adults, people with disabilities, and Veterans. Community input and engagement is key to the success of these efforts. ADVSD held 18 listening sessions with 474 participants, 89% who identified as racial, ethnic, or cultural minorities and 68% who had limited English proficiency. The most frequently discussed topics were transportation, nutrition, healthy aging, abuse prevention, and information about community resources.

In FY 2017, ADVSD established a division-wide performance management system. ADVSD has identified the impact expected for program participants for all key service areas and is measuring these outcomes. As a result, ADVSD Program Offers are redesigned for FY 2018 to reflect the new measurements.

Significant Changes

ADVSD is addressing the experience of program participants and staff to ensure that people are treated respectfully and that our office environments contribute to well-being and safety for program participants, the public, and staff. ADVSD is partnering with the Youth and Family Services Division to train staff on the Assertive Engagement approach which is a synthesis of evidence-based practices, including: motivational interviewing, strength-based practice, assertive community treatment, and trauma-informed care. ADVSD is assessing all visitor reception areas to ensure the spaces are trauma-informed in design and also maximize safety and security for both visitors and staff.

ADVSD is also making significant changes to ensure that funding and competitive contracting processes for community social and nutrition services align with our vision and values of promoting equity for racial, ethnic, and cultural minorities. ADVSD is updating the funding formula for culturally-specific versus culturally-responsive services, accounting for population demographics and poverty rates. The division is also engaging a broad array of community-based organizations in training prior to the release of the solicitation to better prepare organizations to be competitive applicants.

ADVSD began a division-wide effort to collect consistent feedback from people served by ADVSD called the Participant Experience Project (PEP). Diverse consumer representatives served on an advisory council and provided recommendations about methodology, format, and content. The pilot PEP launched in four sites and responses are analyzed for trends by region, demographic, and program areas to inform program administration.

Youth and Family Services

The Youth & Family Services (YFS) Division North Star states that “all individuals and families have the opportunity to engage in the level and depth of culturally relevant services that they want, in order to thrive.”

The YFS Division focuses on two major impact areas: educational success and family stability. The division focuses on five core service and policy areas: Energy, Anti-Poverty/Prosperity, Education Supports, Early Childhood and Domestic and Sexual Violence.

The Division manages over 40 programs funded by federal, state and local funds. These programs offer a wide range of interventions including: domestic violence emergency response, kindergarten transition, housing stability assistance, case management, assertive engagement staffing, sexual assault services, youth advocacy, academic supports through extended day programming, assistance obtaining benefits such as SNAP and SSI/SSDI, and more.

Approximately 81% of YFS services are contracted out to partner agencies who work in the community, including a wide network of culturally specific organizations. YFS also actively partners with local jurisdictions, such as the local cities, school districts, Home Forward and the Department of Human Services.

Significant Changes

The FY 2018 budget reflects the newly formed YFS division, formed July 1, 2016 through the merger of three smaller divisions within DCHS: SUN Service System, Community Services and the Domestic and Sexual Violence Coordination office. The merger creates a comprehensive approach to services by increasing partnership and collaboration among and across programs. The new division developed a comprehensive strategic plan in the fall of 2016 and has already implemented many changes leading to increased program collaboration and a better experience for people accessing services.

Notable highlights for FY 2018 include:

- Focus on Equity. The Division completed the Organizational Assessment for Racial Equity in FY 2017 and will have an Equity Plan moving into FY 2018.
- Lesbian, Gay, Bisexual, Transgender and Queer supports through the Gateway Center. LGBTQ individuals who are survivors of domestic violence will have access to culturally appropriate work force and employment services.
- Program Quality. SUN Community Schools continues to implement the national Youth Program Quality Assessment tool in to strengthen the quality of programs offered in school sites. This is done by assuring a safe program environment, adult/student interaction, youth-centered policies and practices.
- Multnomah Stability Initiative - Case Management Enhanced. This program will partner with Health Department’s Healthy Birth Initiative to increase child and family well being through service coordination and resources.

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 2018 General Fund	Other Funds	Total Cost	FTE
Department Administration					
25000	Director's Office	\$2,793,891	\$315,800	\$3,109,691	17.00
25001	Human Resources	1,044,056	0	1,044,056	7.00
25002A	Business Services and Operations	3,709,235	0	3,709,235	29.00
25002B	Business Services and Operations - Joint Office Fiscal Support	191,170	0	191,170	2.00
Intellect./Devel. Disabilities Services					
25010	Administration & Support	1,952,417	1,994,195	3,946,612	15.00
25011	Budget and Operations	551,543	3,810,356	4,361,899	24.00
25012	Services for Adults	309,816	4,282,658	4,592,474	35.80
25013	Services for Children and Young Adults	331,017	4,794,620	5,125,637	41.00
25014	Abuse Investigations & Monitoring	347,229	1,486,444	1,833,673	14.00
25015A	Crisis Diversion Services	0	1,073,912	1,073,912	7.45
25016A	Eligibility & Intake Services	10,000	1,457,419	1,467,419	11.00
25016B	Eligibility & Intake Restoration	113,516	0	113,516	1.00
Aging, Disability and Veterans Services					
25022	Adult Care Home Program	138,730	2,408,827	2,547,557	16.00
25023	Long Term Services & Supports (Medicaid)	2,760,852	30,857,960	33,618,812	246.00
25024	Adult Protective Services	591,097	5,178,669	5,769,766	38.35
25025	Veterans Services	566,034	235,578	801,612	7.00
25026	Public Guardian/Conservator	1,557,479	0	1,557,479	11.00
25027	Administration	267,112	1,502,969	1,770,081	8.00
25028	Multi-Disciplinary Team	688,736	456,991	1,145,727	6.05
25029	LTSS Transition & Diversion (Medicaid)	338,253	3,756,531	4,094,784	28.00
25032	Outreach, Information & Referral	1,151,654	1,319,094	2,470,748	11.20
25033	Nutrition Program	461,716	1,632,698	2,094,414	0.50
25034	Health Promotion	46,130	1,363,493	1,409,623	6.50
25035A	Case Management & In-Home Services (non-Medicaid)	1,275,591	3,983,862	5,259,453	6.40
25035B	RFP Transition Support	114,000	0	114,000	0.00
25036	Safety Net Services	742,725	0	742,725	1.50
25037	Transportation Services	168,542	2,323,523	2,492,065	0.50
25038	Advocacy & Community Program Operations	1,108,376	1,755,049	2,863,425	10.60

County Human Services

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Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Youth and Family Services					
25041	Domestic Violence Crisis Services	432,002	0	432,002	0.00
25044	Domestic and Sexual Violence Coordination	464,465	155,970	620,435	3.43
25045	DCI: Safe and Thriving Communities	0	315,136	315,136	1.17
25046A	Domestic Violence Legal Services	172,452	30,637	203,089	0.00
25046B	Court Care	31,000	0	31,000	0.00
25047	Domestic Violence Enhanced Response Team	463,731	121,896	585,627	4.00
25048A	Culturally Specific and Underserved Domestic & Sexual Violence Services	494,746	0	494,746	0.00
25048B	LGBTQ Economic Empowerment	68,000	0	68,000	0.00
25049	Sexual Assault Services	204,500	0	204,500	0.00
25115	Benefit Acquisition Program	453,431	223,000	676,431	0.00
25118	Youth & Family Services Administration	1,659,875	50,000	1,709,875	11.00
25119	Energy Assistance	0	12,350,569	12,350,569	6.75
25121	Weatherization	0	4,242,085	4,242,085	9.25
25133A	Housing Stabilization for Vulnerable Populations (HSVP)	1,882,194	638,748	2,520,942	1.16
25133B	Housing Stabilization Team	250,000	0	250,000	0.00
25134	Thriving Communities	75,000	0	75,000	0.00
25134B	Thriving Communities Expansion	100,000	0	100,000	0.00
25135	Commercial Sexual Exploitation of Children (CSEC) - Victims System of Care	614,689	98,617	713,306	1.00
25136	MSI Related Services	132,146	0	132,146	0.00
25136B	MSI - Workforce Development for Women in East County	75,000	0	75,000	0.00
25136C	MSI - Legal Aid for Immigrant & Refugee Communities	100,000	0	100,000	0.00
25137A	Promise Neighborhoods	2,000,000	0	2,000,000	0.00
25137B	Promise Neighborhoods - Backbone Agency Support	77,720	0	77,720	0.00
25138	Runaway Youth Services (RYS)	813,613	175,000	988,613	0.00
25139A	Multnomah Stability Initiative - Case Management Services	2,541,183	849,816	3,390,999	1.84
25139B	Multnomah Stability Initiative - Healthy Birth Initiative Cohort	200,000	0	200,000	0.00
25139C	Multnomah Stability Initiative - Financial Stability	150,000	0	150,000	0.00
25140	Community Development	106,029	323,680	429,709	1.00

County Human Services

fy2018 adopted budget

Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
25141	Supplemental Nutrition Assistance Program (SNAP) Outreach	38,804	74,827	113,631	1.00
25145A	SUN Community Schools	6,120,616	1,902,805	8,023,421	3.00
25145B	SUN Community Schools Expansion	55,000	0	55,000	0.00
25147	Child & Family Hunger Relief	387,892	0	387,892	1.00
25149	SUN Youth Advocacy Program	2,151,021	350,000	2,501,021	1.00
25149B	SUN Youth Advocacy Program Funding Restoration	250,000	0	250,000	0.00
25151	SUN Parent & Child Development Services	1,481,256	370,129	1,851,385	1.00
25152	Early Kindergarten Transition Program	345,050	105,535	450,585	1.00
25155	Sexual & Gender Minority Youth Services	282,541	0	282,541	0.00
25156A	Bienestar Social Services	1,032,884	0	1,032,884	7.60
25158	Early Learning Multnomah HUB	303,291	987,182	1,290,473	4.00
25159A	Youth and Family Stability Support	209,257	0	209,257	0.00
25160	Data and Evaluation Services	1,198,215	8,500	1,206,715	9.80
25161	SUN Innovative Services	75,000	0	75,000	0.00
25162	Family of Friends Mentoring Project	<u>25,000</u>	<u>0</u>	<u>25,000</u>	<u>0.00</u>
Total Department of County Human Services		\$50,848,520	\$99,364,780	\$150,213,300	671.85

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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 builds well-being in our community so every person, at every stage of life has equitable opportunities to thrive. The Director's Office develops and leads the department's mission, policies, communications and strategic initiatives; provides financial management; and supports the division's efforts to provide high quality and innovative services to the communities we serve.

Program Summary

Issue: The Department of County Human Services is made up of three divisions, staffed by 672 FTE and is funded with a budget of over \$150 million dollars. The Department is funded through a blend of local, state and federal funding with accompanying requirements and roles and programmatic commitments to the community.

Goals: The Director's office works to advance the department's strategic initiatives and program service delivery through four main goals: a) maintaining good government practices of accountability and transparency; b) advancing an equity agenda both internally and with our community partners; c) ensuring high-quality program delivery; and d) effective engagement and communication with the community.

Activities: The Director's office ensures: a) DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collections, and reporting; b) department-wide performance management and sharing of quality improvement tools and techniques; c) identifies new approaches to DCHS work and the application of research for emerging and best practices and solutions; d) equity goals are advanced by providing educational opportunities and support for partners; e) communication and coordination with the Board of County Commissioners, and e) communication with partners, clients, and customers by using online tools to engage with the community. All of these efforts are focused towards achieving the department's broader goals of building well being in the community and fostering equitable opportunities to thrive.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of formal communications to employees ¹	57	50	50	50
Outcome	Percent of visitors who were able to find what they were looking for on the DCHS website	N/A	N/A	N/A	85%
Outcome	Number of DCHS Web Pages Viewed			775,500	910,000

Performance Measures Descriptions

¹ Formal communications include director's brown bag sessions, all staff emails and meetings with staff groups such as district offices or the department Employees of Color employee group. ² This 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	2017	2017	2018	2018
Personnel	\$2,203,274	\$0	\$2,306,132	\$48,055
Contractual Services	\$54,445	\$0	\$90,492	\$261,560
Materials & Supplies	\$207,827	\$0	\$156,105	\$0
Internal Services	\$169,487	\$0	\$241,162	\$6,185
Total GF/non-GF	\$2,635,033	\$0	\$2,793,891	\$315,800
Program Total:	\$2,635,033		\$3,109,691	
Program FTE	17.00	0.00	17.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$4,892	\$0
Intergovernmental	\$0	\$0	\$0	\$315,800
Other / Miscellaneous	\$224,527	\$0	\$463,670	\$0
Total Revenue	\$224,527	\$0	\$468,562	\$315,800

Explanation of Revenues

\$440,546 County General Fund Department Indirect: Based on FY18 Department Indirect Rates published by Central Finance
 \$175,000 - Meyers Trust
 \$140,800 - Family Independence.

Significant Program Changes

Last Year this program was: FY 2017: 25000 Director's Office

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 supports the quality of life, professional development and education of 600-700 employees. HR ensures DCHS achieves its goals through equitable recruitment, selection and retention of employees, and anticipating and planning for staffing needs. HR functions include outreach and recruiting, hiring and on-boarding, maintaining records, staff retention and workforce and succession planning, training, employee and labor relations including equity for hiring and treatment of staff, and performance management.

Program Summary

ISSUE: There are many dynamics to ensure employees work in an environment that supports them and the community while ensuring equity for a diverse workforce, in compliance with contracts, rules, and legal requirements.

GOALS: HR's goal is to ensure services and strategies support and add value to DCHS strategies; promote fair and equitable treatment of all employees; adhere to county personnel rules, policies and labor contracts; align with Central HR to develop and implement consistent and effective HR solutions and program; and create workforce and succession planning to develop a diverse and talented pool of employees and candidates to meet future staffing needs.

ACTIVITIES: DCHS HR achieves these goals by providing consultation to managers, supervisors, and employees while working with union representation and aligning with Central/County HR and county counsel when necessary. Following a few years of employee expansion, efforts in FY18 will focus on stabilizing workforce numbers, equity, professional development, education, compassion, and compliance, while supporting department-wide goals. Lastly, HR will support process mapping and design and implementation of new ERP while maintaining service levels in a changing budget environment.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Recruitments	321	320	220	220
Outcome	Placement/reassignment of employees impacted by reduced staffing	1%	3%	3%	3%

Performance Measures Descriptions

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	2017	2017	2018	2018
Personnel	\$1,001,484	\$0	\$928,851	\$0
Contractual Services	\$4,000	\$0	\$4,000	\$0
Materials & Supplies	\$21,656	\$0	\$5,248	\$0
Internal Services	\$121,009	\$0	\$105,957	\$0
Total GF/non-GF	\$1,148,149	\$0	\$1,044,056	\$0
Program Total:	\$1,148,149		\$1,044,056	
Program FTE	8.00	0.00	7.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,061,084	\$0	\$1,044,056	\$0
Total Revenue	\$1,061,084	\$0	\$1,044,056	\$0

Explanation of Revenues

\$1,044,056 County General Fund Department Indirect: Based on FY18 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2017: 25001 Human Resources

Elimination of 1 FTE Human Resource Technician.

Department: County Human Services

Program Contact: Rob Kodiriy

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Business Services and Operations provides service in support of DCHS overall operations, ensuring effective and responsible stewardship of available financial resources and enabling informed decision-making for programs. Business Services and Operations' core functions are finance, procurement and contracting, budget and accounting, and business process support.

Program Summary

ISSUE: Over 40% of the total funds in the department are contracted to community-based providers for services to the vulnerable populations served by DCHS. Roughly 70% of funding comes from over 100 funding sources including State, Federal, and grants. The diverse funding streams require effective contract execution, compliance and reporting, payment processing, and constant review of financial and internal controls to ensure ethical and responsible usage of available financial resources.

PROGRAM GOAL: Business Services and Operations' goals are to provide support to divisions through budgeting and fiscal planning, contracting and procuring and paying for the services and to maintain financial control and oversight through accounting, fund management, and financial reporting and risk management.

PROGRAM ACTIVITY: Business Services and Operations' activities include 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. We 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 County Facilities, Fleet, Records, IT.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Percent of invoices paid in 30 days or less	83%	83%	85%	87%
Outcome	Percentage of financial reports submitted to the satisfaction of the grantor	99%	99%	99%	99%
Output	Number of executed contracts and amendments (*estimated based on FY17 volume)	400	385	406	425*
Outcome	Percent of annual contracts executed prior to start date	85%	85%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$3,022,658	\$0	\$3,181,677	\$0
Contractual Services	\$125,010	\$0	\$34,500	\$0
Materials & Supplies	\$67,447	\$0	\$57,959	\$0
Internal Services	\$389,842	\$0	\$435,099	\$0
Total GF/non-GF	\$3,604,957	\$0	\$3,709,235	\$0
Program Total:	\$3,604,957		\$3,709,235	
Program FTE	29.00	0.00	29.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,680,037	\$0	\$3,505,095	\$0
Total Revenue	\$1,680,037	\$0	\$3,505,095	\$0

Explanation of Revenues

\$3,505,095 County General Fund Department Indirect: Based on FY18 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2017: 25002A Business Services and Operations

Department: County Human Services

Program Contact: Rob Kodiriy

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 25002

Program Characteristics:
Executive Summary

DCHS Business Services and Operations provides business services in support of the Joint Office of Homeless Services (JOHS). In FY 2017, Multnomah County and the City of Portland combined existing and new homelessness-related resources to form the JOHS. To ensure continuity in contract and grant administration throughout this transitional period, the County leverages the administrative resources of DCHS to support JOHS.

Program Summary

ISSUE: In FY 2017, Multnomah County and the City of Portland combined existing and new homelessness-related resources to form the JOHS, addressing unmet community needs. The JOHS contracts are funded through a mix of Federal, State, City of Portland General Fund and Multnomah County General Fund revenues. The JOHS is required to maintain compliance with Federal Uniform Administrative Requirements, including pre- and post-award requirement standards for financial and program management, property standards, sub-recipient monitoring, record retention and non-compliance corrective actions. These contracted services are also managed in accordance with County and State Procurement and Contracting rules and policies.

PROGRAM GOAL: The goal is to provide Business Services Administrative support (including payments, contracts & procurement, and grant accounting) to the JOHS through administrative capacity in DCHS to ensure continuity in contract and grant administration and allow for increases in service levels. This resulted in an additional \$40 million (including City of Portland funds) in contracted services supported by DCHS Business Services and Operations.

PROGRAM ACTIVITY: To accommodate the increase in contracted services, a 1.0 FTE contract specialist and a 1.0 grant accountant were added to the unit. The 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. The grant accountant monitors, reports, maintain records, ensure compliance, and authorizes fund withdrawals for over \$40 million in contracted services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of executed contracts and amendments	NA	50	58	64
Outcome	Percentage of financial reports submitted to the satisfaction of the grantor	NA	99%	98%	99%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$176,548	\$0	\$191,170	\$0
Total GF/non-GF	\$176,548	\$0	\$191,170	\$0
Program Total:	\$176,548		\$191,170	
Program FTE	2.00	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: FY 2017: 25002C Business Services and Operations - Joint Office Fiscal Support

Department: County Human Services

Program Contact: Mohammad Bader

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Intellectual and Developmental Disabilities Administration provides oversight of the division to ensure the delivery of services that increase quality of life for individuals with intellectual and developmental disabilities. This oversight is focused on the accurate and timely delivery of services and improved systems that support clients in living independent and healthy lives in the community. Administration leads the division in continuous quality improvement, coordination of daily functions, advocacy at the local and state levels, and collaborative efforts with partner agencies.

Program Summary

ISSUE: Intellectual and Developmental Disabilities Administration provides department oversight of staff, quality assurance, and system improvement in order to maximize client services and provide leadership as the Community Developmental Disability Program (CDDP) for Multnomah County, which is a Medicaid authority status conferred by the State. An intellectual or developmental disability is a condition such as cerebral palsy, autism or intellectual disability that a person is born with or that develops during childhood, and is expected to continue indefinitely.

PROGRAM GOALS: Business strategies related to organization transformation, systems change, professional development and staff support can directly improve quality of life for individuals with intellectual and developmental disabilities by increasing the delivery and accessibility of quality services. The goals of Intellectual and Developmental Disabilities Administration include: a) optimize day-to-day functioning and staff development in order to demonstrate public stewardship and accountability, b) deliver quality, timely, and HIPAA-compliant services to support the health, safety, independence and inclusion of clients, c) improve policies and remove barriers to access by advocating for clients, and d) increase resources for clients through collaborative partnerships.

PROGRAM ACTIVITY: The four goals outlined above correspond to four general areas of activity: coordination, quality, advocacy and collaboration. In the area of coordination, Intellectual and Developmental Disabilities Administration is responsible for overall staff development, office management, implementing new and innovative ways to accomplish work, and ensuring services are provided in a timely manner and within federal and state guidelines. In the area of quality, Administration is responsible for the creation of a strategic plan, metrics and dashboards for performance management, monitoring the inter-agency agreement with the State, maintaining the quality assurance of records and practices, and collecting and responding to customer feedback. In the area of advocacy, Administration focuses on identifying and removing barriers for access to services and informing policy through open and continuous dialogue with state and local agencies. In the area of collaboration, Administration identifies and works with a variety of community-based organizations to increase the delivery of equitable and inclusive service, offering customer choice to a diverse community across the county.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of client records audited annually for Medicaid compliance	245	300	300	300
Outcome	% of federally-funded plans re-authorized annually ¹	54%	100.0%	75%	90%
Outcome	% of survey respondents satisfied with the services they receive ²	N/A	N/A	80%	80%

Performance Measures Descriptions

¹ Results are lower than expected due to increases in caseload size. The program implemented e-records and hired additional staff to normalize caseloads and improve this outcome.

² New measure for FY18. 80% is the baseline established with the 2016 client population survey. The program has implemented a system to continuously collect and respond to client feedback.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,697,372	\$0	\$1,540,334
Contractual Services	\$1,835,459	\$1,000	\$1,941,274	\$1,000
Materials & Supplies	\$0	\$56,766	\$11,143	\$48,926
Internal Services	\$0	\$427,661	\$0	\$403,935
Total GF/non-GF	\$1,835,459	\$2,182,799	\$1,952,417	\$1,994,195
Program Total:	\$4,018,258		\$3,946,612	
Program FTE	0.00	17.90	0.00	15.00

Program Revenues				
Indirect for Dept. Admin	\$102,514	\$0	\$156,806	\$0
Intergovernmental	\$0	\$2,182,799	\$0	\$1,994,195
Total Revenue	\$102,514	\$2,182,799	\$156,806	\$1,994,195

Explanation of Revenues

\$1,994,195 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2017: 25010 DD Administration & Support

Decreased 2.9 FTE as a result of funding shortfall:

0.9 FTE Program Manager 1, 1.0 FTE Office Assistant 2, 1.0 FTE Office Assistant Sr.

Department: County Human Services

Program Contact: Mohammad Bader

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Intellectual and Developmental Disabilities Budget and Operations maintains regulatory compliance for mandated functions that directly increase quality of life for individuals with intellectual and developmental disabilities. These efforts deliver quality services that provide clients with choice and support for living independent and healthy lives in the community. This unit leads the division in increasing capacity, delivery, and payment of client in-home supports, residential placements and employment opportunities while responding to continuously changing state service requirements and maximizing revenue.

Program Summary

ISSUE: Intellectual and Developmental Disabilities Budget and Operations must meet the increasing demand for services and ensure that quality business and staffing practices are adaptable as the number of clients and state service requirements constantly increase and change.

PROGRAM GOALS: Research shows that efforts to support quality of life for individuals with intellectual and developmental disabilities must function at the personal, program, community, state and national levels, and must enhance the individual's opportunity to choose the activities, supports and living arrangements that are right for them. The goals of Budget and Operations align with these demonstrated best practices and include: a) increase the capacity of community-based residential, personal support and employment providers by ensuring timely contracting, training, certification and payment, b) increase equitable access to services by approving and processing service requests based on client choice and needs, c) implement new policies, procedures and trainings that maintain compliance with county, state and federal regulatory requirements, and d) ensure fiscal accountability through budgeting and revenue tracking.

PROGRAM ACTIVITY: The four goals outlined above correspond to four general areas of activity: capacity, access, compliance, and budgeting. In the area of capacity, Budget and Operations is responsible for processing criminal background checks and timesheets for Personal Support Workers, partnering with the Adult Care Home Program to increase the number of certified homes for clients, and contracting with employment and residential providers. In the area of access, Budget and Operations approves, verifies and tracks service revenue for 24-hour residential care, supported living, foster care, employment, transportation, family support, in-home client support, adult protective services, targeted case management and local administration. In the area of compliance, Budget and Operations determines regulatory requirements, initiates, negotiates and amends contracts with providers, and oversees public procurement and implementation of county administrative procedures. In the area of budgeting, Budget and Operations reviews and reports funding allocations and service expenditures, secures budget approval, settles contracts with the state, and tracks all budget costs for employees and client services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of 0337 client enrollment forms accurately processed monthly ¹	100%	95%	100%	100%
Outcome	% of clients referred who are accepted into an employment setting	83%	90%	88%	90%

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$103,744	\$2,389,635	\$0	\$2,577,007
Contractual Services	\$551,543	\$532,346	\$551,543	\$453,110
Materials & Supplies	\$4,630	\$31,031	\$0	\$30,666
Internal Services	\$0	\$567,380	\$0	\$749,573
Total GF/non-GF	\$659,917	\$3,520,392	\$551,543	\$3,810,356
Program Total:	\$4,180,309		\$4,361,899	
Program FTE	1.00	23.50	0.00	24.00

Program Revenues				
Indirect for Dept. Admin	\$144,333	\$0	\$262,340	\$0
Intergovernmental	\$0	\$3,520,392	\$0	\$3,810,356
Total Revenue	\$144,333	\$3,520,392	\$262,340	\$3,810,356

Explanation of Revenues

\$3,253,698 - State Mental Health Grant Local Admin
 \$350,000 - State Mental Health Grant Special Projects
 \$5,000 - Foster Care Services
 \$95,205 - HAP Housing Program
 \$2,905 - United Way Housing Assistance
 \$103,548 - State Mental Health Grant Regional Crisis Coordination Funding.

Significant Program Changes

Last Year this program was: FY 2017: 25011 DD Budget and Operations

Decreased 1.5 FTE as a result of funding shortfall: 0.5 FTE Office Assistant 2; 1.0 FTE Admin Analyst.
 Increased 1.0 FTE: Added from Bud Mod DCHS 01-17 - 2.0 Program Specialists by using funding from vacant Program Specialist Sr. that was eliminated.

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

Intellectual and Developmental Disabilities Adult Services support the quality of life of individuals with intellectual and developmental disabilities, with a special emphasis on personal development, social inclusion, health and safety, and self-determination as characterized by client authority, autonomy, and responsibility. Adult Services include service coordination and monitoring, individual support plans, needs and risk assessments and connections to resources. All services are inclusive, culturally appropriate, and support clients to make informed decisions based on their goals.

Program Summary

ISSUE: Adult Services address the need for extensive home and community based long-term support services instead of expensive and isolating institutional care, so that individuals with intellectual and developmental disabilities can maintain their independence, health and safety within their community. An intellectual or developmental disability is a condition such as cerebral palsy, autism or intellectual disability that a person is born with, or that develops during childhood, and is expected to continue indefinitely.

PROGRAM GOALS: Policy, advocacy and research around quality of life for individuals with intellectual and developmental disabilities has converged on eight quality of life domains that guide the implementation of Adult Services: emotional, material and physical well-being, interpersonal relations, social inclusion, personal development, self-determination and rights. The goals of Adult Services are aligned with these domains and include: a) assist individuals in accessing a residential placement of their choice, b) provide planning and supports that increase client achievement of personal goals, c) support clients in connecting to and using both funded and natural supports, d) maintain and improve the health and safety of clients through service access and monitoring, e) increase the life choices available to clients, and f) optimize client involvement in education, employment and purposive activity.

PROGRAM ACTIVITY: The six goals outlined above correspond to four general areas of activity: assessment, connection, service coordination, and monitoring. In the area of assessment, Adult Services is responsible for conducting needs assessments that determine service levels and categories. In the area of connection, Adult Services connect clients to residential, educational, employment, and interpersonal resources. This includes a map of family, friends and community members that can serve as resources for clients. In the area of service coordination, Adult Services engage the client in person-centered planning to identify interests, strengths, choices and goals, and document this information in an Individual Support Plan that outlines a path to goal achievement. The Service Coordinator also provides ongoing, individualized support to clients. In the area of monitoring, Adult Services engage in regular monitoring of service providers and partner with Community Justice, Mental Health, Vocational Rehabilitation and crisis services to ensure the health and safety of clients.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total number of adults served each month	1,679	1,650	1,700	1,800
Outcome	Total monitoring visits for residential sites	5,771	6,000	6,400	7,000
Outcome	% of adult survey respondents who report that they like where they live ¹	N/A	N/A	85%	85%

Performance Measures Descriptions

¹ New measure for FY18. 85% is the baseline established with the 2016 client population survey. Choice in residential placement is discussed as part of the Individual Support Plan (ISP) process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$3,303,276	\$249,027	\$3,183,835
Contractual Services	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$0	\$46,229	\$5,067	\$56,810
Internal Services	\$0	\$825,473	\$55,722	\$1,032,013
Total GF/non-GF	\$0	\$4,184,978	\$309,816	\$4,282,658
Program Total:	\$4,184,978		\$4,592,474	
Program FTE	0.00	34.90	3.00	32.80

Program Revenues				
Indirect for Dept. Admin	\$198,544	\$0	\$322,482	\$0
Intergovernmental	\$0	\$4,184,978	\$0	\$4,282,658
Total Revenue	\$198,544	\$4,184,978	\$322,482	\$4,282,658

Explanation of Revenues

\$359,985 - State Mental Health Grant Local Admin
 \$3,906,411 - State Mental Health Grant Case Management
 \$16,262 - State Mental Health Grant Flex Funding

Significant Program Changes

Last Year this program was: FY 2017: 25012 DD Services for Adults

Decreased 2.0 FTE as a result of funding shortfall – 2.0 FTE Case Manager 2 – 713688 and 714007

Transferred from PO 25013 DD Services for Children and Youth to PO 25012 - 1.0 FTE Case Manager 2 - 717620, and 2.0 FTE Case Manager Sr- 717618 and 712263

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

Intellectual and Developmental Disabilities Child and Young Adult Services support the quality of life of individuals with intellectual and developmental disabilities, emphasizing self-determination, personal development, social inclusion, health, and safety. Child and Young Adult Services include service coordination, monitoring, individual support plans, needs assessments and connections to resources targeted toward optimal child development and transition from child to adult services. All services are inclusive and support clients to make informed decisions based on their goals.

Program Summary

ISSUE: Child and Young Adult Services address the need for extensive home and community based long-term support services instead of expensive and isolating institutional care, so that individuals with intellectual and developmental disabilities can maintain their independence, health and safety within their community. An intellectual or developmental disability is a condition such as cerebral palsy, autism or intellectual disability that a person is born with, or that develops during childhood, and is expected to continue indefinitely.

PROGRAM GOALS: Policy, advocacy and research around quality of life for individuals with intellectual and developmental disabilities has converged on eight quality of life domains that guide the implementation of services: emotional, material and physical well-being, interpersonal relations, social inclusion, personal development, self-determination and rights. The goals of Child and Young Adult Services are aligned with these domains and include: a) identify the best housing option for each child and young adult, with a focus on keeping children in the family home, b) provide planning and family supports that optimize child development and transition from child to adult services, c) support clients and families in connecting to and using both funded and natural supports, d) maintain and improve the health and safety of clients through service access and monitoring, and f) optimize client involvement in education, employment and purposive activity.

PROGRAM ACTIVITY: The six goals outlined above correspond to four general areas of activity: assessment, connection, service coordination, and monitoring. In the area of assessment, needs assessments are conducted to determine levels and categories of service. In the area of connection, services connect clients to residential, educational, and developmental resources. This includes a map of family, friends and community members that can serve as resources, as well as training opportunities for families. In the area of service coordination, services engage the client in person-centered planning to identify strengths, choices and goals, and document this information in an Individual Support Plan that outlines a path to goal achievement. The Service Coordinator is matched linguistically and culturally with the client to provide ongoing, individualized support and to coordinate with schools districts and the community transition program to support young adults as they move from child to adult services. In the area of monitoring, case managers monitor service providers and partner with DHS, Mental Health, and crisis services to ensure the health and safety of clients.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of children (birth -17) served each month	1,661	1,700	1,720	1,800
Outcome	% of children retained in the family home	88%	88%	88%	88%
Output	Number of young adults (aged 18-21) served each month	402	400	410	425

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$4,035,843	\$249,027	\$3,570,373
Contractual Services	\$24,140	\$0	\$25,000	\$0
Materials & Supplies	\$0	\$59,417	\$4,751	\$63,809
Internal Services	\$0	\$1,045,164	\$52,239	\$1,160,438
Total GF/non-GF	\$24,140	\$5,140,424	\$331,017	\$4,794,620
Program Total:	\$5,164,564		\$5,125,637	
Program FTE	0.00	45.00	3.00	38.00

Program Revenues				
Indirect for Dept. Admin	\$243,764	\$0	\$363,464	\$0
Intergovernmental	\$0	\$5,140,424	\$0	\$4,794,620
Total Revenue	\$243,764	\$5,140,424	\$363,464	\$4,794,620

Explanation of Revenues

\$491,564 - State Mental Health Grant Local Admin
 \$4,303,056 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2017: 25013 DD Services for Children and Young Adults

Transferred to PO 25012: 1.0 FTE Case Manager 2; 2.0 FTE Case Manager Sr.
 Decreased 1.0 FTE as a result of funding shortfall: 1.0 FTE Case Manager 2

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

Intellectual and Developmental Disabilities Abuse Investigations and Monitoring services provide abuse investigation and prevention services to increase the quality of life for individuals with intellectual and developmental disabilities. These services ensure the health and safety of clients, as well as client rights and access to criminal justice protections. Abuse Investigations and Monitoring delivers services that are person-centered, culturally appropriate, timely, preventative, and collaborative.

Program Summary

ISSUE: Abuse Investigations and Monitoring addresses the need to protect the health, safety and rights of individuals who are at increased risk for exploitation and abuse due to their intellectual or developmental disability.

PROGRAM GOALS: Abuse Investigations and Monitoring services directly addresses four of the core quality of life domains identified by the research on enhancing quality of life for individuals with intellectual and developmental disabilities: emotional, material and physical well-being, and rights. The goals related to these domains include: a) increase access to developmental disability services and criminal justice protections through the abuse investigation process, b) increase and maintain client health and safety, c) improve service delivery for clients by partnering with local, state and federal agencies, and d) prevent abuse through monitoring and technical assistance.

PROGRAM ACTIVITY: The four goals outlined above correspond to three general areas of activity: access, collaboration, and prevention. In the area of access, Abuse Investigations and Monitoring services are responsible for ensuring that timely and appropriate safety plans are in place so that clients have access to the direct supports they need for their health and safety. Additional responsibilities include unbiased screening and investigation of alleged abuse, neglect, or exploitation of adults now or previously enrolled in services. These services are conducted under the oversight of the State Department of Human Services Office of Adult Abuse Prevention and Investigations (OAAPI) and include investigations of care providers and non-care providers. In the area of collaboration, Abuse Investigations and Monitoring services maintain close working relationships with local, state, and federal law enforcement agencies and community partners, and participates in the District Attorney's Multi-Disciplinary Team, the ADVSD Public Guardian/Conservator program, and the Critical Case Review Committee, designed to discuss and find safe options for high-risk clients experiencing complex situations. In the area of prevention, Abuse Investigations and Monitoring services include program monitoring, technical assistance and follow-up. These services ensure programmatic compliance with Oregon Administrative Rules, statutes and contracts and reduce the risk of abuse, neglect and exploitation of clients.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of investigations closed	205	175	190	175
Outcome	% of abuse referrals screened within 5 working days	93%	90%	94%	90%
Output	Number of programmatic monitoring visits performed ¹	323	240	350	120
Outcome	% of sites monitored that were found to be in compliance with Oregon Administrative Rules. ¹	100%	90%	100%	90%

Performance Measures Descriptions

¹ Performance Measure target reduced in FY18 due to loss of 1.0 FTE position dedicated to crisis monitoring and technical assistance services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$215,576	\$1,271,456	\$258,354	\$1,196,365
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$2,515	\$31,230	\$3,958	\$16,632
Internal Services	\$21,485	\$301,367	\$84,917	\$272,447
Total GF/non-GF	\$239,576	\$1,605,053	\$347,229	\$1,486,444
Program Total:	\$1,844,629		\$1,833,673	
Program FTE	2.13	12.87	2.50	11.50

Program Revenues				
Indirect for Dept. Admin	\$76,814	\$0	\$121,790	\$0
Intergovernmental	\$0	\$1,605,053	\$0	\$1,486,444
Total Revenue	\$76,814	\$1,605,053	\$121,790	\$1,486,444

Explanation of Revenues

\$802,647 - State Mental Health Grant Local Admin
 \$683,797 - State Mental Health Grant Abuse Investigation Services

Significant Program Changes

Last Year this program was: FY 2017: 25014 DD Abuse Investigations and Monitoring

Decreased 1.0 FTE as a result of funding shortfall: 1.0 FTE Program Tech.

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

Intellectual and Developmental Disabilities Region 1 Crisis Diversion Services directly support the quality of life of individuals with intellectual and developmental disabilities by providing crisis stabilization for the most severely challenged clients. Services include crisis residential placements, maintenance of crisis bed availability, training, technical assistance, and statewide, regional and local collaboration. These services emphasize safety, crisis prevention, community inclusion, service access, communication, cost-effectiveness, and culturally appropriate practice and placement.

Program Summary

ISSUE: Some clients are at high risk for health, safety and housing crises due to disability-related vulnerabilities or volatile living situations. Crisis Diversion Services address the need for immediate residential placements and technical assistance for the providers serving these clients.

PROGRAM GOALS: Research has demonstrated that enhanced quality of life is the result of a good match between a person's emotional and physical needs and the ability of the environment to fulfill those needs. Crisis Diversion Services match clients with services that meet their needs, and increase the capacity of the cross-county service network to meet the needs of clients in crisis. The service network includes Clackamas, Clatsop, Columbia, Multnomah, and Washington Counties. Service goals include: a) long-term stabilization of living situations for vulnerable clients across Region 1 counties, b) increase capacity of residential and service providers to meet the needs of the most vulnerable clients by providing professional development and maintenance of crisis bed availability, and c) improve service delivery and client access to services by partnering with other agencies and coordinating services across the five counties of Region 1.

PROGRAM ACTIVITY: The three goals outlined above correspond to three general areas of activity: access, capacity, and system coordination. In the area of access, Crisis Diversion Services provide prompt placement of clients into foster care or 24-hour licensed homes for acute crisis situations, including clients exiting hospitals, nursing homes, correctional facilities and state-operated residential settings. In the area of capacity, services include continual development, maintenance, recruitment and certification of culturally-responsive crisis foster homes that offer linguistic and culturally specific supports, as well as behavior support consultation, technical assistance, and training to service providers, Service Coordinators, health care representatives and family members. In the area of system coordination, Crisis Diversion Services engage in work groups, steering committees and task forces with mental health agencies, public safety partners, child welfare, school districts, hospitals, Region 1 counties, and the state to develop policies that improve service delivery to clients in crisis. System coordination also includes centralized administrative services across Region 1 that allow for expedited service access for clients in crisis.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of intakes that request out-of-home placement	327	247	330	300
Outcome	% of adults requesting a placement within 2 business days who are placed safely within 2 business days	100%	95%	100%	95%
Outcome	# of caregivers trained and certified in Oregon Intervention System	224	200	250	200
Outcome	% of "critical" intakes reported as "stable" at 6 months following placement and case is closed ¹	87%	80%	80%	80%

Performance Measures Descriptions

¹ "Critical" is defined as any child needing an out-of-home placement, or any adult exhibiting two of three state-defined crisis conditions; "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	2017	2017	2018	2018
Personnel	\$0	\$848,348	\$0	\$806,593
Contractual Services	\$0	\$82,357	\$0	\$22,688
Materials & Supplies	\$0	\$21,390	\$0	\$11,095
Internal Services	\$0	\$200,005	\$0	\$233,536
Total GF/non-GF	\$0	\$1,152,100	\$0	\$1,073,912
Program Total:	\$1,152,100		\$1,073,912	
Program FTE	0.00	8.25	0.00	7.45

Program Revenues				
Indirect for Dept. Admin	\$51,240	\$0	\$82,111	\$0
Intergovernmental	\$0	\$1,137,600	\$0	\$997,062
Other / Miscellaneous	\$0	\$14,500	\$0	\$0
Beginning Working Capital	\$0	\$0	\$0	\$76,850
Total Revenue	\$51,240	\$1,152,100	\$82,111	\$1,073,912

Explanation of Revenues

\$982,562 - State Mental Health Grant Regional Crisis Coordination
 \$14,500 - Miscellaneous Fees (based on historical averages)
 \$76,850 - Federal/State Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2017: 25015 DD Crisis Diversion Services

Decrease 1 FTE as a result of funding shortfall: 0.8 FTE Case Manager Sr.

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

Intellectual and Developmental Disabilities Eligibility and Intake Services increase access to essential quality of life supports and resources for individuals with intellectual and developmental disabilities. These entryway services emphasize awareness, access, choice, and community inclusion for individuals seeking supports. Eligibility and Intake services, as determined by state and federal rules, are self-directed, community and family inclusive, culturally appropriate, and support clients to make informed decisions based on their goals.

Program Summary

ISSUE: Eligibility and Intake Services address the need for awareness and understanding of available services and assistance with navigating the application and eligibility processes for intellectual and developmental disability services for both children and adults.

PROGRAM GOALS: Research shows that efforts to support quality of life for individuals with intellectual and developmental disabilities must enhance the individual's opportunity to access and choose the activities, supports and living arrangements that are right for them. Eligibility and intake services constitute the point of entry to all intellectual and developmental disability services, including vocational, residential, case management, and in-home. The goals of Eligibility and Intake Services align with demonstrated best practices and include: a) increase understanding of available services and eligibility requirements, b) increase connections of individuals to community resources, c) increase application rates through direct application supports, and d) increase access to funded services by determining eligibility and enrolling clients according to state regulatory requirements.

PROGRAM ACTIVITY: The four goals outlined above correspond to three general areas of activity: awareness, connection, and access. In the area of awareness, Eligibility and Intake Services conduct community outreach to increase awareness and understanding of Multnomah County Intellectual and Developmental Disabilities services and processes. This outreach results in referrals from community partner agencies, including schools, medical providers, parent networks, and service agencies. Referrals and inquiries are followed up with a phone call that provides detailed information about services and next steps. In the area of connection, Eligibility and Intake Services contact the potential client in their primary language to schedule an intake appointment at a location convenient for them. While waiting for a formal eligibility determination, potential clients are connected to community partner agencies that may provide needed resources, such as health insurance application, early intervention, or housing supports. In the area of access, Eligibility and Intake provide an intake appointment, one-on-one application support, initial needs assessment, service information, eligibility determination, and referral to brokerages, which are alternative non-County case management systems. Applicants are contacted regarding the outcome of their eligibility determination and eligible clients are paired with a Service Coordinator.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of intake eligibility referrals	1,267	850	1,100	900
Outcome	% of referrals made eligible for DD services	77%	76%	76%	76%
Outcome	% of applicants satisfied with the intake support they receive ¹	N/A	N/A	N/A	80%

Performance Measures Descriptions

¹New measure for FY18. Satisfaction with intake support will be collected with a survey.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,167,164	\$0	\$1,106,100
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$15,846	\$0	\$17,421
Internal Services	\$0	\$285,119	\$0	\$333,898
Total GF/non-GF	\$10,000	\$1,468,129	\$10,000	\$1,457,419
Program Total:	\$1,478,129		\$1,467,419	
Program FTE	0.00	12.00	0.00	11.00

Program Revenues				
Indirect for Dept. Admin	\$70,497	\$0	\$112,601	\$0
Intergovernmental	\$0	\$1,468,129	\$0	\$1,457,419
Total Revenue	\$70,497	\$1,468,129	\$112,601	\$1,457,419

Explanation of Revenues

\$1,457,419 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2017: 25016 DD Eligibility & Intake Services

Decrease 1.0 FTE as a result of funding shortfall: 1.0 FTE Program Specialist

Department: County Human Services **Program Contact:** Mohammad Bader
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25133, 25133B
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Intellectual and Developmental Disabilities Eligibility and Intake Services increase access to essential quality of life supports and resources for individuals with intellectual and developmental disabilities. These entryway services emphasize awareness, access, choice, community inclusion, and housing stabilization for individuals seeking supports. Eligibility and Intake services, as determined by state and federal rules, are self-directed, community and family inclusive, culturally appropriate, and support clients to make informed decisions based on their goals.

Program Summary

ISSUE: As rental prices increase in Portland, individuals with intellectual and developmental disabilities experience increased housing instability and homelessness.

PROGRAM GOALS: The goals related to this position include: a) keep clients stably housed by providing financial support for emergency and long-term housing, b) increase client access to housing services by providing interpersonal support for navigating the technical requirements for services, and c) coordinate services with the cross-departmental Housing Stability Team, as well as data collection and reporting as required by HUD.

PROGRAM ACTIVITY: This position works cross-departmentally with the Housing Stability Team, which is a partnership with Youth and Family Services Division, Aging Disability and Veterans Services Division, Intellectual and Developmental Disabilities Division, the Joint Office of Homeless Services and the Health Department. This partnership provides an innovative approach to stabilizing housing. This multi-department, multi-division coordination effort increases client access to services. Direct supports are also provided to clients, such as explanation of eligibility requirements, communication with landlords on behalf of clients regarding aid verification, and one-on-one application assistance. The Short Term Rent Assistance (STRA) program provides eviction prevention and homeless placement funding. These services may include: rent assistance, deposit assistance, mortgage payment assistance, utility bill assistance, late fee assistance and assistance with rental application fees. The Shelter Plus Care (SPC) program is a long-term housing assistance program in which families that were previously homeless and have a disabled head of household can obtain housing and receive a monthly housing subsidy to assist them in sustaining their housing and avoiding homelessness.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of individuals in housing ¹	N/A	N/A	N/A	150
Outcome	% of individuals who retain their housing after 12 months ¹	N/A	N/A	N/A	85%

Performance Measures Descriptions

¹Previously, this position was combined with a larger Program Offer, and these primary measures were not reported. Historic data is available. The number of individuals in housing: FY16 = 154, FY17 Estimate = 130. The percent of individuals who retain their housing after 12 months: FY16 = 90%, FY17 Estimate = 90%.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$113,516	\$0
Total GF/non-GF	\$0	\$0	\$113,516	\$0
Program Total:	\$0		\$113,516	
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:

Add back 1.0 FTE with Scaled Offer – Program Specialist - 717608

Policy changes at DHS have significantly reduced the division's funding for FY18. Additionally our budget allocations from the state are not uniform due to repeated changes in the state funding model and in many instances our budget fluctuates as revenues are associated with billable contacts and a promise to pay concept for client services. Additional funding will enable the division to continue the ability to provide financial and technical support to vulnerable clients for emergency and long-term housing.

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

Aging, Disability & Veterans Services Division (ADVSD) Adult Care Home Program (ACHP) is responsible for the safety of residents who live in the 636 adult care homes in Multnomah County. The ACHP provides older adults, people with disabilities, people with mental illness, and Veterans equitable and easy access to quality adult care home services that meet their desire for choice and contribute to improved quality of life. The ACHP licenses and monitors adult care homes to ensure residents have their specific needs and wishes met in a culturally appropriate, safe, welcoming 24-hour setting.

Program Summary

ISSUE: The State of Oregon's approach to long-term services and supports for the past 30 years has been to invest more Medicaid dollars in community settings as an alternative to nursing facilities. The State valued the goal of reducing Medicaid cost and increasing choice for participants. Adult care homes are single family homes located in residential neighborhoods and offer assistance for up to five adults in a home-like environment. Multnomah County has the majority of the nursing facilities in the state. Multnomah County has an exemption from the State of Oregon to create local licensing regulations that meet or exceed State requirements for adult care homes to ensure the highest quality and safety for County residents.

PROGRAM GOAL: The goal of the Adult Care Home Program is to ensure residents receive appropriate, person-directed, culturally specific, and safe services and that the operators of the homes are in compliance with Multnomah County Administrative Rules (MCARs).

PROGRAM ACTIVITY: The ACHP accepts, reviews, and approves license applications for those interested in operating an adult care home. Once approved, all adult care home operators are trained on and follow MCARs which exceed the State of Oregon's minimum requirements. There are 2,900 residents living in 636 adult care homes. All homes receive three to four licensing and monitoring visits each year. These visits ensure that residents receive appropriate care and services, including personal care, nutrition, physical safety, nursing care, and medication management. ACHP takes corrective action when it identifies issues of noncompliance in the home. Program staff provides 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of adult care homes licensed and inspected annually	636	650	636	640
Outcome	% of adult care homes that were licensed accurately and timely based on ACHP audit findings	N/A	N/A	80%	80%
Outcome	% of residents satisfied with services received in adult care homes	80%	80%	80%	82%
Outcome	Average Medicaid cost savings for adult care home residents compared to nursing facility placement ¹	62%	62%	62%	62%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget. ¹The average monthly Medicaid cost of services provided to older adults, people with disabilities, and Veterans in an adult care home is \$2,536. This is 38% of the \$6,698 average Medicaid cost of a nursing facility placement for the same population.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$30,668	\$1,502,897	\$31,186	\$1,528,173
Contractual Services	\$123,427	\$311,828	\$100,000	\$314,400
Materials & Supplies	\$1,312	\$64,252	\$1,313	\$64,258
Internal Services	\$5,553	\$402,570	\$6,231	\$501,996
Total GF/non-GF	\$160,960	\$2,281,547	\$138,730	\$2,408,827
Program Total:	\$2,442,507		\$2,547,557	
Program FTE	0.32	15.68	0.32	15.68

Program Revenues				
Indirect for Dept. Admin	\$90,775	\$0	\$155,568	\$0
Fees, Permits & Charges	\$0	\$269,400	\$0	\$269,400
Intergovernmental	\$0	\$2,012,147	\$0	\$2,139,427
Total Revenue	\$90,775	\$2,281,547	\$155,568	\$2,408,827

Explanation of Revenues

\$20,400 – Adult Care Home Program Misc Fees
 \$15,000 – Adult Care Home Program Conference Fees
 \$20,000 – Adult Care Home Program Fines
 \$214,000 – Adult Care Home Program License Fees
 \$2,139,427 – Title XIX

Significant Program Changes

Last Year this program was: FY 2017: 25022 ADVSD Adult Care Home Program

Department: County Human Services

Program Contact: Joe Easton

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division provides a continuum of programs that ensure older adults, people with disabilities, and Veterans have equitable and efficient access to quality services and meets their diverse needs. The Long Term Services & Supports program (LTSS) is the Medicaid program that provides resources and case management to support individuals' independence and quality of life. LTSS determines eligibility and enrolls 47,508 people annually in health, financial, and nutritional programs. Intensive case management is provided to 8,068 people monthly.

Program Summary

ISSUE: Older adults with incomes below the poverty level and individuals with a physical disability, mental illness or developmental disability can face health and safety risks and benefit from early intervention and effective management of complex care needs.

PROGRAM GOAL: The goals of the LTSS case management service are to advocate and support safe, healthy, independent living in the community for participants. This goal helps prevent or minimize costly nursing facility placement, hospitalizations, and hospital readmissions. Promoting home and community-based services is a priority and the number of individuals living in community-based settings in Multnomah County far exceed the national average.

PROGRAM ACTIVITY: Under contract with the State, there are two key Medicaid programs provided: eligibility case management and service case management. Eligibility case managers determine eligibility and enroll qualifying individuals in programs that meet basic health, financial, and nutritional needs through the Oregon Health Plan, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). These participants receive counseling to help choose the most appropriate managed care and Medicare Part D plans. Participants typically have incomes below the poverty level. There are an average of 31,850 monthly participants receiving eligibility case management, 85% of these participants receive both medical and SNAP benefits, 15% receive only SNAP. Eligibility case managers carry an average caseload of 454 participants.

Service case managers provide intensive case management for individuals who are highly vulnerable and have complex social, daily living, and medical needs. The State refers to this as meeting "criteria for nursing facility level of care." Case managers utilize a person-centered approach to assess needs and jointly create plans with participants. Service case managers authorize, coordinate, and monitor services that address health and safety risks in the least restrictive environment. There are 8,068 participants monthly who receive service case management. Staff ensure early intervention and effective management of the complex care needs of this high-risk population. Service case managers carry an average caseload size of 96 participants.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Average monthly # of service case management participants receiving services	8,068	8,000	8,068	8,393 ¹
Outcome	% of service participants in a stable, safe living situation ²	95%	95%	95%	95%
Output	Ratio of nursing facility eligible service participants in community versus nursing facility	84%	83%	84%	84%
Outcome	% of participants who received SNAP benefits within 30-days	98.25%	98.25%	98.25%	98.25%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

¹Projected increase in average number of participants is due to caseload growth, but offset by proposed changes to the State's eligibility criteria. ²Residents in adult care homes can be moved involuntarily if the ACH loses its operating license.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer the Medicaid and SNAP programs in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities. The programs are guided by federal regulations or rules including those in the Social Security Act, Medicaid Administration, and SNAP.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$21,616,065	\$0	\$22,209,309
Contractual Services	\$1,901,419	\$169,989	\$2,760,852	\$129,000
Materials & Supplies	\$0	\$541,657	\$0	\$502,976
Internal Services	\$0	\$6,518,033	\$0	\$8,016,675
Total GF/non-GF	\$1,901,419	\$28,845,744	\$2,760,852	\$30,857,960
Program Total:	\$30,747,163		\$33,618,812	
Program FTE	0.00	246.00	0.00	246.00

Program Revenues				
Indirect for Dept. Admin	\$1,305,609	\$0	\$2,260,907	\$0
Intergovernmental	\$0	\$28,662,161	\$0	\$30,661,107
Other / Miscellaneous	\$0	\$183,583	\$0	\$196,853
Total Revenue	\$1,305,609	\$28,845,744	\$2,260,907	\$30,857,960

Explanation of Revenues

\$30,661,107 – Title XIX
 \$59,500 – Providence Medical Center
 \$137,353 – Oregon Health Sciences University Case Manager (FTE) grant.

Significant Program Changes

Last Year this program was: FY 2017: 25023 ADVSD Long Term Care Program

In FY18, Program Offer 25023 ADVSD Long Term Care Program has been split into two Program Offers: 25023 ADVSD Long Term Services & Supports (Medicaid) and 25029 ADVSD LTSS Transition & Diversion (Medicaid). Increasing County General Fund match by \$0.9M.

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

Aging, Disability & Veterans Services Division (ADVSD) Adult Protective Services program (APS) helps older adults, people with disabilities, and Veterans have improved quality of life by being free of abuse, financial exploitation, and neglect by equitable and efficient access to quality protective services that meet their diverse needs and expectations. APS provides community education about abuse prevention, conducts abuse investigations, provides risk management for neglect, and prevents harm by linking victims of abuse to health, legal, and human services to improve safety for vulnerable adults.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans can be at risk of abuse, financial exploitation, neglect, and self-neglect due to social isolation, physical impairment, health concerns, and dependence on others to meet their needs. It is estimated that one in nine vulnerable adults is the victim of abuse at some time during their life.

PROGRAM GOAL: The primary goal of the Adult Protective Services program is to protect older adults, people with disabilities, and Veterans from abuse, neglect, self-neglect, and financial exploitation. APS serves a critical department-wide goal of ending abuse and neglect, stabilizing vulnerable adults, holding perpetrators accountable, and providing community education.

PROGRAM ACTIVITY: The APS program receives referrals and investigates allegations of abuse, self-neglect, and financial exploitation of older adults, people with disabilities, and Veterans through a centralized screening number (503-988-4450). Thirty APS investigators review all reported incidents of abuse both for those living in the community and in one of the 104 long-term care facilities such as nursing facilities or in one of 636 adult care homes in Multnomah County. APS coordinates with law enforcement and the District Attorney's Office to prosecute offenders. APS staff link vulnerable adults to needed health care, housing, social services, and legal and participant advocacy agencies. The APS team consists of clinical services specialists, human services investigators, a risk case manager, and APS screeners. The District Attorney's Office, law enforcement officers, the Public Guardian, and Multnomah County Counsel participate monthly in law enforcement meetings to discuss criminal cases. The APS risk case manager provides short-term case management for vulnerable adults without a substantiated abuse claims but who are at high risk for abuse, self-neglect or have a significant threat to their health and safety. Risk case management services stabilize individuals, providing intensive oversight for up to a year by creating linkages to appropriate agencies and ongoing services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of abuse calls received	7,987	7,987	7,987	7,900
Outcome	Re-abuse rate for individuals involved with APS	5.0%	3.8%	5.0%	5.0%
Output	# of Adult Protective Service investigations completed	2,862	2,800	2,862	2,900
Outcome	% of people receiving risk management who did not have a reported abuse case after receiving services	100%	100%	100%	100%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Legal / Contractual Obligation

Adult Protective Services 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$90,106	\$3,882,276	\$105,673	\$3,954,490
Contractual Services	\$144,641	\$2,500	\$466,311	\$2,000
Materials & Supplies	\$7,022	\$92,415	\$0	\$95,491
Internal Services	\$0	\$911,431	\$19,113	\$1,126,688
Total GF/non-GF	\$241,769	\$4,888,622	\$591,097	\$5,178,669
Program Total:	\$5,130,391		\$5,769,766	
Program FTE	1.00	37.28	1.07	37.28

Program Revenues				
Indirect for Dept. Admin	\$234,489	\$0	\$402,567	\$0
Intergovernmental	\$0	\$4,888,622	\$0	\$5,178,669
Total Revenue	\$234,489	\$4,888,622	\$402,567	\$5,178,669

Explanation of Revenues

\$5,178,669 – Title XIX

Note: \$130,776 State Mental Health Grant (Older/Disabled) Mental Health Services and \$200,977 General Fund is budgeted in Health Department program 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 2017: 25024A ADVSD Adult Protective Services

In FY18, Program Offer 25024A ADVSD Adult Protective Services has been split into two Program Offers: 25024 ADVSD Adult Protective Services and 25028 ADVSD Multi-Disciplinary Team.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) operates the County Veterans Service Office as part of the continuum of services the Division provides. The office works with Veterans to ensure they receive equitable and efficient access to quality services and programs that meet their diverse needs. The Veterans Service Office supports anyone who served on active duty with the U.S. Armed Forces and their families by providing advocacy, access, and assistance to obtain all entitlements and benefits through the federal Veterans Administration contributing to overall quality of life.

Program Summary

ISSUE: The process to access federal Veterans' benefits is complex and the wait time to obtain a decision can be long thereby delaying access to needed benefits for Veterans.

PROGRAM GOAL: The goals of Veterans Services are to provide information, assistance, and advocacy to all who served in the military in order to improve their access to pension, disability, and health benefits. Veterans Services aims to improve access to benefits for those who served in the military who are underrepresented through targeted outreach to Veterans of color and LGBTQ Veterans.

PROGRAM ACTIVITY: Veterans Service Officers (VSOs) are trained and accredited by the Oregon Department of Veterans Affairs to represent Veterans in their claims for benefits. VSOs are versed in applicable federal and state laws to provide the best representation possible, free of charge. VSOs provide comprehensive counseling on Veterans Administration (VA) benefits; assist with VA healthcare enrollment; prepare and submit claims; initiate and develop appeals; network with federal, state and local agencies; and provide outreach to Veterans involved with the justice system.

ADVSD has committed to supporting Veterans 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. This Covenant is overseen by the Multnomah County Veterans Task Force, which is staffed by the Veterans Service Office. The 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 increase awareness about VSOs and the services they provide in assisting Veterans to navigate the claims process as quickly and smoothly as possible. The Veterans Service Office has a goal to expand outreach to serve additional Veterans and military families. VSOs promote equity to Veterans and military families identified within underrepresented communities who face barriers to accessing federal, state, and local benefits. The five VSOs help Veterans apply for various services with different eligibility standards and conduct over 2,100 face-to-face appointments in a year. The VSOs implement an intentional and targeted outreach strategy with multiple access options for LGBTQ Veterans, women Veterans, Veterans within communities of color, Veterans experiencing homelessness, justice-involved Veterans, as well as Veterans and military families experiencing socio-economic disparities.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of Veterans who received representation by County VSOs	917	900	917	917
Outcome	% of those who received representation by County VSO who were Veterans of color	15%	15%	15%	15%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$420,513	\$209,734	\$483,360	\$174,904
Materials & Supplies	\$11,889	\$5,013	\$10,939	\$12,294
Internal Services	\$91,028	\$23,212	\$71,735	\$48,380
Total GF/non-GF	\$523,430	\$237,959	\$566,034	\$235,578
Program Total:	\$761,389		\$801,612	
Program FTE	4.41	2.59	4.91	2.09

Program Revenues				
Intergovernmental	\$0	\$220,757	\$0	\$217,972
Beginning Working Capital	\$0	\$17,202	\$0	\$17,606
Total Revenue	\$0	\$237,959	\$0	\$235,578

Explanation of Revenues

\$217,972 – Oregon Department of Veterans Affairs
 \$17,606 – Federal/State Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2017: 25025 ADVSD Veterans Services

In 2016, ADVSD developed and implemented a division-wide performance management system to articulate and test participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measurements.

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 Aging, Disability & Veterans Services Division (ADVSD) Public Guardian and Conservator program (PGC) supports older adults, people with disabilities, and Veterans under court authority and protects and enhances the quality of life for mentally incapacitated and impoverished adults who are victims of abuse, neglect, and financial exploitation by improving their safety and well-being. PGC also diverts at-risk individuals to less restrictive and costly alternatives to publicly funded guardianship.

Program Summary

ISSUE: Without the Public Guardian/Conservator program making vital decisions under court authority, extremely vulnerable adults would 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. The demand for PGC services is increasing due to the aging population and the rising incidence of abuse among older adults and people with disabilities.

PROGRAM GOAL: The PGC goal is to provide legal protection and access to services and benefits while promoting the health and well-being for those served by minimizing unnecessary emergency department or hospital visits and arranging medical care. The PGC program is an essential part of the County response system to reduce financial fraud, abuse, and neglect when legal authority is required. PGC supports the DCHS strategy to reduce abuse and neglect in order to improve independence, health, and safety.

PROGRAM ACTIVITY: Public guardians serve as the court-appointed representative for adults with mental incapability who are characterized by an IQ below 70, severe and persistent mental illness, Alzheimer's, and other dementias or brain injury. PGC participants are also functionally incapacitated, requiring intensive supports and specialized housing arrangements to balance the need for protection with the right to autonomy. Person-centered care plans address immediate risks, ensure adequate care arrangements, and stabilize medical and psychiatric conditions by achieving personal goals through social connections and community engagement. Public guardians are available 24/7 to make medical, psychiatric, financial, and life decisions for program participants. The average caseload is between 35-40 participants monthly. Public guardians also provide community consultation for individuals who may not meet the legal or program criteria for needing a guardian yet still need assistance. They provide information and services, and identify less restrictive alternatives to address problems. The program provides training and outreach to community partners and culturally specific providers. Program staff work with Adult Protective Services, families, community partners, law enforcement, area hospitals, and the court to intervene early to resolve fraud, abuse, and neglect of vulnerable adults. This includes participation on Multi-Disciplinary Teams and critical case review committees to ensure that alternatives are considered to focus public funds on at-risk individuals without other resources.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# County residents with a Public Guardian/Conservator ¹	178	178	175	185
Outcome	% of new high-risk PGC participants with a reduction in hospital/emergency department visits within a year	90%	90%	90%	90%
Outcome	% of PGC participants with properly managed assets to ensure ongoing eligibility and fraud protection	100%	100%	100%	100%
Outcome	% of PGC contacts diverted to a less costly and less restrictive resource	36%	36%	36%	36%

Performance Measures Descriptions

New Measures – See Significant Program Changes section for explanation and previous measures.

¹The PGC program ensures a maximum caseload of about 185 County residents due to current program funding constraints. The growth in PGC participants is due to an additional PGC staff position. Total number of PGC participants may be higher due to those who have their guardianship/conservatorship terminated during the year, primarily due to death.

Legal / Contractual Obligation

The decision to provide PGC service is established and guided by ORS Ch. 125 and County Ordinance, Ch. 23.501. If the County chooses to reduce the service, it remains obligated to current participants that are open with the court, but can stop taking new participants if the Board of County Commissioners makes a finding that the service is no longer needed.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,193,954	\$0	\$1,224,412	\$0
Contractual Services	\$28,389	\$0	\$81,725	\$0
Materials & Supplies	\$36,404	\$0	\$34,222	\$0
Internal Services	\$178,202	\$0	\$217,120	\$0
Total GF/non-GF	\$1,436,949	\$0	\$1,557,479	\$0
Program Total:	\$1,436,949		\$1,557,479	
Program FTE	11.00	0.00	11.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25026A ADVSD Public Guardian/Conservator

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

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) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services that meet their diverse needs and expectations through a service system that works to improve independence, health, safety, and quality of life. Administrative Services provides division-wide leadership, budget development, performance management, program evaluation, data analysis, HIPAA compliance, and workforce equity strategies to ensure fiscal responsibility, compliance, and participant-focused outcomes.

Program Summary

ISSUE: To support quality performance and positive outcomes for program participants, ADVSD has a strategic direction and infrastructure that leads quality improvement, accountability, and program performance.

PROGRAM GOAL: Administrative Services promotes efficient, effective use of resources through maximizing budget resources, utilizing customer feedback, supporting data-informed decisions, and deploying continuous quality improvement projects. Administrative Services supports DCHS goals of protecting program participants through HIPAA compliance and participates with department performance management plans.

PROGRAM ACTIVITY: ADVSD is the Area Agency on Aging for the county and is responsible for developing and ensuring access for 235,000 older adults, people with disabilities, and Veterans to a comprehensive, coordinated service system. Administrative Services serves more than 390 ADVSD employees through organizational and management functions. The core activities include leadership, advocacy, budget development and monitoring, data analysis and reporting, performance management, customer satisfaction initiatives, and program evaluation. Administrative Services is also responsible for protecting vulnerable adults' privacy through HIPAA compliance involving training and communication to staff, managing an auditing process for compliance, and investigating and mitigating breaches. Partnerships in this division-wide unit include County Privacy Oversight Committee and DCHS Performance Management Council. In 2016, Administrative Services developed and implemented a performance management system resulting in improved program administration and new FY18 Program Offers. Administrative Services oversees workforce equity activities including developing diverse recruitment strategies, supporting work-out-class opportunities, providing diversity training for management, and implementing workforce development and succession planning to increase racial and ethnic minorities in the workplace. From FY11 - FY16 ADVSD has increased the percentage of employees of color from 19.6 % to 30.6 % resulting in an 11% increase over five years.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Development of a division-wide performance management system to improve participant outcomes	N/A	N/A	1	1
Outcome	% of ADVSD employees who completed required annual HIPAA training	100%	100%	100%	100%
Outcome	% of employees of color	30.6%	30.6%	30.0%	31.0%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Legal / Contractual Obligation

ADVSD is designated the Type B Transfer Area Agency on Aging (AAA) for Multnomah County through contract with Oregon Department of Human Services and as guided by ORS Ch 410, to provide mandatory functions for older adults, and people with disabilities. These include: provision of quality staffing, service planning, senior and disability advisory councils, and comprehensive and coordinated service delivery for older adults, and people with disabilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$88,758	\$897,459	\$91,706	\$927,253
Contractual Services	\$155,968	\$114,995	\$139,380	\$137,000
Materials & Supplies	\$18,502	\$177,402	\$21,428	\$216,261
Internal Services	\$14,793	\$183,818	\$14,598	\$222,455
Total GF/non-GF	\$278,021	\$1,373,674	\$267,112	\$1,502,969
Program Total:	\$1,651,695		\$1,770,081	
Program FTE	0.63	6.37	0.72	7.28

Program Revenues				
Indirect for Dept. Admin	\$52,420	\$0	\$91,283	\$0
Intergovernmental	\$0	\$1,367,674	\$0	\$1,497,969
Other / Miscellaneous	\$0	\$3,000	\$0	\$2,000
Beginning Working Capital	\$0	\$3,000	\$0	\$3,000
Total Revenue	\$52,420	\$1,373,674	\$91,283	\$1,502,969

Explanation of Revenues

\$3,000 – Federal/State Beginning Working Capital
 \$2,000 – Special Risk Fund
 \$30,569 – Title IIIB
 \$1,467,400 – Title XIX

Significant Program Changes

Last Year this program was: FY 2017: 25027 ADVSD Administration

In 2016, ADVSD developed and implemented a division-wide performance management system to articulate and test participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measurements. 1.0 FTE Limited Duration Division Director position in ADVSD is converted to Permanent.

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

Through the Multi-Disciplinary Team, Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans with complex health, mental health, and social needs to have equitable and efficient access to quality services and programs that meet their diverse needs and expectations. The Multi-Disciplinary Team program provides complex case consultation and in-home mental health and nursing services to isolated and unconnected individuals with the goal of improving safety and quality of life.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans may experience complex issues related to health, mental health, functional care, and social issues that impact their ability to live safely in the community. These individuals often interact with multiple social, health, and public safety systems in an uncoordinated manner.

PROGRAM GOAL: The Multi-Disciplinary Team program supports Medicaid and District Senior Center case managers and Adult Protective Services (APS) specialists to improve participant utilization of mental health and medical services and ADVSD programs with the goal of improving participant stability and ability to live in the community safely.

PROGRAM ACTIVITY: The Multi-Disciplinary Team program serves older adults, people with disabilities, and Veterans who have complex medical, mental health, and psycho-social needs and who have barriers to receiving needed support and assistance. Case coordination occurs in six branch offices located throughout the County. Each Multi-Disciplinary Team consists of an APS clinical services specialist, a community health nurse, a contracted mental health specialist, and a human services investigator or case manager; other professionals are involved as needed. These teams provide consultation, in-home assessments, and direct interventions to improve participant safety and stabilize participants in their own homes. Multi-Disciplinary Team staff may provide short-term monitoring following the closure of an APS investigation for people with complex care plans. A detailed program evaluation of the Multi-Disciplinary Team program was conducted in FY16 which led to substantive program improvements including targeting participants who are most likely to benefit from Multi-Disciplinary Team services. The evaluation also led to recommended changes in how program impact is measured for participants and changes are scheduled to be implemented in FY18.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of Multi-Disciplinary Team (MDT) participants	672	672	559	675
Outcome	% of participants with improved ADVSD service utilization after MDT as compared to before	N/A	N/A	N/A	32.00%
Output	# of participants who received nursing clinical supports and/or mental health services through MDT	533	533	450	500
Outcome	% of staff who report that MDT provides support they could not find elsewhere	47.11%	47.11%	47.11%	47.00%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$431,779	\$345,036	\$433,335	\$353,254
Contractual Services	\$211,875	\$259	\$206,060	\$1,000
Materials & Supplies	\$8,905	\$9,585	\$2,500	\$6,844
Internal Services	\$55,354	\$89,540	\$46,841	\$95,893
Total GF/non-GF	\$707,913	\$444,420	\$688,736	\$456,991
Program Total:	\$1,152,333		\$1,145,727	
Program FTE	3.36	2.76	3.29	2.76

Program Revenues				
Indirect for Dept. Admin	\$20,841	\$0	\$35,961	\$0
Intergovernmental	\$0	\$444,420	\$0	\$456,991
Total Revenue	\$20,841	\$444,420	\$35,961	\$456,991

Explanation of Revenues

\$456,991 – Title XIX

Significant Program Changes

Last Year this program was: FY 2017: 25024A ADVSD Adult Protective Services

This Program Offer was part of FY17 25024A ADVSD Adult Protective Services and is not a request for new funding.

Department: County Human Services

Program Contact: Joe Easton

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides older adults, people with disabilities, and Veterans with equitable and efficient access to quality Medicaid long-term services and supports. Transition & Diversion is a targeted program of LTSS directed toward people in hospitals and currently living in nursing facilities. Services promote home and community living with person-centered planning that addresses their specific needs, wishes, and desires and improves their quality of life.

Program Summary

ISSUE: Multnomah County and the State of Oregon are national leaders in supporting older adults, people with disabilities, and Veterans to live in community settings which are less costly and less restrictive than nursing facilities. The Centers for Medicare and Medicaid Services recognizes this goal as a best practice for controlling health care costs and ensuring a better experience for individuals needing Medicaid long-term services and supports.

PROGRAM GOAL: The Transition & Diversion program goal is to help older adults, people with disabilities, and Veterans live in the community and setting of their choice rather than in institutional settings. The results from the Transition & Diversion program include minimizing the use of more costly nursing facility care and reducing unnecessary hospitalizations and readmissions.

PROGRAM ACTIVITY: Transition & Diversion staff work with individuals discharging from the hospital, who do not want to live permanently in a nursing facility, to return home or find a community living option (adult care home, assisted living facility, or residential living facility). They arrange for supports to ensure the safety of the individual returning to community living. Transition & Diversion staff also help individuals who live in nursing facilities to relocate to community living settings if they desire to leave the nursing facility. This is done by connecting them with services and assistance to help them live safely in the community. The Transition & Diversion program serves all nursing facility eligible individuals in Multnomah County with an average caseload of 35 participants per case manager.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of nursing facility eligible individuals transitioned on a monthly basis by Transition & Diversion	1,297	1,297	1,297	1,300
Outcome	% of nursing facility eligible individuals transitioned on a monthly basis through Transition & Diversion	4%	4%	4%	4%
Outcome	Average monthly % of transitioned participants to home	40%	40%	40%	44%
Outcome	Average monthly % of transitioned participants to a community-based setting	34%	34%	34%	35%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer the Medicaid and Supplemental Nutrition Assistance Program (SNAP) programs in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities. The programs are guided by federal regulations or rules including those in the Social Security Act, Medicaid Administration, and SNAP.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$2,717,972	\$0	\$2,794,417
Contractual Services	\$231,112	\$4,283	\$338,253	\$5,000
Materials & Supplies	\$0	\$83,153	\$0	\$68,905
Internal Services	\$0	\$654,085	\$0	\$888,209
Total GF/non-GF	\$231,112	\$3,459,493	\$338,253	\$3,756,531
Program Total:	\$3,690,605		\$4,094,784	
Program FTE	0.00	28.00	0.00	28.00

Program Revenues				
Indirect for Dept. Admin	\$164,166	\$0	\$284,472	\$0
Intergovernmental	\$0	\$3,459,493	\$0	\$3,756,531
Total Revenue	\$164,166	\$3,459,493	\$284,472	\$3,756,531

Explanation of Revenues

\$3,756,531 – Title XIX

Significant Program Changes

Last Year this program was: FY 2017: 25023 ADVSD Long Term Care Program

This Program Offer was part of FY17 25023 ADVSD Long Term Care Program and is not a request for new funding.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans through a continuum of access and early intervention programs. Outreach and information services is the entry point for helping people maintain their independence and contributes to quality of life through service access. The Aging and Disability Resource Connection Helpline (ADRC) is a contact center that provides people with access to information, assistance, and resources specific to their needs.

Program Summary

ISSUE: The network of public and private sector services and resources is complex and can be difficult to navigate and access. Multnomah County's Aging and Disability Resource Connection Helpline (ADRC) assists older adults, people with disabilities, Veterans, and their family members to navigate this complex system by providing appropriate information, assistance, and connection to community programs and benefits through their first contact with a trained specialist.

PROGRAM GOAL: The goal of the ADRC is to increase awareness of and access to services. The core service of the ADRC is Information and Assistance (I&A) which is governed by rigorous national standards through the Association of Information & Referral Services. Aging, Disability & Veterans Services Division's outreach and information services help meet a department-wide goal to increase ease of resource navigation and equity in access for our community.

PROGRAM ACTIVITY: ADVSD and contracted partners have certified I&A specialists who provide comprehensive service delivery through information and assistance, follow-up, and crisis intervention. Specialists ensure vulnerable individuals in difficult circumstances get the help they need and perform crisis intervention to ensure the safety of the participant or others. I&A specialists screen and refer individuals for Medicare and long-term care options counseling, public benefits such as Medicaid and the Supplemental Nutrition Assistance Program, and more intensive services such as Oregon Project Independence, Medicaid in-home services, Adult Protective Services, Developmental Disabilities, Weather & Disaster Line, and the Mental Health Crisis Line. The ADRC partners with 211Info to create a cohesive information and assistance system. The top referrals for the ADRC include Medicare, housing assistance, energy assistance, and District Senior Centers. Community partnerships are central to the work as contracted District Senior Centers and Enhancing Equity partners provide 21% of all I&A client contacts for our region. These partners serve as a culturally responsive and culturally specific entry point for the community by providing education, recreation opportunities, and person-centered intergenerational services, and leveraging resources including volunteer hours and in-kind and cash donations. I&A staff at these community sites provide individuals with information about services and opportunities available in the community, link them with services and opportunities, and provide follow-up.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of County ADRC calls ¹	56,963	60,000	56,963	57,300
Outcome	% of participants who would recommend ADRC	90%	90%	90%	90%
Output	# of referrals to County and community partner agencies from ADRC	37,252	37,253	37,252	37,500
Outcome	% of participants with increased ADVSD service utilization after contact with the ADRC	83%	83%	83%	83%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.
¹ADRC includes Multnomah County staff and contracted partners.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer programs under the federal Older Americans Act, in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$560,653	\$609,493	\$267,336	\$842,684
Contractual Services	\$500,748	\$839,428	\$829,860	\$261,545
Materials & Supplies	\$29,457	\$19,500	\$6,809	\$35,164
Internal Services	\$0	\$327,714	\$47,649	\$179,701
Total GF/non-GF	\$1,090,858	\$1,796,135	\$1,151,654	\$1,319,094
Program Total:	\$2,886,993		\$2,470,748	
Program FTE	5.68	4.94	2.61	8.59

Program Revenues				
Indirect for Dept. Admin	\$15,380	\$0	\$70,261	\$0
Intergovernmental	\$0	\$1,460,478	\$0	\$1,307,094
Beginning Working Capital	\$0	\$0	\$0	\$12,000
Total Revenue	\$15,380	\$1,460,478	\$70,261	\$1,319,094

Explanation of Revenues

\$10,000 – Senior Medicaid Patrol Grant
 \$1,850 – City of Faiview
 \$3,000 – City of Troutdale
 \$12,000 – Federal/State Beginning Working Capital
 \$224,407 – Outreach & Enrollment Assistance - MIPPA
 \$20,000 – Senior Health Insurance Benefits Assistance (SHIBA)
 \$64,593 – Title IIIB; \$10,240 – Title VIIB
 \$2,000 – Title IIIE; \$857,410 – Title XIX; \$113,595 – State of Oregon General Fund

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides older adults, people with disabilities, and Veterans equitable and efficient access to quality nutrition services that meet their diverse needs and expectations. Nutrition services increase health and reduce social isolation through culturally-responsive and culturally-specific services to maintain participants' independence and improve quality of life. Through federal, state and county funding, a network of community partners provide nutrition education and nutritious congregate and home-delivered meals.

Program Summary

ISSUE: As the federally designated Area Agency on Aging, ADVSD conducted listening sessions in 2016 with participants from diverse communities who identified that barriers to nutrition include a lack of both affordable food as well as access to culturally-specific meals.

PROGRAM GOAL: The Nutrition Program provides meals to older adults, people with disabilities, and Veterans who may be at nutritional risk, which is measured through a validated nutrition risk assessment. This program provides access to healthy meals; promotes health and prevents disease; reduces malnutrition risk and improves nutritional status; reduces social isolation, and links people to community-based services. Adequate nutrition, on a daily basis, is the key to a person maintaining adequate health necessary to live at home according to the U.S. Administration on Community Living.

PROGRAM ACTIVITY: The Nutrition Program is part of the access and early intervention continuum of care designed to support independent living. ADVSD funds organizations who provide congregate and home-delivered meals throughout Multnomah County that meet the tastes and preferences of diverse participants. Contracted providers serve those who have the greatest social and economic needs with special attention to individuals who are isolated, low-income, minority, and have limited English proficiency. In FY16, 28% of program participants said they were an ethnic or racial minority. Nutrition services are supported by the federal Older Americans Act, State, and County funding. All nutrition providers are required to be culturally responsive to the priorities and challenges facing diverse communities, while culturally-specific providers improve outcomes and meet preferences of a particular culture or group of cultures. In FY18, ADVSD will increase the percentage of funding to culturally-specific providers.

Congregate meals are provided at nutrition sites, District Senior Centers, or other group settings. Home delivered meals are delivered to homebound individuals; frozen meals may be provided to cover weekends, holidays, and severe weather events. Meal contractors also provide nutrition education to promote better health by providing accurate nutrition and health information or instruction. ADVSD partners with the Multnomah County Health Department to provide a registered dietitian to review menu planning and ensure compliance with federal and state nutrition guidelines.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of meals served	636,231	636,231	636,231	625,000
Outcome	% of high nutritional risk participants who experienced a reduction in their annual risk score	11%	11%	11%	12%
Outcome	% of participants with increased ADVSD service utilization after receiving nutrition services	33%	33%	33%	40%
Outcome	% of home delivered meal participants satisfied or very satisfied with nutritional services	95%	95%	95%	95%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer programs under the federal Older Americans Act, in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$22,244	\$0	\$55,650
Contractual Services	\$464,716	\$1,633,524	\$461,716	\$1,570,130
Materials & Supplies	\$0	\$0	\$0	\$734
Internal Services	\$0	\$1,931	\$0	\$6,184
Total GF/non-GF	\$464,716	\$1,657,699	\$461,716	\$1,632,698
Program Total:	\$2,122,415		\$2,094,414	
Program FTE	0.00	0.28	0.00	0.50

Program Revenues				
Indirect for Dept. Admin	\$1,344	\$0	\$0	\$0
Intergovernmental	\$0	\$1,652,699	\$0	\$1,627,698
Beginning Working Capital	\$0	\$5,000	\$0	\$5,000
Total Revenue	\$1,344	\$1,657,699	\$0	\$1,632,698

Explanation of Revenues

\$5,000 – Federal/State Beginning Working Capital
 \$78,000 – OPI PWD Pilot Project
 \$62,568 – Title IIIB
 \$386,251 – Title IIIC-1
 \$627,142 – Title IIIC-2
 \$473,737 – U.S. Department of Agriculture

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

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

Program Contact: Erin Grahek
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans by providing health promotion activities and interventions that support healthy, active living, and chronic disease self-management that contribute towards quality of life. Working with culturally-specific and culturally-responsive community organizations, ADVSD employs proven practices to maintain or improve health through exercise, disease self-management, healthy eating, and other activities. These services are part of ADVSD's access and early intervention continuum.

Program Summary

ISSUE: Older adults are at risk of developing chronic health conditions and have risk factors for falling, precipitating further health decline, and potential hospitalization.

PROGRAM GOAL: As a federally designated Area Agency on Aging, ADVSD is required by the U.S. Administration for Community Living to provide Evidence-Based Health Promotion and Disease Prevention (EBHP) programs that support older adults, people with disabilities, Veterans, and caregivers to adopt healthy behaviors, improve health status, better manage chronic conditions, reduce hospitalizations, and reduce risk of falling. Evidence-based programs have been proven by scientific research to improve health outcomes and reduce healthcare costs.

PROGRAM ACTIVITY: Evidence-based health promotion activities include physical activity and exercise, healthy eating, chronic disease self-management, fall prevention, medication management, anxiety and depression management, and Alzheimer's disease and dementia support. This Program Offer provides health promotion programs and outreach to minority and at-risk populations. With numerous community partnerships hosting preventative activities, ADVSD coordinates to streamline access to services and support healthy aging. Community agencies provide evidence-based programs including Tai Chi Moving for Better Balance; Living Well with Chronic Conditions; PEARLS— treatment program for depression; Diabetes Prevention Program; and Powerful Tools for Caregivers. Each program has required elements that are conducted with fidelity to the curriculum proven in clinical trials. In the coming year, ADVSD will increase access to these services by establishing a calendar of activities on the County's website and will utilize a new statewide database that will manage registration and data collection. Evidence-based health promotion programs serve a wider department goal of preventing health decline and supports the ability for individuals to age in place while providing proven health care cost savings.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of people enrolled in evidence-based health promotion activities	744	744	744	750
Outcome	% of EBHP participants who had a reduction in fall risk compared to non-EBHP participants ¹	55%	55%	55%	55%
Outcome	% of EBHP participants with a reduction in hospitalizations compared to non-EBHP participants ¹	36%	36%	36%	36%

Performance Measures Descriptions

New Measures – See Significant Program Changes section for explanation.

¹Outcomes are from national EBHP clinical trials and are not data from Multnomah County participants; however, ADVSD undertakes fidelity monitoring to ensure similar outcomes. Information regarding falls prevention taken from clinical trials from the Tai Chi: Moving for Better Balance Program, created at the Oregon Research Institute. Hospitalization reduction is taken from clinical trials for Stanford's Chronic Disease Self-Management suite of programs.

Legal / Contractual Obligation

The federal Older Americans Act requires funding be used for evidence-based activities that meet their standards for effectiveness as tested through clinical trials.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$91,503	\$383,958	\$0	\$681,926
Contractual Services	\$0	\$501,178	\$0	\$606,527
Materials & Supplies	\$0	\$6,350	\$0	\$4,216
Internal Services	\$0	\$8,758	\$46,130	\$70,824
Total GF/non-GF	\$91,503	\$900,244	\$46,130	\$1,363,493
Program Total:	\$991,747		\$1,409,623	
Program FTE	1.01	3.80	0.00	6.50

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$30,663	\$0
Intergovernmental	\$0	\$900,244	\$0	\$1,087,868
Other / Miscellaneous	\$0	\$0	\$0	\$275,625
Total Revenue	\$0	\$900,244	\$30,663	\$1,363,493

Explanation of Revenues

\$290,630 – ADRC Mental Health Grant
 \$275,625 – Providence Health & Services
 \$258,778 – Older & Disabled Mental Health Services
 \$249,544 – Options Counseling & Gatekeeper Services
 \$98,655 – Evidence Based Health Promotion
 \$96,135 – OHSU Care Transition Program
 \$55,650 – Title IIIB
 \$38,476 – Title IIID

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 Access & Early Intervention Services has been split into 7 Program Offers: 25032 Outreach, Information & Referral, 25033 Nutrition, 25034 Health Promotion, 25035 Case Management & In-home Services, 25036 Safety Net Services, 25037 Transportation Services, and 25038 Advocacy & Community Program Operations.

In 2016, ADVSD developed and implemented a division-wide performance management system to articulate and test participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measurements.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans, through a continuum of access and early intervention programs, to have equitable and efficient access to quality services and programs that meet their diverse needs and expectations. For individuals living at home, at risk for nursing facility placement, and not receiving Medicaid, Oregon Project Independence (OPI) provides critical case management and in-home supports that helps them remain at home.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans may experience complex or multiple problems that interfere with their ability to remain in their homes. As the federally designated Area Agency on Aging, ADVSD creates a strategic plan for service delivery every 4 to 7 years. To understand participant's needs in relation to this year's plan, ADVSD conducted listening sessions in 2016 with participants from diverse communities who recommended bolstering our coordinated delivery system and providing culturally specific, trauma-informed case management, and in-home supports.

PROGRAM GOAL: The goal of case management and in-home services, funded by OPI and other sources, is to engage participants in a person-centered, comprehensive approach to support their ability to remain at home, maintain independence, and achieve cost savings. These services have been shown to delay an individual's need for more costly Medicaid services and nursing facility care. Case management contributes to DCHS goals of contributing to housing security and maintaining or increasing independence of vulnerable adults. Research conducted by Boston University Center for Psychiatric Rehabilitation (2009) showed that case management can improve housing stability. The study found that integration of services such as housekeeping or grocery shopping led to improvements in housing outcomes and demonstrated the need for programs to provide community integration and prevent isolation.

PROGRAM ACTIVITY: The ADVSD Case Management and In-Home Services program is part of the access and early intervention continuum. This program provides resources and supports through partnerships with culturally responsive and culturally specific community organizations. Case managers work with participants to assess their need for services, determine eligibility, authorize and coordinate services, and develop, implement, monitor, and evaluate the person-centered care plan. Examples of in-home services that may be provided include housekeeping, personal care, grocery shopping and adult day respite services. Case managers regularly reassess the needs of participants, advocate on their behalf, and provide follow-up. Individuals may also receive counseling on community and long-term services and support care options. Options Counseling helps people to build a person-centered care plan so they can determine the resources that are best for them. These services are funded through a variety of sources including: County General Funds; the federal Older Americans Act; Oregon Project Independence (State General Funds); and the U.S. Veterans Administration.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of people receiving case management and/or in-home services	3,258	3,258	3,258	3,200
Outcome	% of participants who believe they are more independent as a result of Options Counseling services ¹	76%	76%	76%	76%
Outcome	% of family caregivers who report services received were excellent or good	85%	85%	85%	85%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget. ¹Option Counseling participant perception of independence based on statewide survey for the Aging and Disability Resource Connection of Oregon: 50% of Options Counseling participants reside in Multnomah County statewide.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer programs under the Federal Older Americans Act, in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$629,783	\$140,768	\$551,519
Contractual Services	\$1,244,770	\$3,559,770	\$1,044,183	\$3,432,343
Materials & Supplies	\$0	\$0	\$11,484	\$0
Internal Services	\$0	\$0	\$79,156	\$0
Total GF/non-GF	\$1,244,770	\$4,189,553	\$1,275,591	\$3,983,862
Program Total:	\$5,434,323		\$5,259,453	
Program FTE	0.00	6.26	1.13	5.27

Program Revenues				
Intergovernmental	\$0	\$3,706,104	\$0	\$3,937,392
Beginning Working Capital	\$0	\$32,000	\$0	\$12,000
Service Charges	\$0	\$40,470	\$0	\$34,470
Total Revenue	\$0	\$3,778,574	\$0	\$3,983,862

Explanation of Revenues

\$34,470 – Client Employer Provider Fees
 \$12,000 – Federal/State Beginning Working Capital
 \$51,358 – Oregon Money Management Program
 \$469,808 – Oregon Project Independence
 \$380,736 – OPI PWD Pilot Project
 \$110,343 – State General Fund – Sequestration Assistance
 \$209,040 – Title IIIB; \$260,957 – Title IIIE
 \$6,811 – Title IIID; \$2,448,339 – Veteran's Self Directed Home & Community

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services and programs provided by community organizations that can meet their diverse needs and expectations. In FY18, ADVSD will be conducting a competitive solicitation for contractors providing case management and nutrition services. Because of the risk in disrupting services to vulnerable individuals, ADVSD is proposing to use one-time-only funds to provide an overlap in services if there is a change in contracted providers.

Program Summary

ISSUE: In FY18, ADVSD will conduct a competitive solicitation for case management and nutrition services. There will likely be changes in provider organizations based on a decision to focus on culturally-specific services, which could lead to disruption in services for participants unless there is adequate transition planning and resources.

PROGRAM GOAL: The goal is to ensure that participants affected by a change in provider will be transitioned to a new provider without disruption in services. Case management and nutrition services contribute to DCHS goals of maintaining or increasing independence.

PROGRAM ACTIVITY: ADVSD case management and nutrition services are provided through partnerships with culturally-responsive and culturally-specific community organizations. During a competitive solicitation for community providers, it is likely that there may be a change in organizations providing these services to older adults, people with disabilities, and Veterans who are living in the community based on a change in the way services are being procured to align with changing demographics. The County believes in the role of culturally specific services to build a sense of belonging and identity while providing vital services. This Transition Support Program Offer will enable ADVSD to mitigate disruption of services for program participants and support affected provider agency staff. Case managers assess the need for services with the program participants, determine eligibility, authorize and coordinate services, and develop, implement, monitor, and evaluate the care plan. Nutrition services provide healthy meals in congregate and in-home settings, targeting individuals who are isolated at home or at high nutritional risk.

This one-time-only funding will ensure careful coordination of the transition of participant services from one vendor to another. Funding will allow time for provider overlap to ensure clear and consistent communication and coordination of shared participant and service information. This out-of-target program offer will minimize disruption and negative impact to participants.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of participants affected by agency change who were successfully transitioned to a new provider ¹	N/A	N/A	N/A	650
Outcome	% of participants affected by agency change indicate they know their new case manager or coordinator	N/A	N/A	N/A	100%

Performance Measures Descriptions

¹Potential affected participants is unknown and number is based on total number of case managed and in-home service participants divided by the five existing District Senior Centers.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$114,000	\$0
Total GF/non-GF	\$0	\$0	\$114,000	\$0
Program Total:	\$0		\$114,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services and programs that meet their diverse needs and expectations. The Safety Net program provides emergency funds, eviction prevention assistance, and housing stabilization services to secure clean and safe housing. The program also provides medical equipment and prescription assistance to those with no other financial options to prevent health decline, increase independence, and improve quality of life.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans may be unable to attain or retain housing, medical equipment, dentures and prescription medication due to limited financial resources, lack of insurance coverage, limited mobility, and other health and public health factors.

PROGRAM GOAL: The first goal of the Safety Net program is to provide access or help maintain safe and stable housing for older adults, and people with disabilities who are experiencing homelessness, or are at risk of losing their housing, through emergency housing assistance and services. The second goal is to increase independence and prevent health decline by ensuring older adults and people with disabilities get their prescribed treatments through emergency medical and prescription assistance. The third goal is to reduce nutrition barriers, experienced by older adults and people with disabilities, by providing denture assistance. Collectively, these three goals address significant gaps experienced by low-income older adults and people with disabilities.

PROGRAM ACTIVITY: The Safety Net program is part of the access and early intervention continuum of ADVSD services. The Aging & Disability Resource Connection Helpline contact center is the primary access point for these services. Specific to the goal of providing or maintaining safe, stable housing, the Safety Net program provides direct housing assistance by facilitating housing support services such as extreme cleaning and bedbug mitigation. To ensure individuals can get their prescribed treatments and prevent health decline, the Safety Net program provides financial assistance for special medical needs, such as dentures, eyeglasses, and other durable medical equipment not covered by Medicaid, Medicare, or other programs. Short-term emergency prescription assistance is provided to cover the cost of medications and help to develop a long-term prescription coverage plan.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of people who received Safety Net Services	491	491	491	485
Outcome	% of participants in stable housing six months after receiving services	94%	94%	94%	94%
Outcome	% of fulfilled requests for medical needs assistance	82%	82%	82%	82%
Outcome	% of participants who averted eviction because of receiving Safety Net services	77%	77%	77%	77%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$145,109	\$0	\$150,441	\$0
Contractual Services	\$531,778	\$0	\$573,731	\$0
Internal Services	\$0	\$0	\$18,553	\$0
Total GF/non-GF	\$676,887	\$0	\$742,725	\$0
Program Total:	\$676,887		\$742,725	
Program FTE	1.50	0.00	1.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services and programs that meet their diverse needs and expectations by providing transportation services that help individuals with transportation and mobility barriers to maintain their independence and quality of life. Transportation services provide participants with transportation coordination, bus passes and tickets, and emergency rides for increased mobility and access to health and social services.

Program Summary

ISSUE: As the federally designated Area Agency on Aging, ADVSD held community listening sessions in 2016 with individuals from diverse communities who identified transportation coordination and services as a top priority. People with limited English proficiency were nearly twice as likely to indicate transportation was an important unmet need when compared to people fluent in English. Community listening sessions participants specifically said lack of transportation hindered their ability to go to District Senior Centers and culturally specific organizations. According to American Association of Retired Persons, more than 20% of Americans 65 and older do not drive and require mobility assistance.

PROGRAM GOAL: The goal of ADVSD transportation services is to support older adults, people with disabilities, and Veterans to have access to social services, medical care and community activities. Availability of transportation aligns with DCHS goals to improve equitable access services and health of program participants.

PROGRAM ACTIVITY: ADVSD services help address the persistent need for older adults, people with disabilities, and Veterans to access affordable transportation services for a variety of social services, go to medical appointments, and participate in community activities that reduce social isolation. Transportation services are funded through Medicaid and county funding. Medicaid service case managers and contracted community partners, including District Senior Centers, assist individuals with transportation scheduling and coordination. Transportation services include screening for eligibility, assessing needs, assisting in applications, authorizing and coordinating rides, and distributing bus passes and tickets purchased through contracts with local transportation providers. An additional component is conducting advocacy on behalf of older adults, people with disabilities, and Veterans requesting transportation services and bringing attention to the service network when demand exceeds transportation assistance supply.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of participants who received bus passes and tickets	927	927	927	950
Outcome	% of participants with improved utilization of ADVSD services after receiving transportation services	44%	44%	44%	45%
Outcome	% of participants who report increased mobility because of transportation services	N/A	N/A	N/A	75%

Performance Measures Descriptions

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

Legal / Contractual Obligation

ADVSD has a contract with Oregon Department of Human Services to administer programs under the federal Older Americans Act, in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$76,570	\$0	\$49,171
Contractual Services	\$166,942	\$2,559,114	\$168,542	\$2,266,332
Internal Services	\$0	\$8,567	\$0	\$8,020
Total GF/non-GF	\$166,942	\$2,644,251	\$168,542	\$2,323,523
Program Total:	\$2,811,193		\$2,492,065	
Program FTE	0.00	1.00	0.00	0.50

Program Revenues				
Indirect for Dept. Admin	\$5,961	\$0	\$1,452	\$0
Intergovernmental	\$0	\$2,666,377	\$0	\$2,323,523
Total Revenue	\$5,961	\$2,666,377	\$1,452	\$2,323,523

Explanation of Revenues

\$1,690,908 – Medicaid Community Transportation
\$42,000 – OPI PWD Pilot Project
\$34,911 – State General Fund – Sequestration Assistance
\$5,600 – Title IIIB
\$550,104 – TriMet Community Transportation Local Match

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services and programs through advocacy and program operations. Advocacy & Community Program Operations support a consumer directed service system through ADVSD advisory councils management, Area Plan development and management, contract administration, network advocacy, program support, and management of the volunteer Personal Advocate Program.

Program Summary

ISSUE: As the federally designated Area Agency on Aging, ADVSD engages older adults, people with disabilities, and Veterans in a variety of ways to advise ADVSD on the needs of the community and assist in planning and development of services. To do this effectively, ADVSD must engage diverse communities who can reflect on the needs and issues that they and their community face. ADVSD must also ensure that publicly funded programs are operated effectively to meet the needs of diverse communities.

PROGRAM GOAL: ADVSD Advocacy efforts ensure diverse feedback and enhances equity for volunteers, staff, and participants. Program Operations supports community-based contracted organizations to ensure consistent, quality services are available to participants.

PROGRAM ACTIVITY: The Advocacy program includes contract monitoring, Area Plan development, participant advocacy, management of three advisory councils (Multicultural Action Committee, Disability Services Advisory Council, and Senior Advisory Council), and management of the volunteer Personal Advocates program. ADVSD develops and monitors contracts for social services and nutrition programs. The Area Plan, a requirement of the Older Americans Act, describes the scope of diverse needs in the service area and outlines the goals, objectives, and key tasks to be undertaken and are reported upon annually to the federal Administration of Community Living. The councils advise ADVSD on the development and implementation of the Area Plan, ensure policies and activities meet the needs of those served and advocate by commenting on community policies, programs, and actions. Management of the advisory councils includes recruiting and retaining racially, ethnically, culturally, and regionally diverse membership, supporting regular meetings, and coordinating opportunities for member engagement and advocacy. Additionally, ADVSD manages the Personal Advocate Program which provides one-on-one peer support through specially trained volunteers to individuals facing complicated problems.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of opportunities for participant and community members to give feedback to ADVSD ¹	72	70	72	51
Outcome	% of minority representation on ADVSD Advisory Councils	11%	11%	25%	25%
Outcome	% of ADVSD contract funds dedicated to culturally specific providers ²	20%	20%	20%	38%
Output	# of volunteer hours donated through the Personal Advocates Program	8,445	8,445	8,445	8,500

Performance Measures Descriptions

New Measures – See Significant Program Changes section for explanation and previous measures.

¹FY18 numbers are lower because FY16 and FY17 involved extensive community outreach for the development of our Area Plan mandated by the Older Americans Act. Outreach involved public hearings that occur once every four years.

²Contracts are specific to the federal Older Americans Act and Oregon Project Independence and exclude Adult Care Home Program, Adult Protective Services, Public Guardian/Conservator, and Long Term Services & Supports.

Legal / Contractual Obligation

ADVSD is designated the Type B Transfer Area Agency on Aging for Multnomah County through contract with Oregon Department of Human Services and as guided by ORS Ch 410, to provide mandatory functions for older adults and people with disabilities. These include: provision of quality staffing, service planning, senior and disability advisory councils, and comprehensive and coordinated service delivery for older adults and people with disabilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$44,704	\$990,411	\$283,779	\$770,811
Contractual Services	\$581,401	\$36,801	\$297,931	\$320,728
Materials & Supplies	\$12,088	\$100,980	\$34,270	\$69,733
Internal Services	\$578,260	\$489,482	\$492,396	\$593,777
Total GF/non-GF	\$1,216,453	\$1,617,674	\$1,108,376	\$1,755,049
Program Total:	\$2,834,127		\$2,863,425	
Program FTE	0.25	10.38	2.86	7.74

Program Revenues				
Indirect for Dept. Admin	\$61,466	\$0	\$31,121	\$0
Intergovernmental	\$0	\$2,124,457	\$0	\$1,547,989
Other / Miscellaneous	\$0	\$4,500	\$0	\$4,500
Service Charges	\$0	\$213,227	\$0	\$202,560
Total Revenue	\$61,466	\$2,342,184	\$31,121	\$1,755,049

Explanation of Revenues

\$202,560 – Contractor Rentals
 \$232,051 – Foster Grandparent Program
 \$169,443 – Medicaid Community Transportation
 \$53,642 – Oregon Money Management Program
 \$104,008 – Oregon Project Independence
 \$36,154 – OPI PWD Pilot Project; \$382,304 – Title XIX
 \$499,302 – Title IIIB; \$58,585 – Veteran's Self Directed Home & Community
 \$12,500 – Title IIIC-1; \$4,500 – Volunteer Foster Grandparent Program

Significant Program Changes

Last Year this program was: FY 2017: 25020A ADVSD Access & Early Intervention Services

In FY18, Program Offer 25020 ADVSD Access & Early Intervention Services has been split into seven Program Offers: 25032 ADVSD Outreach, Information & Referral, 25033 ADVSD Nutrition Program, 25034 ADVSD Health Promotion, 25035 ADVSD Case Management & In-home Services, 25036 ADVSD Safety Net Services, 25037 ADVSD Transportation Services, and 25038 ADVSD Advocacy & Community Program Operations.

In 2016, ADVSD implemented a division-wide performance management system to measure participant outcomes and improve program administration. As a result, all ADVSD Program Offers were redesigned for FY18 to reflect the new measures. The FY17 Purchased amounts are estimates and differ from measures shown in the FY17 Adopted Budget.

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

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence need access to the type and level of service they desire when the time is right for them. Services include 24-hour wrap-around shelter support and mobile advocacy services that provide crisis services to victims who are unable to access established shelters or other crisis diversion services.

Program Summary

ISSUE: Individuals fleeing domestic violence need immediate tailored services that are mobile and culturally responsive.

PROGRAM GOAL: This offer helps meet our community goal to immediate safety and emergency response systems for those fleeing domestic violence. It is part of the County's regional response to domestic violence. Services reach more than 800 individuals annually and serve a racially and ethnically diverse population.

PROGRAM ACTIVITY: There are two main program activities:

1. This program provides supports and wrap-around services to individuals and families staying in shelters funded by the Joint Office of Homeless Services. Comprehensive shelter support services are designed to provide secure, confidential, 24-hour specialized support for victims who are fleeing domestic violence. These services include basic needs such as food and clothing, ongoing safety planning, intensive domestic violence support, specialized children's programming, advocacy, assistance accessing housing, legal referrals and assistance accessing other services.
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 services are not adequate, such as large families or those needing accommodation for disabilities. Services 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 the 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 raised by non-profits, to provide comprehensive emergency services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of domestic violence victims and children receiving comprehensive, specialized crisis services.	720	600	600	600
Outcome	% of adult victims who exit services with a lower perception of risk.	85%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$423,789	\$0	\$432,002	\$0
Total GF/non-GF	\$423,789	\$0	\$432,002	\$0
Program Total:	\$423,789		\$432,002	
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 2017: 25041 Domestic Violence Crisis Services

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

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence need access to the type and level of service they desire when the time is right for them. Domestic and Sexual Violence Administration and Coordination provides administration, planning, coordination, evaluation, technical assistance and policy support for domestic and sexual violence intervention in Multnomah County.

Program Summary

ISSUE: Domestic violence is a complex issue that requires a coordinated countywide response. 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.

PROGRAM GOAL: The goal of the program is to eliminate domestic and sexual violence by providing system-wide coordination and leadership for the community, as well as professional staffing and administration for the county's Domestic and Sexual Violence Coordination office.

PROGRAM ACTIVITY: Program activities include system-wide leadership and policy work; administration of county, state, and federal funds; coordinating collaborative responses to domestic violence; developing and coordinating effective intervention and prevention strategies; evaluating and assessing system responses in order to improve them; and providing technical assistance and policy advice to partners throughout Multnomah County. This offer also includes administration of the federal Open Doors grant, which provides technical assistance to both disability and domestic violence agencies to improve services for survivors with disabilities.

Initiatives and projects include the Family Violence Coordinating Council, a multidisciplinary stakeholders group; the Domestic Violence Fatality Review Team that analyzes cases that lead to a domestic violence fatality and identify system improvements; monthly community-based training for providers; and providing subject matter expertise in training, consultation and capacity-building within County programs and departments. The office oversees 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. This offer also includes support for operations of the Gateway Center, a coordinated one-stop center providing a wide range of services for survivors of domestic violence.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of professionals trained to understand dynamics of domestic violence and children's exposure to violence.	2486	2,000	2,000	2,000
Outcome	Percentage of non-profit partners receiving higher scores on the Open Door Disability Accessibility Tool	N/A	N/A	90%	100%
Output	Number of training events provided to public employees, law enforcement, and other community members.	100	75	75	75

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$357,420	\$74,515	\$291,035	\$80,827
Contractual Services	\$104,750	\$56,300	\$106,583	\$52,300
Materials & Supplies	\$24,667	\$8,324	\$31,948	\$4,789
Internal Services	\$79,545	\$0	\$34,899	\$18,054
Total GF/non-GF	\$566,382	\$139,139	\$464,465	\$155,970
Program Total:	\$705,521		\$620,435	
Program FTE	2.50	0.80	2.63	0.80

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$8,228	\$0
Intergovernmental	\$0	\$137,425	\$0	\$154,470
Other / Miscellaneous	\$0	\$1,700	\$0	\$1,500
Total Revenue	\$0	\$139,125	\$8,228	\$155,970

Explanation of Revenues

\$154,270 - 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 2017: 25044A Domestic Violence Coordination

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

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence need access to the type and level of service they desire when the time is right for them. This offer funds the Defending Childhood Initiative (DCI) which provides technical assistance and staffing to coordinate efforts that recognize, respond to and prevent childhood exposure to violence and trauma.

Program Summary

ISSUE: 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 GOAL: The goal of the Defending Childhood Initiative is to eliminate children's exposure to violence and to promote healthy relationships.

PROGRAM ACTIVITY: Preventing children and youth exposure to violence and providing a strong response to violence are complex goals that require multiple, informed solutions. The Defending Childhood Initiative works with partners from a variety of service systems to enhance professionals' capacity to recognize, respond to and prevent childhood exposure to all forms of violence and trauma.

Defending Childhood Initiative activities include:

1. Provide professional development and training to ensure that professionals who spend time with children and youth, such as teachers and daycare providers, have the tools and skills to recognize and respond to childhood exposure to violence in a way that is trauma informed and culturally competent.
2. Collaborate with mental health, education, health care, early childhood, human services, juvenile justice, etc. professionals and partners to ensure that policies and programs are developed to best support children, youth and families impacted by violence and trauma.
3. Public awareness campaigns to highlight the issue of childhood exposure to violence so that communities are educated and possess the tools needed to prevent violence from happening.
4. Collaboration with other departments and systems to coordinate prevention and response efforts around childhood exposure to violence including LPSCC, Health Department, Dept of Community Justice, all local school districts and local social service providers.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of child and youth-serving professionals trained to recognize and respond to childhood exposure to violence	1598	700	700	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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$285,694	\$0	\$132,529
Contractual Services	\$50,000	\$0	\$0	\$130,000
Materials & Supplies	\$0	\$24,733	\$0	\$11,305
Internal Services	\$0	\$79,719	\$0	\$41,302
Total GF/non-GF	\$50,000	\$390,146	\$0	\$315,136
Program Total:	\$440,146		\$315,136	
Program FTE	0.00	1.80	0.00	1.17

Program Revenues				
Indirect for Dept. Admin	\$17,256	\$0	\$21,440	\$0
Intergovernmental	\$0	\$390,146	\$0	\$315,136
Total Revenue	\$17,256	\$390,146	\$21,440	\$315,136

Explanation of Revenues

\$315,136 OJJDP DCI Safe & Thriving based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25045 Defending Childhood Initiative

Eliminates 1.0 FTE Research and Evaluation Analyst 2 position due to reduced funding as part of ending Defending Childhood grant. Adds .3 FTE program specialist to support the new Defending Childhood Safe and Thriving Communities grant. Eliminates \$50,000 funding for the TOSA 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

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence need access to the type and level of service they desire when the time is right for them. This offer funds legal advocacy and civil legal services for survivors of domestic violence through contracted services at local non-profit agencies. It also supports advocacy in the restraining order services room at the Multnomah County courthouse.

Program Summary

ISSUE: The cost of legal representation can be prohibitive for survivors who have low or no income and have been financially exploited by their abusers. There are very few resources for legal assistance available for low-income survivors. As a result, survivors of domestic violence often are forced to appear in court without representation or legal advocacy. Domestic violence survivors and provider agencies report that civil legal services are one of the highest unmet needs for domestic violence survivors.

PROGRAM GOAL: The goal of the program is reduce domestic violence by providing civil legal advocacy and civil legal services to help survivors to safely end abusive relationships and resolve issues that cannot be addressed by human service or criminal justice interventions.

PROGRAM ACTIVITY: Program activities focus on the provision of legal assistance. 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. These 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 non-profit agencies including Legal Aid Services of Oregon. This funding also supports advocacy in the restraining order services room at Multnomah County courthouse.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy.	N/A	800	800	800
Outcome	% of retained cases with a court action filed or contested by an attorney.	N/A	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$199,844	\$30,637	\$172,452	\$30,637
Materials & Supplies	\$0	\$491	\$0	\$0
Total GF/non-GF	\$199,844	\$31,128	\$172,452	\$30,637
Program Total:	\$230,972		\$203,089	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$31,128	\$0	\$30,637
Total Revenue	\$0	\$31,128	\$0	\$30,637

Explanation of Revenues

\$30,637 - OJD Court Care Center based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25046A Domestic Violence Legal Services

Reduction in Proposed County General Fund due to the Constraint

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25046
Program Characteristics:

Executive Summary

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence need access to the type and level of service they desire when the time is right for them. This offer provides funding for the Court Care program, providing child care for children while their parents participate in domestic violence-related court activities.

Program Summary

ISSUE: The cost of legal representation can be prohibitive for survivors who have low or no income and have been financially exploited by their abusers. There are very few resources for legal assistance available for low-income survivors. There are also few child care options for parents whose children cannot attend court hearings due to age or sensitivity.

PROGRAM GOAL: The goal of the program is reduce domestic violence, childhood exposure to violence and financial burden for survivors of domestic violence by providing child care during court activities.

PROGRAM ACTIVITY: This program provides no cost, trauma informed child care for children while their parents are at the courthouse for domestic violence related activities, such as attending restraining order hearings, custody and parenting determinations and other civil matters. Reducing barriers to seeking 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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served	190	198	198	198
Outcome	% of households able to access childcare when needed	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	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$31,000	\$0
Total GF/non-GF	\$0	\$0	\$31,000	\$0
Program Total:	\$0		\$31,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 60076
Program Characteristics:

Executive Summary

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence should have access to the type and level of service they desire when the time it is right for them. 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. DVERT works closely with law enforcement to provide after-hours victim services and crisis response.

Program Summary

ISSUE: Complex domestic violence cases with a high risk of ongoing, severe abuse or potentially lethal outcomes require an immediate multidisciplinary collaborative response in order to de-escalate violence and prevent domestic violence related deaths in our community.

PROGRAM GOAL: The goal of DVERT interventions is to reduce repeated violence and prevent deaths.

PROGRAM ACTIVITIES: DVERT provides after-hours victim advocates to provide immediate on-scene crisis response, safety planning and victim support following police response to domestic violence crimes. DVERT advocates are co-located with police.

DVERT provides immediate crisis response, ongoing victim support services, client financial assistance, criminal justice intervention, and coordination across multiple agencies. 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 service improvement at the intersection of high-risk domestic violence and other interventions. Historically, advocates have been available seven nights per week within all Portland Police Bureau Precincts and four nights a week for East County jurisdictions to provide immediate response at night and on weekends when most other services are unavailable. With staffing changes in FY18, services will expand to offer advocate availability 7 days a week throughout the county.

DVERT staff participate 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 partners include Multnomah County Domestic and Sexual 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).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention.*	293	200	200	300
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.	771	650	650	650

Performance Measures Descriptions

* Numbers expected to increase with additional staffing capacity

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$109,392	\$0	\$347,576	\$0
Contractual Services	\$327,500	\$165,689	\$99,431	\$118,196
Materials & Supplies	\$2,678	\$15,796	\$3,139	\$3,700
Internal Services	\$12,763	\$0	\$13,585	\$0
Total GF/non-GF	\$452,333	\$181,485	\$463,731	\$121,896
Program Total:	\$633,818		\$585,627	
Program FTE	1.00	0.00	4.00	0.00

Program Revenues				
Intergovernmental	\$0	\$181,485	\$0	\$121,896
Total Revenue	\$0	\$181,485	\$0	\$121,896

Explanation of Revenues

\$121,896 - US Department of Justice Office on Violence Against Women, Award#2014-WE-AX-0043

Significant Program Changes

Last Year this program was: FY 2017: 25047 Domestic Violence Enhanced Response Team

A portion of contracted advocate services will be reallocated as Multnomah County staffing to increase capacity and availability of services - 3.0 FTE.

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

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence should have access to the type and level of service they desire when the time is right for them. This offer provides culturally-specific and targeted services to under-served 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

ISSUE: Domestic violence manifests itself differently in different communities. Survivors report an increased level of comfort when they are able to access services from within their own community.

PROGRAM GOAL: The goal of this offer is to provide access to culturally specific and population-specific services in order to increase the efficacy of domestic violence services.

PROGRAM ACTIVITY: This offer provides specialized domestic violence services for the following populations: African American, Latino, Native American, Slavic/Russian immigrants, African immigrants, LGBTQ, seniors and people with disabilities.

Services that are developed and delivered by specific communities are more accessible to and a better match for 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. Services are contracted out through a variety of service providers from within the communities they serve.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of individuals receiving culturally/population-specific domestic violence services.	1094	800	800	800
Outcome	Percentage of victims who exit services with a lower perception of risk.	87%	85%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$484,668	\$0	\$494,746	\$0
Total GF/non-GF	\$484,668	\$0	\$494,746	\$0
Program Total:	\$484,668		\$494,746	
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 2017: 25048A Culturally Specific and Underserved Domestic & Sexual Violence Services

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25048
Program Characteristics: One-Time-Only Request

Executive Summary

Individuals leaving domestic violence require access to employment opportunities to reduce dependency on abusers. An improved quality of life is achieved when people experience autonomy, economic stability and a life without violence. This offer adds economic empowerment programming by funding a job coach specializing in working with the LGBTQ population at the Gateway Center for Domestic Violence.

Program Summary

ISSUE: Economic dependence is one of the primary reasons victims of domestic violence cite as a barrier to leaving an unsafe situation. The intersectionality of sexual orientation and gender adds another layer of complexity when providing services; LGBTQ populations are often hesitant to access traditional domestic violence programs and/or employment programs for fear of discrimination.

PROGRAM GOAL: LGBTQ individuals who are survivors of domestic violence will have access to culturally appropriate workforce and employment services.

PROGRAM ACTIVITY: This program offer expands services available to the LGBTQ population by adding an economic empowerment position at the Gateway Center that is focused on employment, outreach and job training services for the LGBTQ population.

One position will be contracted out to a local service provider with expertise in both domestic violence and LGBTQ populations to provide staffing to work with LGBTQ survivors seeking employment and training services through Gateway.

The economic opportunity position provides survivors with access to a variety of job-related services including job training, resume preparation services, job development, skill building, interview practice, application assistance, job search and job referrals. The position works with both traditional employment services such as WorkSystems and the Employment Department as well as private job developers to help LGBTQ individuals become economically independent and escape domestic violence by securing stable employment.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Survivors engaging in job-related services	N/A	N/A	N/A	100
Outcome	% of survivors obtaining employment	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	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$68,000	\$0
Total GF/non-GF	\$0	\$0	\$68,000	\$0
Program Total:	\$0		\$68,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Community-Based Sexual Assault services improve the immediate safety and quality of life for victims of sexual assault. Individuals who have experienced sexual assault should have access to the type and level of service they desire when the time is right for them regardless of whether or not they choose to work with the criminal justice system to prosecute the attacker. This offer provides services to victims of sexual assault and includes specialized services for medical and legal advocacy, case management, support groups, and counseling.

Program Summary

ISSUE: Oregon has the second-highest lifetime prevalence of rape in the country according to research completed by the Centers for Disease Control and Prevention. Crisis lines report more than 2,000 calls each year seeking sexual assault services. The majority of sexual assault survivors -- at least 75% -- choose to avoid working with the criminal justice system for various reasons, and thus are not eligible for traditional sexual assault victim services. 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.

PROGRAM GOAL: Community based sexual assault and trauma services are available regardless of victim willingness to engage with police.

PROGRAM ACTIVITY: This offer funds two staff to provide comprehensive community-based services to victims of rape or sexual assault. Services are offered in a variety of non-traditional settings including community health clinics, urgent care centers, homeless shelters and schools.

Services are provided through community based service providers and include medical and legal advocacy, case management, support groups, counseling, and flexible client funds for emergency needs. Limited relocation funds are also available. Contracted partners work with Multnomah County, the Sexual Assault Task Force, local criminal justice systems, medical and mental health providers, and victim services providers to coordinate response and increase capacity in the community for these services through documentation of need and technical assistance and training for new providers.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of sexual assault survivors who receive comprehensive, specialized advocacy services.	N/A	65	65	65
Outcome	Percent of sexual assault survivors who report feeling supported by working with an advocate.	N/A	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$200,000	\$0	\$204,500	\$0
Total GF/non-GF	\$200,000	\$0	\$204,500	\$0
Program Total:	\$200,000		\$204,500	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25049 Sexual Assault Services

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

A stable source of income is critical to stabilizing individuals and families and helping them reach their personal goals and achieve economic stability. Having an income source empowers individuals and allows them the ability to focus on other service needs and goals. The Benefits Acquisition Program utilizes a proven program model to assist individuals with mental illness, addictions, and other disabilities in accessing federal disability benefits, such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Program Summary

ISSUE: The application process for federal benefits is long and complicated. Many individuals have disabilities that entitle them to benefits yet they have been unable to access them because the application and appeals processes are not easily navigated, and require a high level of documentation.

PROGRAM GOAL: The goal of the program is to ensure that anyone entitled to disability benefits is able to access them as quickly as possible. Seventy-five percent of those served 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 without assistance. 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. The Benefits Acquisition Program assists an average of 245 individuals annually who are served in County-funded programs such as the Multnomah Treatment Fund, the Homeless Families System of Care, or other County-funded programs.

PROGRAM ACTIVITY: Services include eligibility screening, application assistance, appeals process advocacy, case management, transportation to appointments and hearings, and medical and other documentation to individuals evaluated to be potentially eligible for SSI/SSDI.

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 Benefits and Entitlement Specialist Team (BEST) program that are jointly contracted with the Benefits Acquisition Program to provide similar services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of individuals served	351	175	175	175
Outcome	Percentage of individuals served who receive benefits	44%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$443,453	\$223,000	\$453,431	\$223,000
Total GF/non-GF	\$443,453	\$223,000	\$453,431	\$223,000
Program Total:	\$666,453		\$676,431	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2017: 25115A Benefit Recovery Program

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

Executive Summary

Through the Youth & Family Services Division (YFS), individuals and families have the opportunity to engage in the level and depth of culturally relevant services they want, in order to thrive. YFS Administration provides division-wide leadership, coordination of daily functions, budget development, performance management, and overall strategic direction toward this goal.

Program Summary

ISSUE: All activities and projects in the Youth & Family Services Division align with and lead toward two primary outcomes: 1. youth experience educational success; and 2. families are stable. YFS administrative staff provide accountability, leadership and data driven strategic direction toward those outcomes.

PROGRAM GOAL: The goal of the YFS Division Administration is to ensure efficient use of resources through maximizing budget resources, driving policy, effective program development, staff supervision, staff professional development, developing partnerships and overall leadership.

PROGRAM ACTIVITY: The YFS Division administers a variety of direct and contracted services that support educational success and family stability. The Division is responsible for providing, contracting for, and/or coordinating the County's investments in five core service/policy areas: Energy, Anti-Poverty/Prosperity, Education Supports, Early Childhood and Domestic and Sexual Violence. The Division functions as the County's legislatively mandated Community Action Office and is a co-convenor (with the United Way) of Early Learning Multnomah.

Activities in the area of budget development - YFS leadership develops the annual budget documents, reviews expenses quarterly, and ensures expenditures are in line with both revenue and funding guidelines. Activities to coordinate daily functions - direct supervision of staff, coordinate like activities across the division, establish procedures and practices and convene staff toward cohesion and teamwork. Performance management - create opportunities for staff to grow and learn professionally, set the overall framework for contractor data collection, reporting and program/system evaluation. YFS leadership provides strategic direction through the collaborative development of a Division strategic plan and directs projects. In addition, YFS is a partner-driven organization; staff have effective relationships and partnerships with other Divisions, organizations and jurisdictions (for example, nonprofit partners, the Joint Office of Homeless Services, the City of Portland, Home Forward, School Districts, District Attorney's office, Health Department, Library, Oregon Department of Human Services and Oregon Housing and Community Services), to increase the delivery of effective and culturally responsive services in this community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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 Division administrative services	NA	85%	80%	80%

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,324,506	\$0	\$1,312,149	\$49,995
Contractual Services	\$96,394	\$0	\$57,247	\$0
Materials & Supplies	\$29,950	\$0	\$152,122	\$5
Internal Services	\$177,524	\$0	\$138,357	\$0
Total GF/non-GF	\$1,628,374	\$0	\$1,659,875	\$50,000
Program Total:	\$1,628,374		\$1,709,875	
Program FTE	11.00	0.00	10.73	0.27

Program Revenues				
Intergovernmental	\$0	\$50,000	\$0	\$50,000
Total Revenue	\$0	\$50,000	\$0	\$50,000

Explanation of Revenues

\$50,000 - City of Portland Intergovernmental Agreement

Significant Program Changes

Last Year this program was: FY 2017: 25118 Community Services Administration (CSA)

This program offer now captures administrative activities, and staff, for the entire YFS Division. In the past some of these activities were described in PO: 25143- SUN Service System Administration and 25044 Domestic Violence Coordination.

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

Ensuring that there is sufficient heat in a home, the lights are on and water is hot is critical for households to have quality of life. Having functional utilities make it certain that a young person can study at home, an older adult is living safely and families remain stable. The Energy Assistance Program provides households who live on fixed or low income with financial assistance to help meet their energy costs, avoiding utility shutoffs and housing instability.

Program Summary

ISSUE: Energy costs disproportionately affect households who live on fixed or low income. 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.

PROGRAM GOAL: The goal of energy services is to provide one-time annual energy payments to utilities for households who live on a fixed or low income and who are struggling with energy costs, so they can remain stably housed.

PROGRAM ACTIVITY: The Energy Assistance Program helps households with fixed or low incomes to avoid utility shut off and potential loss of housing by providing a one-time payment for their heating and/or electricity bill. 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. Energy bill payment assistance is delivered through seven community non-profit agencies to make these utility payments for fixed and low-income households. On average, program participants receive \$452 in utility assistance.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households served	21,169	10,000	15,000	15,000
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	75%	75%	75%

Performance Measures Descriptions

* Program served higher than anticipated numbers due to higher state allocations; fluctuating funding allocations make estimating targets a challenge.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$539,565	\$0	\$641,700
Contractual Services	\$0	\$8,466,511	\$0	\$11,431,303
Materials & Supplies	\$0	\$102,118	\$0	\$102,729
Internal Services	\$0	\$99,260	\$0	\$174,837
Total GF/non-GF	\$0	\$9,207,454	\$0	\$12,350,569
Program Total:	\$9,207,454		\$12,350,569	
Program FTE	0.00	6.25	0.00	6.75

Program Revenues				
Indirect for Dept. Admin	\$32,556	\$0	\$65,065	\$0
Intergovernmental	\$0	\$9,207,454	\$0	\$12,350,569
Total Revenue	\$32,556	\$9,207,454	\$65,065	\$12,350,569

Explanation of Revenues

\$7,629,020 - OHCSO OEAP Energy based on current grant award; \$4,641,489 - OHCSO LIEAP Energy Program based on current grant award; \$80,000 PDX Water/Sewer D/A

Significant Program Changes

Last Year this program was: FY 2017: 25119 Energy Assistance

Offer includes \$1.5M of roll forward for OEAP award and a \$0.4M increase of the LIEAP award.

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

Homes that are safe and adequately weatherized contribute to the well-being and overall economic stability of households living on fixed and low incomes. The Weatherization Program provides energy use audits, weatherization services, furnace repair and replacement, and appliance replacement to fixed and low-income households. County staff and vendors provide these services.

Program Summary

ISSUE: 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.

PROGRAM GOAL: The goal of the Weatherization Program is to improve livability and affordability of housing for households living on fixed and low incomes. Weatherized homes have reduced energy consumption through updated appliances, windows, furnaces and related items in the home.

PROGRAM ACTIVITY: The Weatherization Program provides energy use audits, weatherization services, furnace repair and appliance replacement households living on fixed and low incomes. The audits indicate what repairs and/or improvements are necessary in a home in order to reduce energy use and lower utility bills. Weatherization services that result from the audit include the following services that are delivered by local contractors: insulating an attic, floor and walls, air and duct sealing, repair/replace heating systems, replacing windows and patio doors, safety checking combustion appliances, repairing/replacing old plumbing. All of these services include overall energy education for residents as well as providing information and resources for other services the household may be interested in. Services are primarily tax and ratepayer funded by the state and federal government.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households served	562	500	500	500
Outcome	Number of affordable housing units maintained for 10 years	562	500	500	500

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$768,848	\$0	\$870,701
Contractual Services	\$0	\$2,584,467	\$0	\$2,635,839
Materials & Supplies	\$0	\$235,882	\$0	\$364,869
Internal Services	\$0	\$364,673	\$0	\$370,676
Total GF/non-GF	\$0	\$3,953,870	\$0	\$4,242,085
Program Total:	\$3,953,870		\$4,242,085	
Program FTE	0.00	8.75	0.00	9.25

Program Revenues				
Indirect for Dept. Admin	\$46,439	\$0	\$76,277	\$0
Intergovernmental	\$0	\$3,393,970	\$0	\$3,437,085
Other / Miscellaneous	\$0	\$339,900	\$0	\$500,000
Beginning Working Capital	\$0	\$220,000	\$0	\$305,000
Total Revenue	\$46,439	\$3,953,870	\$76,277	\$4,242,085

Explanation of Revenues

\$2,224,900 - OHCS D ECHO (SB1149) based on current grant award; \$759,730 - OHCS D LIEAP Weatherization based on current grant award; \$500,000 - County Weatherization rebates based on current revenues; \$330,259 - OHCS D DOE Weatherization based on current grant award; \$305,000 - Beginning Working Capital; \$60,000 - PDX Water and Sewer FR; \$42,196 - LIEAP Client Education based on current grant award; \$20,000 - Energy Conservation show rebates

Significant Program Changes

Last Year this program was: FY 2017: 25121 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

All families can meet their full potential through access to the supports and benefits they need to become economically stable. Everyone deserves safe and stable housing. Housing Stabilization for Vulnerable Populations provides rent assistance and housing placement to vulnerable households including those whose housing is vulnerable and 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

ISSUE: In today's rental market, families often need help to maintain stable housing. Multiple industry reports have stated that Portland is the 12th most expensive rental market in the country and rents are forecasted to increase 6% or more in the coming year. Meanwhile, tenants are receiving large rent increases -- some as high as 100% -- and entire buildings are receiving no cause eviction notices.

PROGRAM GOAL: Housing Stabilization programs strive to prevent homelessness by keeping people stably housed or helping those who are evicted from stable housing to locate and secure new housing.

PROGRAM ACTIVITY: This offer includes two primary initiatives:

(1) The Short-Term Rent Assistance program (STRA) - The program is a joint effort between Multnomah County, the City of Portland, and Home Forward, each of which contributes funds to the coordinated pool. STRA funds are distributed by local social service agencies and are geared towards households that are currently experiencing homelessness or are at 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 vulnerable and marginally housed families with children find homes, maintain housing, avoid homelessness, and work on creating a path to economic stability.

(2) The Housing Stability Team - This program is an innovative approach to stabilizing housing for households served by the County. A multi-department and multi-division team works across program silos to provide joint case staffing and coordinated access to holistic wrap around services. Services include eviction prevention, housing stabilization, assertive engagement, landlord retention services, short-term rent assistance and move-in flexible funds.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households served in STRA	741	800	800	800
Outcome	Percentage of households served who remain in permanent housing six months after exit ¹	90%	90%	90%	90%

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	2017	2017	2018	2018
Personnel	\$120,938	\$67,643	\$72,585	\$44,135
Contractual Services	\$1,629,413	\$297,509	\$1,783,555	\$572,030
Materials & Supplies	\$817	\$17,614	\$13,966	\$13,106
Internal Services	\$19,732	\$8,019	\$12,088	\$9,477
Total GF/non-GF	\$1,770,900	\$390,785	\$1,882,194	\$638,748
Program Total:	\$2,161,685		\$2,520,942	
Program FTE	0.86	0.33	0.69	0.47

Program Revenues				
Indirect for Dept. Admin	\$3,144	\$0	\$4,493	\$0
Intergovernmental	\$0	\$378,502	\$0	\$638,748
Total Revenue	\$3,144	\$378,502	\$4,493	\$638,748

Explanation of Revenues

\$345,826 - OHCS D EHA based on current grant award; \$131,018 - State of Oregon Elderly Rent Assistance; \$107,681 - OHCS D HSP based on current grant award; \$54,223 - OHCS D LIRHF based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25133A Housing Stabilization for Vulnerable Populations (HSVP)

\$0.1M CGF moved from the Joint Office of Homeless Services to DCHS to provide Information and Referral services to clients.

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25133A
Program Characteristics: One-Time-Only Request

Executive Summary

All individual and families can meet their full potential through access to the supports and benefits they need to become economically stable. Everyone deserves safe and stable housing. The Housing Stability Team (HST) provides a cross-departmental approach to holistic housing stability for individuals and families engaged in County services. This offer builds on the successful FY17 demonstration program by continuing the program and providing additional stability services throughout the County.

Program Summary

ISSUE: In today's rental market, individuals and families often need help to maintain stable housing. Portland is the 12th most expensive rental market in the country and rents are forecasted to increase 6% or more in the coming year. Meanwhile, tenants are receiving large rent increases -- some as high as 100% -- and entire buildings are receiving no cause eviction notices. The rental market is causing instability for those in County services such as those in case management or other services.

PROGRAM GOAL: The Housing Stabilization Program strives to prevent homelessness by keeping people stably housed and ensuring that there is no disruption in county-provided services due to a housing crisis.

PROGRAM ACTIVITY: The HST is a cross-departmental effort that works to maintain stable housing for those engaged in county services by providing short term supports including rent assistance, utility assistance, legal clinic, and benefits acquisition. The team also provides access to other programs such as disability assistance, veterans services, health department programs, domestic violence services, etc.

The program is a partnership with the Youth and Family Services Division, Aging Disability and Veterans Services Division, Intellectual and Developmental Disabilities Division, the Joint Office of Homeless Services and the Health Department. All HST cases are jointly staffed by representatives from all partners and participants are offered a menu of services that not only help with their current rental crisis but also increase overall housing and financial stability.

The demand for HST is higher than the funds available. This offer will allow the program to continue, serve more clients and expand the program to include other County-funded programs in need of housing stability services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Households that will receive support to increase housing stability	N/A	N/A	N/A	50
Outcome	Percentage of households reporting increased housing stability post intervention.	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	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$250,000	\$0
Total GF/non-GF	\$0	\$0	\$250,000	\$0
Program Total:	\$0		\$250,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Rose-Ellen Bak

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

Thriving Communities is a place-based program in the Rosewood neighborhood to mobilize the community and customize county and partner investments to meet the unique needs and interests of the community. The activities of the program will focus on building social and economic stability. Through this program, a community-based organization will function as the coordinator of program activities with the purpose of delivering measurably improved outcomes for community members.

Program Summary

ISSUE: Rosewood is an area that historically has struggled with social and economic instability. It meets the 10-20-30 definition of persistent poverty, with over 20% of the population at less than 200% of the Federal Poverty level for 30 years. Utilizing a comprehensive and coordinated approach and working with the community will result in identifying and addressing the root issues surrounding social and economic instability.

PROGRAM GOAL: The goal of the Thriving Communities program is to improve the outcomes of county and partner investments in the neighborhood of Rosewood and to address the root causes of social and economic instability. This will be accomplished by supporting a community-based organization to drive revitalization efforts such as implementation of youth programming, providing access to antipoverty and anti-violence services, engaging the community in activities and decisions impacting their neighborhood, and building sustainable funding streams.

PROGRAM ACTIVITY: The community organization will work with DCHS to provide navigation for community members to a wide range of antipoverty, community stabilization and public safety services including: antipoverty services, domestic violence, benefits, legal services, youth services, income creation, job training, public safety events, and more. The community organization will provide a cross-section of activities that improve public safety, community income and create a demonstrated impact for families living in the area.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households given a warm hand off to community based services				200
Outcome	% of program participants who report increased income				25%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$75,000	\$0
Total GF/non-GF	\$0	\$0	\$75,000	\$0
Program Total:	\$0		\$75,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25134 - Thriving Communities
Program Characteristics: One-Time-Only Request

Executive Summary

Thriving Communities is a place-based approach to community preservation and prevention of displacement by mobilizing partners and investments in the community to increase economic opportunity and access to services. This offer provides support for the “Roots to Rise” program, which creates a multi-service multi-cultural services hub in the Jade neighborhood of Portland.

Program Summary

ISSUE: Neighborhood redevelopment often leads to gentrification and displacement of populations who have traditionally called a neighborhood home. Utilizing a comprehensive and coordinated approach and working with the community will result in identifying and addressing the root issues surrounding social and economic instability and preventing displacement.

PROGRAM GOAL: The goal of this offer is to provide support for the development of the “Roots to Rise” program through a one-time investment in the creation of a neighborhood services and cultural hub in the Jade District. This will be accomplished by supporting community-based organizations in revitalization efforts to limit displacement and maintain a safe place for people to access services.

PROGRAM ACTIVITY: DCHS will work with community organizations and other Jade District partners to develop and support a one-stop services hub in the Jade District. The hub will serve as an anchor for services and offer navigation for community members to a wide range of antipoverty and community stabilization services. The community organization will provide a cross-section of activities that create a demonstrated impact for families living in the area. This one-time-only investment will enhance and optimize the space as a community hub for services, administer, facilitate and align community needs with space programming, and provide the funding to lower use of space costs for under-represented communities.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of partners and service delivery organizations engaged in hub activities involved	N/A			5
Outcome	Progress toward completion of hub space	N/A			50%

Performance Measures Descriptions

This is a new program offer so these are baseline numbers.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Children are entitled to grow up in an environment free of danger and abuse. Children who become victims of sexual exploitation and trafficking need a system of care that helps them move into a safe and stable adulthood. CSEC is a multi-department multi-agency collaborative that provides survivors with safety services, shelter, case management and other services to escape forced prostitution. These highly intensive and population-specific shelter and assertive engagement services are designed to intervene with this significantly traumatized group of children.

Program Summary

ISSUE: 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. Between 2009-2013, 469 children were identified as trafficking victims in Multnomah County.

PROGRAM GOAL: The goal of the CSEC program is to ensure that children who have been sex trafficked can move past trauma, create hope, address economic instability and obtain stable housing through a collaborative approach to services.

PROGRAM ACTIVITY: Funds in this offer support crisis and short-term shelter; assertive engagement services; outreach to survivors; education; system support and coordination; ongoing program development through the CSEC collaborative and administrative program support for the collaborative.

Services are provided in a holistic manner and include collaboration with Department of Community Justice, law enforcement, courts, DHS Child Welfare, juvenile justice, and community advocates including those specializing in mental health, trauma and crime victims services.

Seventy-seven percent of youth accessing services received services for six months or longer. Over half of the youth who leave services later return to engage in additional services. Fifty percent exit to stable housing and 84% avoid further contact with the criminal justice system.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth served	70	140	140	140
Outcome	Percentage of youth who remained enrolled in services for at least six months	55%	50%	50%	50%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$110,266	\$0	\$94,715	\$0
Contractual Services	\$485,183	\$191,151	\$496,100	\$98,617
Materials & Supplies	\$270	\$0	\$10,489	\$0
Internal Services	\$8,268	\$0	\$13,385	\$0
Total GF/non-GF	\$603,987	\$191,151	\$614,689	\$98,617
Program Total:	\$795,138		\$713,306	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$191,151	\$0	\$98,617
Total Revenue	\$0	\$191,151	\$0	\$98,617

Explanation of Revenues

\$98,617 - HHS Victims of Human Trafficking based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25135 Commercial Sexual Exploitation of Children (CSEC) - Victims System of
 HHS Victims of Human Trafficking award was reduced by \$0.1M

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:

Executive Summary

All families can meet their full potential through access to the supports and benefits they need to become economically stable. A menu of services is provided focused on meeting family goals around stability and income creation. Multnomah Stability Initiative (MSI) services supplement the MSI case management programs and are part of the County's anti-poverty/prosperity initiative designed to assist households with low incomes in gaining the skills necessary to achieve increased income and future prosperity, as well as to address the root causes of societal poverty.

Program Summary

ISSUE: Families experiencing poverty often struggle to find the services and support they need to achieve economic stability.

PROGRAM GOAL: The goals of the MSI Initiative are aligned with six domains: income, housing, social capital, health & wellness, thriving children and education. MSI related services provide support for families eligible for MSI case management programs. Goals include: income stability for families, tax benefits are maximized and criminal records are cleaned up so families can successfully secure employment and/or housing.

PROGRAM ACTIVITY: This offer provides additional support services for families participating or otherwise eligible for the MSI case management program. Services include: (1) Information and education about the Earned Income Tax Credit; (2) No-cost tax preparation services; and (3) Legal Clinic services to resolve issues on criminal records including police calls, arrests that did not lead to convictions, and items eligible for expungement.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households accessing Legal Clinic services	N/A	N/A	N/A	100
Outcome	Percentage of households with improved criminal records after intervention	N/A	N/A	N/A	50%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$132,146	\$0
Total GF/non-GF	\$0	\$0	\$132,146	\$0
Program Total:	\$0		\$132,146	
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 2017: 25139A Multnomah Stability Initiative

FY17 offer 25139A was split into two separate offers to increase clarity

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25136
Program Characteristics: One-Time-Only Request

Executive Summary

Professional development and employment programs help break the cycle of poverty by supporting women's economic success. Lack of employment or under-employment are key indicators in domestic violence, homelessness and unhealthy behaviors. This one-time-only funding will expand services into East Multnomah County to serve a diverse group of economically disadvantaged women through targeted employment programs.

Program Summary

ISSUE: Research shows that some women in Oregon have particularly low workforce participation - often those who are caretakers, lack high school degrees, are from communities of color or have disabilities. Low labor force participation keeps families trapped in poverty, making it even more difficult for women to access mentoring, networks and professional development that leads to employment. In Multnomah County, employment services tend to be clustered in the downtown Portland core, making them difficult to access in East Portland and East Multnomah County.

PROGRAM GOAL: These services will help level the playing field for economically disadvantaged women by improving and increasing access to job preparation, retention workshops and job coaching. The program will address unemployment and underemployment of women in East Portland east Multnomah County by bringing employment resources to their local community.

PROGRAM ACTIVITY: Activities will include work readiness services and employment-related supports. Services will be provided using a relational model to help women find jobs, stabilize their families, and break the cycle of poverty. Program activities are designed to reach women of all ages, abilities, race, ethnicity, educational attainment, and identified gender.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of women engaging in services	N/A			100
Outcome	Percent of women employed after participating	N/A			75%

Performance Measures Descriptions

This is a new program offer and these are baseline performance measure numbers.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$75,000	\$0
Total GF/non-GF	\$0	\$0	\$75,000	\$0
Program Total:	\$0		\$75,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25136
Program Characteristics: One-Time-Only Request

Executive Summary

The federal immigration and refugee policy landscape has been shifting quickly. Inadequate access to accurate information and support has increased fear and impeded the efforts of county staff and partners to effectively address health and human service needs. That means fewer families accessing anti-poverty services, necessary health care, or calling the police when they have witnessed a crime. This one-time-only funding would provide community-based legal aid access and other supports to begin to overcome this barrier.

Program Summary

ISSUE: Multnomah County strives to promote and create a welcoming community that is safe, stable and thriving. Limited access to accurate immigration information and support has increased fear and hindered access to health and social services in immigrant and refugee communities that already face increased barriers. When fewer families get health care or the assistance necessary to become safely housed or employed, it impacts the wellness of our entire community. Access to accurate education, immigration and refugee rights and the opportunities are a foundational underpinning to promoting full integration of immigrants and refugees into our county.

PROGRAM GOAL: The goal of this program is to ensure that immigrant and refugee families are able to access services by addressing barriers to access and providing legal support and education opportunities to do so.

PROGRAM ACTIVITIES:

Provide legal aid services and family support for immigrant and refugee families who are identified as being at risk by provider agencies. Increase access to culturally responsive information, education and legal support services available in multiple languages for immigrant and refugee families in Multnomah County. Offer training and education opportunities for the public and community navigators.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of community members accessing legal services				200
Outcome	Percent of immigrant families who report a reduction in legal barriers				40%

Performance Measures Descriptions

This is a new program offer so these are baseline numbers.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Positive youth academic outcomes are achieved when youth feel safe, have a sense of belonging and their culture and choices are honored. Promise Neighborhoods Initiative (PNI) agencies provide culturally specific, community based services and supports for children of color, age 12-17, and their families, who experience disparate outcomes due to racism, systemic oppression, inter-generational trauma, and poverty.

Program Summary

ISSUE: Educational disparities for children and youth of color in Multnomah County are pervasive and persistent. Investing in proven and promising culturally responsive and culturally specific practices, in partnership with school districts and school personnel, works to eliminate these disparities.

PROGRAM GOAL: PNI brings together community experts to help school districts and community agencies build more culturally specific services for communities of color. PNI improves culturally responsive, specific, and relevant service strategies in our school districts so that children of color succeed academically.

PROGRAM ACTIVITY: This initiative provides culturally responsive, specific and relevant services using a collective impact model to increase school readiness, academic achievement for successful adult transition. Activities demonstrate that a coordinated approach between effective culturally specific and responsive organizations, school districts willing to work collaboratively, County investments, and a strong backbone agency (that provides project leadership, accountability, partnership development, training and technical assistance and data and evaluation supports), can improve outcomes for students of color. Included are one on one activities with youth, group activities and parent engagement.

One-on-one activities include: youth engagement activities, youth leadership development, homework support, and college & career readiness. Group activities focus on topics such as: financial literacy for youth, healthy after-school engagement, sports, recreation and theater arts. Parent engagement efforts ensure parents have an understanding of the public school environment so they can support and advocate for their children, English Language Learner classes, and financial literacy. The combination of individual youth supports and family engagement increases a sense of belonging and identity for youth leading to stronger academic outcomes. The services of PNI are primarily provided in two school districts: Reynolds and David Douglas.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth served*	536	1000	1000	1000
Outcome	Percent students served showing an increase in academic performance**	88%	80%	80%	80%
Output	Number of parents served	331	NA	700	700
Outcome	Percent of parents reporting increased engagement in their child's school and education	75%	NA	75%	75%

Performance Measures Descriptions

*536 youth were served by the by the core five partners receiving \$100,000 or more. An additional 2,276 youth and 243 parents were served through smaller investments of county funds. Overall number served lower than target due to start up of project.

**Measure is different than projected as attendance data not available for students served in FY16.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$2,032,000	\$0	\$2,000,000	\$0
Total GF/non-GF	\$2,032,000	\$0	\$2,000,000	\$0
Program Total:	\$2,032,000		\$2,000,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25137 Promise Neighborhoods

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25137A
Program Characteristics:

Executive Summary

Positive youth academic outcomes are achieved when youth feel safe, have a sense of belonging and their culture and choices are honored. Funding for the Backbone Agency to lead the Promise Neighborhood Initiative (PNI) provides leadership and drives the PNI on-the-ground programming, partnership development and overall success.

Program Summary

ISSUE: During the first two years of implementation, all funding for the PNI was pass-through funding contracted to the agencies delivering culturally responsive and specific direct services. To promote sustainability and success in this effort, the Backbone Agency requires staffing dedicated to the project to support the agencies delivering services, the school districts and their partnership, communication and program evaluation.

PROGRAM GOAL: The goals for the Backbone Agency are to: support a collaboration of agencies in order to generate critical partnerships and build relationships; produce measurable impacts and results; demonstrate fiscal transparency and accountability; leverage additional funds for the collaboration to further the work; and enhance public awareness of, and support for the Promise Neighborhoods Initiative. These specific functions are based on successful Federal models for similar Promise Neighborhood efforts.

PROGRAM ACTIVITY: Activities to be taken on by the Backbone Agency support the collaboration through effective project administration and include the following range of activities: serve as the convener to bring together and facilitate conversations between the contracted agency partners and school district leaders; develop strategic communication materials about the PNI; leverage funding by bringing on additional resources to support replication of effective services that may include grant writing (direct or supporting the organizations to do so); establish data collection and a results framework focused on positive youth academic outcomes; and provide comprehensive budget and fiscal oversight for the project.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of partnership meetings convened	N/A	N/A	N/A	12
Outcome	Percent of partner agencies who report satisfaction with backbone agency supports	N/A	N/A	N/A	70%
Outcome	Percent of partner agencies who report increased collaboration as a result of participating in PNI	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$77,720	\$0
Total GF/non-GF	\$0	\$0	\$77,720	\$0
Program Total:	\$0		\$77,720	
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

Children are entitled to grow up in an environment that preserves quality of life and provides access to education. Children who become runaways need a system of care that helps them get off the streets and into stable housing with appropriate services. 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 youth ages 12-17 who have run away, or who are at risk of running away, as well as their families.

Program Summary

ISSUE: It's estimated that over 1,000 youth run away in our community each year, due to a variety of factors including unsafe home environments, LGBTQ status, mental health or addictions issues. Unaccompanied youth living on the streets are at high risk of rape, assault and other trauma.

PROGRAM GOAL: The goal of the runaway system is to provide a safe place for runaway youth until they can reunite with family members, if possible, and to find appropriate foster care placement for those who can't return home.

PROGRAM ACTIVITY: 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 - Reception is a collaboration among law enforcement, DCJ, and DHS and offers a place for officers to drop off youth that have committed minor status offenses, such as curfew violation and truancy, as an alternative to detention. Reception Centers are co-located with runaway crisis response services, creating a countywide "child receiving center" for youth up to age 18. This offer reflects a decrease in funding for reception center due to decreased utilization by police of these services.

Crisis Line - Crisis line services provide a 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.

Emergency Shelter - Specialized shelter and emergency assistance are provided 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. Services successfully impact detention reform efforts and reduce the number of children entering the child welfare system.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth and families served	N/A	2500	2500	1500
Outcome	Percentage of youth served who return home or exit to other stable housing	79%	85%	74%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$920,710	\$175,000	\$813,613	\$175,000
Materials & Supplies	\$44	\$0	\$0	\$0
Internal Services	\$1,781	\$0	\$0	\$0
Total GF/non-GF	\$922,535	\$175,000	\$813,613	\$175,000
Program Total:	\$1,097,535		\$988,613	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$175,000	\$0	\$175,000
Total Revenue	\$0	\$175,000	\$0	\$175,000

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2017: 25138 Runaway Youth Services (RYS)

Reflects \$0.1M reduction in funding for reception center services due to decreased utilization

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

All families can meet their full potential through access to the supports and benefits they need to become economically stable. By recognizing the family's expertise in their own lives, a menu of services is provided focused on meeting family goals around stability and income creation. Multnomah Stability Initiative (MSI) case management is part of the County's anti-poverty/prosperity initiative designed to assist low-income households in gaining the skills necessary to achieve increased income and future prosperity, as well as to address the root causes of societal poverty.

Program Summary

ISSUE: Families experiencing poverty often struggle to find the services and support they need to achieve economic stability.

PROGRAM GOAL: MSI addresses the need for flexible service interventions so that families facing economic challenges can achieve stability. The goals of MSI are aligned with 6 domains: income, housing, social capital, health & wellness, thriving children, and education.

PROGRAM ACTIVITY: Services are delivered by contracted partner staff using an Assertive Engagement approach, which recognizes the individual as the expert in their own life. Assertive Engagement instills hope and offers families a selection of services and interventions to choose from. Families identify their interests, strengths, choices and goals and are matched with resources and services that meet their expressed goals.

The activities of MSI case management include: Assisting families in securing and stabilizing housing including access to short-term rent assistance programs, providing case management to help families achieve their goals, connecting families to natural supports in the community like support groups and school programs, increasing the choices available to the families by instilling hope and offering programs to help families meet their goals, and increasing income and assets.

This offer includes two types of MSI case management:

- (1) MSI - Standard case management services for families working with anti-poverty agencies to increase economic success.
- (2) MSI Enhanced - Longer-term case management for families who need more intensive and targeted interventions. This includes the Family Reunification Program, which serves parents seeking the return of their children from the foster care system, and targeted school-based services, collaborations with schools and Home Forward to combine case management and rent assistance to reduce school mobility.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households served in MSI case management	742	950	950	950
Outcome	Percentage of households served that remain in permanent housing six months after exit	96%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$104,071	\$113,994	\$89,436	\$109,756
Contractual Services	\$2,450,783	\$721,371	\$2,373,667	\$725,933
Materials & Supplies	\$2,027	\$0	\$51,799	\$3
Internal Services	\$26,966	\$9,894	\$26,281	\$14,124
Total GF/non-GF	\$2,583,847	\$845,259	\$2,541,183	\$849,816
Program Total:	\$3,429,106		\$3,390,999	
Program FTE	0.88	0.93	0.85	0.99

Program Revenues				
Indirect for Dept. Admin	\$6,884	\$0	\$11,172	\$0
Intergovernmental	\$0	\$845,259	\$0	\$849,816
Total Revenue	\$6,884	\$845,259	\$11,172	\$849,816

Explanation of Revenues

\$849,816 - OHCSO CSBG based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25139A Multnomah Stability Initiative

FY17 offer 25139A was split into two offers (itself and 25136 YFS MSI Related Services) to increase clarity.

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25139A, 25004, 40058
Program Characteristics:

Executive Summary

All families can meet their full potential through access to the supports and benefits they need to become economically stable. By recognizing the family's expertise in their own lives, a menu of services is provided focused on meeting family goals around stability and income creation. This program offer creates a cohort of the Multnomah Stability Initiative (MSI) Enhanced program for Healthy Birth Initiative (HBI) families in concert with Public Health.

Program Summary

ISSUE: Families experiencing poverty often struggle to find the services and support they need to achieve economic stability. MSI Enhanced addresses the need for improved service outcomes and coordination across multiple sectors including public health and economic opportunity services. By connecting public health programs and clients with human service programs and resources such as housing assistance and income supports, existing county systems are leveraged and public investments are utilized to ensure upstream supports are available across the life cycle.

PROGRAM GOAL: There are six domains widely recognized as instrumental to economic stability and breaking the cycle of poverty: Income, Social Capital, Housing, Health and Wellness, Education and Thriving Children. The goals of this Program Offer are to provide Case Management and support services to families currently served by Public Health programs (primarily HBI) who have incomes below 125% of the Federal Poverty Level.

The MSI program model is already in place and the community providers who deliver the program are uniquely positioned to provide essential services and supports to help improve stability and overall health outcomes for public health program participants. We know that good jobs, quality child care and a stable place to live contribute to positive health outcomes, all areas of focus for MSI.

PROGRAM ACTIVITY: This offer seeks to expand the MSI program to create additional case management slots and accompanying flexible funds. This will increase capacity to leverage existing programs and resources in DCHS and Public Health in order to build economic stability for families currently receiving County-funded services. This program includes longer-term case management for families who need more intensive and targeted interventions and services than the standard MSI case management program, such as families participating in Healthy Birth Initiative.

Key activities include: (1) Case management to work with a cohort of 40 families to provide the family with person-centered case management that focuses on housing stability, employment, school stability, and coordination with other services both within and outside the County, (2) rent assistance and (3) flexible funds to support family stability.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served	N/A	N/A	N/A	40
Outcome	% of individuals who obtain increased stability in the MSI domains as measured on the MSI matrix	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$200,000	\$0
Total GF/non-GF	\$0	\$0	\$200,000	\$0
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25139A, 25004, 40058
Program Characteristics: One-Time-Only Request

Executive Summary

Poverty is a major obstacle to children reaching their full potential. Many families in public health programs lack economic stability. In order to assist families with their economic security and to support their children's future, this program will build pathways for parents to become financially stable by providing income and financial education leveraging program experience from the Multnomah Stability Initiative (MSI) to reach families participating in the Healthy Birth Initiative (HBI).

Program Summary

ISSUE: Families living on a low income face challenges accessing resources and comprehensive services to address a range of health, housing and economic needs. Data indicates the positive effect parents' educational attainment, economic stability and mental and physical health have on a child's development and future. By building and investing in families financial health and well being, children will benefit. The County has a solid foundation in the Multnomah Stability Initiative in DCHS and the Healthy Birth Initiative in the Health Department--both focusing on vulnerable families and children. And we have promising practices from the Economic Opportunity Initiative where an Unconditional Cash Transfer was paired with financial management services for families with young children receiving the Earned Income Tax Credit. The initiative proved successful and its core elements are included in this Program Offer (PO). The MSI and HBI programs have begun to align and create integrated solutions for families and this PO builds on that integration and proposes to address family economic insecurity for participants.

PROGRAM GOALS: Three family program goals will be achieved with this Program Offer--first, young children served by HBI will have better life outcomes; secondly, families served by HBI will have access to financial supports to in order to help them achieve long-term economic stability; and finally, families served in MSI may gain access to HBI to ensure healthy birth outcomes. System goals include: establishing shared, cross-agency desired outcomes for children and families and build a family-centric program model between DCHS Youth and Family Services and Health Department Public Health programs.

PROGRAM ACTIVITY: Activities include an integrated, two-generation, culturally responsive approach to meeting the needs of both children and adults. There are three general activities to correspond to the goals above. First, families who are transitioning from HBI and are not work-ready will receive an Unconditional Cash Transfer to address financial instability. Secondly, all HBI families will receive access to financial management services including access to Individual Development Accounts, access to employment services, budget and financial management training, credit report clean-up. To meet system goals, a shared client tracking tool will be identified and existing program staff time and technical expertise will be leveraged to establish and track outcomes for children, parents and families.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of families accessing additional benefits				125
Outcome	% of families who report increased economic stability on the MSI domain assessment				50%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$150,000	\$0
Total GF/non-GF	\$0	\$0	\$150,000	\$0
Program Total:	\$0		\$150,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Communities with safe, quality and affordable homes increase opportunities for residents to achieve economic stability. 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 program.

Program Summary

ISSUE: Affordable housing and infrastructure in low and moderate communities is challenged by the lack of sufficient funding. In Multnomah County in particular, east county has limited resources to ensure access to affordable housing and sufficient infrastructure for public works projects.

PROGRAM GOAL: The goal of the Community Development program is to create opportunities for neighborhood revitalization, public services and housing rehabilitation in East Multnomah County.

PROGRAM ACTIVITY: The Community Development Block Grant (CDBG) program includes administration of the Community Development Block Grant. An advisory board, comprised of representatives of East Multnomah County cities and unincorporated areas outside of Portland and Gresham, makes policy and funding recommendations for the Community Development Block Grant projects. The program is a collaboration between DCHS, the cities of Wood Village, Fairview, Troutdale, Maywood Park, and the community. The program also collaborates with Portland and Gresham on CDBG planning activities. The CDBG program also provides funding for public services and housing rehabilitation services for low- and moderate-income (LMI) households. Housing rehabilitation is offered to both LMI renters and homeowners to adapt housing for improved disabled access. Critical home repair services are also offered to LMI homeowners through CDBG funds.

The Affordable Housing Development Program (AHDP) deeds foreclosed properties to non-profit community development corporations for affordable housing development, when they become available. Collections and loan servicing 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. The Home Improvement Program utilizes repayments from ADHP properties to support life-saving supplemental repairs in homes where the Weatherization grants cannot pay for that repair due to grant limitations.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of public works projects completed	1	1	1	1
Outcome	# housing units rehabilitated*	36	40	40	40

Performance Measures Descriptions

*Measure changed to better reflect program activities

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$60,287	\$55,650	\$88,655	\$43,856
Contractual Services	\$0	\$261,700	\$0	\$274,180
Materials & Supplies	\$270	\$0	\$3,989	\$0
Internal Services	\$9,202	\$4,897	\$13,385	\$5,644
Total GF/non-GF	\$69,759	\$322,247	\$106,029	\$323,680
Program Total:	\$392,006		\$429,709	
Program FTE	0.52	0.48	0.67	0.33

Program Revenues				
Indirect for Dept. Admin	\$3,361	\$0	\$4,464	\$0
Intergovernmental	\$0	\$298,547	\$0	\$270,480
Other / Miscellaneous	\$0	\$16,200	\$0	\$16,200
Beginning Working Capital	\$0	\$7,500	\$0	\$37,000
Total Revenue	\$3,361	\$322,247	\$4,464	\$323,680

Explanation of Revenues

\$270,480 - HUD CDBG based on current grant award; \$16,200 - Loan Repays base on current receipts; \$37,000 - Beginning Working Capital

Significant Program Changes

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

Outreach

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25147
Program Characteristics:

Executive Summary

As a community, we will all be more successful when all of our residents are healthy and well-fed. The Supplemental Nutrition Assistance Program (SNAP) is one of the best resources to make this a reality. Participation in SNAP provides a better quality diet and nutritional intake for children and adults across their lifespan compared to low-income people who do not participate. The SNAP outreach program provides information, referral and application assistance to households seeking these benefits.

Program Summary

ISSUE: Oregon consistently ranks among the states with the highest percentage of people experiencing hunger and food insecurity. In a recent analysis, Oregon was the only state in the country with a statistically significant increase in food insecurity. The combination of high rent and low wages makes it difficult for many families to afford food, having to choose between using their limited income on food or other essentials, including rent, medicine, clothing, and utilities. It is estimated that 34% of Multnomah County residents may be eligible for SNAP, while less than 20% participate. Participation in SNAP provides a better quality diet and nutritional intake for children and adults across their lifespan compared to low-income people who do not participate.

PROGRAM GOAL: The goal of the SNAP Outreach program is to increase the number of eligible households participating in SNAP benefits so that individuals and families have food and nutrition for healthy living.

PROGRAM ACTIVITY: This program has two primary activity areas. First, outreach - the SNAP outreach program targets outreach and connections with two populations that are typically eligible for SNAP, yet have lower than average participation in the program: Latino individuals and families and college students. Program staff use community data to engage in tailored SNAP outreach at community sites to reach the targeted populations. They offer information about SNAP and other local, state and federal benefit programs. Staff also engage in online and social media connections to provide information about SNAP benefits. The second activity area is assisting people to sign up for SNAP benefits. Staff walk through the application process online, respond to questions and address any barriers so that consumers gain immediate access to SNAP benefits and then are able to provide food for themselves and their families.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of consumers engaged through Outreach activities	2933	3500	3575	3500
Outcome	Number of SNAP applications completed	73	80	86	80

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$44,965	\$44,429	\$25,238	\$66,286
Materials & Supplies	\$0	\$35	\$481	\$8
Internal Services	\$0	\$3,857	\$13,085	\$8,533
Total GF/non-GF	\$44,965	\$48,321	\$38,804	\$74,827
Program Total:	\$93,286		\$113,631	
Program FTE	0.50	0.50	0.28	0.72

Program Revenues				
Indirect for Dept. Admin	\$2,684	\$0	\$6,749	\$0
Intergovernmental	\$0	\$48,321	\$0	\$74,827
Total Revenue	\$2,684	\$48,321	\$6,749	\$74,827

Explanation of Revenues

\$74,827 - Ore - Supp Nutrition Asst Prog (SNAP) based on current grant award

Significant Program Changes

Last Year this program was: FY 2017: 25141 Supplemental Nutrition Assistance Program (SNAP) Outreach

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) improve educational outcomes for all children and support family stability. SUN CS are focused on local decision-making, responding to the unique needs of each community and honoring their cultures and preferences. SUN CS are neighborhood hubs where the school and partners from across the community come together to mobilize and organize community resources at schools to support children and families.

Program Summary

ISSUE: Low educational attainment rates, high unemployment, hunger and poor health outcomes continue in Multnomah County. Oregon has the fourth lowest graduation rate in the country, with significant disparities for students of color. This data is mirrored in Multnomah County. The barriers facing students are complex and reach far beyond the capacity and mission of schools. Addressing these barriers to learning and family stability requires support from across the community – including the County, the City of Portland and Oregon Department of Human Services.

PROGRAM GOAL: SUN Community School goals are for the school and community partners to align efforts to collectively increase educational success. Key results include consistent school attendance, credit attainment, and high school graduation. A 2014 Child Trends study showed that integrated student supports (community schools are an example of integrated student supports) contribute to student academic progress and are grounded in research on youth development as well as empirical research on factors that promote educational success (such as opportunities for extended learning and academic support, homelessness and family engagement).

PROGRAM ACTIVITY: Funding supports 79 of the 85 SUN schools in Multnomah County. These sites range from Kindergarten to 12th grade and provide programming in three main areas 1) Educational support and skill development for children and families (examples: academic classes such as Science Club; homework assistance; tutoring; mentoring; service learning, post-secondary planning, English as a Second Language; parenting; financial literacy) 2) Cultural and academic enrichment (examples: recreation, art, music, technology education) 3) Student and Family Support services, including links to basic needs, health and mental health services; community building; and family leadership development. SUN CS each have an on-site site manager who manages programs, coordinates and aligns partners, develops systems and engages youth, family, and community members.

Multnomah County DCHS manages the SUN CS nationally recognized model, which is a collaboration with the City of Portland, 6 school districts, non-profits, and the Oregon Department of Human Services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of children (ages 5-18) served ¹	25,267	15,800	15,800	15,800
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate ²	81%	75%	75%	75%
Outcome	Percent who attend school consistently (more than 90% of days) ²	93%	90%	90%	90%

Performance Measures Descriptions

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

² Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshold; 10,223 children participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$328,210	\$0	\$327,325	\$0
Contractual Services	\$5,576,376	\$1,835,127	\$5,724,200	\$1,902,805
Materials & Supplies	\$13,751	\$0	\$26,336	\$0
Internal Services	\$39,392	\$0	\$42,755	\$0
Total GF/non-GF	\$5,957,729	\$1,835,127	\$6,120,616	\$1,902,805
Program Total:	\$7,792,856		\$8,023,421	
Program FTE	3.00	0.00	3.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,815,127	\$0	\$1,874,305
Beginning Working Capital	\$0	\$20,000	\$0	\$28,500
Total Revenue	\$0	\$1,835,127	\$0	\$1,902,805

Explanation of Revenues

\$635,628 - City of Portland Parks & Recreation Based on agreement; \$524,368 - Portland Public Schools SUN Community School Support: Based on agreement; \$283,982 - Reynolds School District: Based on agreement; \$231,552 - David Douglas School District: Based on agreement; \$149,219 - Gresham Barlow School District: Based on agreement \$49,056 - Parkrose School District: Based on agreement; \$28,500 - School District Beginning Working Capital; \$500 - Misc Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2017: 25045 Defending Childhood Initiative

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

Executive Summary

Schools Uniting Neighborhoods Community Schools (SUN CS) improve educational outcomes for all children and support family stability. SUN CS are focused on local decision-making, responding to the unique needs of each community and honoring their cultures and preferences. SUN CS are neighborhood hubs where the school and partners from across the community come together to mobilize and organize community resources at schools to support children and families. This offer expands SUN CS to Russell Academy in the Parkrose School District.

Program Summary

ISSUE: Low educational attainment rates, high unemployment, hunger and poor health outcomes continue in Multnomah County and threaten our future as a thriving community. The barriers facing students are complex and reach far beyond the capacity and mission of schools. Addressing these barriers to learning and family stability requires support from across the community – including the County, the City of Portland and Oregon Department of Human Services. Russell Academy has high needs (100% of students are eligible for free meals). The school is highly diverse with 59% students of color and is not currently a SUN Community School, leaving a significant number of vulnerable children and families without support.

PROGRAM GOAL: SUN Community School goals are for the school and community partners to align efforts to collectively increase educational success. Key results include consistent school attendance, credit attainment and high school graduation. A 2014 Child Trends study showed that integrated student supports (community schools are an example of integrated student supports) contribute to student academic progress and are grounded in research on youth development as well as empirical research on factors that promote educational success (such as opportunities for extended learning and academic support, homelessness and family engagement).

PROGRAM ACTIVITY: The Parkrose School District has requested the partnership of the County to develop a SUN CS at Russell Elementary. The SUN CS will provide programming in three main areas 1) Educational support and skill development for children and families (examples: academic classes such as Science Club; homework assistance; tutoring; mentoring; service learning, post-secondary planning, English as a Second Language; parenting; financial literacy) 2) Cultural and academic enrichment (examples: recreation, art, music, technology education) 3) Student and Family Support services, including links to basic needs, health and mental health services; community building; and family leadership development. SUN CS each have an on-site site manager who manages programs, coordinates and aligns partners, develops systems and engages youth, family and community members.

This offer leverages funding from Parkrose School District.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number youth served				200
Outcome	Percent who attend school consistently (more than 90% of days)				90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$56,189	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$55,000	\$0
Total GF/non-GF	\$56,189	\$0	\$55,000	\$0
Program Total:	\$56,189		\$55,000	
Program FTE	0.50	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 supports all children to reach their full potential through increasing food security and improving access to fresh and healthy foods. Children and families must have their basic needs met in order to be ready and able to learn. We meet people where they are most likely to be. The program works with SUN Community Schools, school districts and community partners to increase the number of meals served to hungry children and families and to assist in families' food needs.

Program Summary

ISSUE: Food insecurity and lack of access to fresh and healthy foods are significant barriers to children's health and learning in our community. Despite the improving economy, our state and county continue to struggle with unemployment and the high cost of living. Comparing the most recent period (2013-15) to the early years of the recovery (2010-12), food insecurity in Oregon spiked 18.4% - the highest among all states. Despite Oregon's high hunger rate, millions of dollars in available federal food funding for children goes untapped and this partnership aims to increase that federal draw down.

PROGRAM GOAL: The program's goals are to reduce child and family food insecurity and hunger through hunger relief programs and strengthening county partnerships in hunger relief policy and programs. Healthy nutrition is vital to brain development and learning. SUN Community Schools 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 through 1) providing food, including fresh and healthy choices, through school-based food pantries and Harvest Share monthly fresh produce distributions and 2) increasing the number of meals served to hungry children and their families during summer. This program provided over one million meals to vulnerable communities last year.

PROGRAM ACTIVITY: The program includes summer meals, emergency food programs, and the Multnomah Child Hunger Coalition. Summer meal support consists of staffing at 14 SUN CS and 3 County libraries during the summer to serve meals for 8-12 weeks in underserved communities in Mid and East County. Food assistance programs include school-based food pantries at 12 SUN CS sites and Harvest Share free produce distributions at 5 sites, in partnership with Oregon Food Bank. The Coalition leverages community partnerships to increase food security and access to healthy and fresh foods, with a focus on culturally specific populations. Work includes addressing related policy; increasing participation in federal nutrition programs; and examining the impact of gardens and garden education. 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, leveraging over \$2 million in federal and local resources including USDA meal reimbursement, private and corporate donations, and gleaned food.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of meals provided to children and families ¹	1,031,761	780,000	780,000	780,000
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	\$11.40	8	8	8

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$96,881	\$0	\$101,657	\$0
Contractual Services	\$259,815	\$0	\$265,661	\$0
Materials & Supplies	\$1,457	\$0	\$6,689	\$0
Internal Services	\$11,255	\$0	\$13,885	\$0
Total GF/non-GF	\$369,408	\$0	\$387,892	\$0
Program Total:	\$369,408		\$387,892	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25147 Child & Family Hunger Relief

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

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

Related Programs:
Program Characteristics:

Executive Summary

SUN Youth Advocacy (SYA) Program increases opportunity through youth development and academic achievement supports so that all youth succeed in education. Better outcomes are achieved when youth feel safe, have a sense of belonging and their culture and choices are honored. SYA provides year-round, school-linked, and culturally-specific supports to youth and their families, with a focus on students experiencing the greatest educational barriers – those living in poverty and students of color.

Program Summary

ISSUE: For too many children and their families, income levels and the color of their skin impact the educational opportunities they have. Low educational attainment rates, high unemployment, hunger and poor health outcomes continue in Multnomah County and threaten our future as a thriving community. Oregon has the fourth lowest graduation rate in the country, with significant disparities for students of color. Countywide, Whites have the highest rate of high school completion (70%) compared to communities of color (30%).

PROGRAM GOAL: SYA goals include increasing sense of safety, belonging and positive cultural identity, which contribute to the key results of consistent school attendance, credit attainment and graduation for all students, and closing achievement gaps. Research on drop out prevention and improving educational outcomes for students of color shows that presence of a positive relationship with a supportive adult (mentoring) and out of school opportunities are effective strategies for promoting graduation. Youth Advocacy services that meet basic needs allow youth to focus on school and provide their caregivers with the resources to support educational success. 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.

PROGRAM ACTIVITY: Advocates support and mentor youth, building a strong supportive relationship with them through intensive individual support. 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 school disproportionate discipline. Ninety-five percent of youth served are youth of color or from a culturally specific community. Youth Advocacy targets six specific populations of youth and families of color: African American, African Immigrant, Asian Pacific Islander, Latino, Native American and Slavic.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of students (ages 6-18) served*	1,727	1,780	1,780	1,780
Outcome	% who consistently attend school (90% or more)**	85%	77%	80%	80%
Outcome	% of 9th graders who earn 6 credits and are on target to graduate**	66%	65%	65%	65%

Performance Measures Descriptions

* The lower than target actual is likely due to spring contract transition in several SYA contracts as part of the SUN RFP results.

**Outcomes are analyzed for students who participate at a level at which outcomes can be correlated to participation (case management for 45 days or more with at least 15 hours of service). 1,127 youth participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$110,266	\$0	\$113,516	\$0
Contractual Services	\$1,954,256	\$350,000	\$2,023,201	\$350,000
Materials & Supplies	\$857	\$0	\$969	\$0
Internal Services	\$11,255	\$0	\$13,335	\$0
Total GF/non-GF	\$2,076,634	\$350,000	\$2,151,021	\$350,000
Program Total:	\$2,426,634		\$2,501,021	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$350,000	\$0	\$350,000
Total Revenue	\$0	\$350,000	\$0	\$350,000

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2017: 25149A SUN Youth Advocacy Program

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25149
Program Characteristics:

Executive Summary

The SUN Youth Advocacy (SYA) Program increases opportunity through youth development and academic achievement supports so that all youth succeed in education. Better outcomes are achieved when youth feel safe, have a sense of belonging and their culture and choices are honored. SUN Youth Advocacy provides year-round, school-linked, and culturally-specific supports to youth and their families, with a focus on students experiencing the greatest educational barriers – those living in poverty and students of color.

Program Summary

ISSUE: Students of color disproportionately face income disparities and systemic racism that impacts their educational opportunities. Research on drop-out prevention and improving educational outcomes for students of color shows that the presence of a positive relationship with a supportive adult (mentoring) and out of school opportunities are effective strategies. Though Multnomah County has the 9th largest Native American population in an urban region in the country, this population is not concentrated in a single area. Since Native American students are dispersed throughout schools in the County rather than concentrated in a few schools, the youth advocacy model is an effective way to provide a culturally-specific service for these students. This funding will provide increased capacity for serving Native American youth in our community.

PROGRAM GOAL: SYA goals include increasing sense of safety, belonging and positive cultural identity, which contribute to the key results of consistent school attendance, credit attainment and graduation for all students, and closing achievement gaps. Research on drop-out prevention and improving educational outcomes for students of color shows that the presence of a positive relationship with a supportive adult (mentoring) and out of school opportunities are effective strategies. Youth Advocacy services that meet basic needs allow youth to focus on school and provide their caregivers with the resources to support educational success. 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.

PROGRAM ACTIVITY: Youth advocates support and mentor youth, building a strong supportive relationship with them through intensive individual support. The youth advocacy model seeks to reach out to find the students who want to engage in this service. 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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth served	N/A	N/A	N/A	130
Outcome	Percentage who consistently attend school (90% or more)*	N/A	N/A	N/A	80%
Outcome	Percentage of 9th graders who earn 6 credits and are on target to graduate*	N/A	N/A	N/A	65%

Performance Measures Descriptions

*outcomes are analyzed for students who participate for 45 days or more and have 15 hours of service.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$250,000	\$0
Total GF/non-GF	\$0	\$0	\$250,000	\$0
Program Total:	\$0		\$250,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: 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) remove barriers for families so that all children are ready for kindergarten and get a strong start to their education. PCDS recognizes that parents are children's first teachers and services are reflective of and responsive to cultural values and norms. Core services include home visiting and parent child play groups. PCDS is one of the early childhood programs within the SUN Service System.

Program Summary

ISSUE: Families with low incomes, families of color, immigrants and refugees face barriers and have less opportunities to participate in services that support parenting knowledge and healthy child development than their affluent peers. This contributes significantly to disparities in kindergarten readiness levels and, ultimately, in school success. Multnomah County has 34,000 children under the age of six in families with low incomes.

PROGRAM GOAL: PCDS's goals are to improve positive parenting skills, ensure healthy development of young children and increase kindergarten readiness for families with children under the age of six. The program utilizes the evidence-based Parents As Teachers (PAT) curriculum which has been proven to produce the above results that PCDS seeks.

PROGRAM ACTIVITY: PCDS creates opportunities for parents to interact with their children in mentored settings with child development specialists. 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 appropriate stage for their age are referred for intervention services. PCDS services are delivered in families' homes, community and school settings.

In recent years, the program has made several changes to improve outcomes including: engaging families when their children are younger, increasing the duration of service and the number of home visits families receive in the first year, 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of children served	736	737	737	737
Outcome	% of children up to date on immunizations at exit	90%	95%	95%	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$95,091	\$0	\$99,782	\$0
Contractual Services	\$1,337,115	\$412,079	\$1,367,200	\$370,129
Materials & Supplies	\$1,557	\$0	\$1,089	\$0
Internal Services	\$11,255	\$0	\$13,185	\$0
Total GF/non-GF	\$1,445,018	\$412,079	\$1,481,256	\$370,129
Program Total:	\$1,857,097		\$1,851,385	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$370,129
Other / Miscellaneous	\$0	\$412,079	\$0	\$0
Total Revenue	\$0	\$412,079	\$0	\$370,129

Explanation of Revenues

\$245,445 - OCCF Federal Family Preservation - Based on current year award; \$124,684 - OCCF Great Start - Based on award.

Significant Program Changes

Last Year this program was: FY 2017: 25151 SUN 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 prepares entering kindergarteners and their parents so that they successfully transition into the school setting and attend school regularly, improving their educational success by ensuring a strong start. EKT recognizes that parents are children's first teachers and services are reflective of and responsive to cultural values and norms. EKT is a three-week summer program to engage entering kindergartners, who have had little to no preschool experience, and their parents/caregivers.

Program Summary

ISSUE: In Multnomah County, 54% of kindergartners enter elementary school unprepared to be successful as defined by familiarity with classroom and school routines and behaviors, socio-emotional skills and family engagement in school.

PROGRAM GOAL:

The program goals are to increase parental involvement in their children's learning, children's attendance in kindergarten, and children's success in school. EKT accomplishes this through increasing familiarity with school routines and staff; developing socio-emotional skills in children and promoting family-school relationships. Research shows a strong correlation between successful kindergarten transition and overall success in elementary school. The impact of this is experienced by the child, their parent/caregiver, the kindergarten teacher and other students in the class. EKT evaluation suggests a positive impact on kindergarten attendance for EKT participants as well. Children who had no early childhood education experience were 1.5 times as likely as those who attended the EKT to be chronically absent during kindergarten.

PROGRAM ACTIVITY:

EKT is a school-based summer program with two core components: 1. Class time for children in kindergarten classrooms that are led by a kindergarten teacher and 2. Family engagement activities that include a facilitated parent/caregiver group and other activities intended to promote positive family-school including follow-up with participating families after the start of the school year. The program specifically focuses on recruiting children of color and English Language Learners who have not had prior preschool experience so that they will be successful in school.

EKT is a partnership with Early Learning Multnomah across six school districts, SUN Community School 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. The program supports the department strategies in providing support early to the most vulnerable children and families to ensure a strong start that will help them be successful in school in the long term.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of children who participate in summer Early Kindergarten Transition.	785	820	820	820
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	98%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$98,296	\$0	\$103,139	\$0
Contractual Services	\$211,728	\$312,524	\$216,487	\$105,535
Materials & Supplies	\$12,957	\$0	\$11,989	\$0
Internal Services	\$11,255	\$0	\$13,435	\$0
Total GF/non-GF	\$334,236	\$312,524	\$345,050	\$105,535
Program Total:	\$646,760		\$450,585	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$221,250	\$0	\$105,535
Other / Miscellaneous	\$0	\$91,274	\$0	\$0
Total Revenue	\$0	\$312,524	\$0	\$105,535

Explanation of Revenues

\$75,535 - Portland Public Schools based on current year award; \$30,000 - Early Kindergarten Transition SVP based on award.

Significant Program Changes

Last Year this program was: FY 2017: 25152 Early Kindergarten Transition Program

Program reduced by \$0.2M due to reductions in the Kindergarten Innovation Grant (\$0.1M) and in Portland Public School revenue (\$0.1M)

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

Sexual & Gender Minority Youth Services (SGMYS) program improves safety, educational success and quality of life for sexual and gender minority youth. The program operates with the understanding that all people deserve to be honored and that a trauma informed approach to service is essential. The program offers counseling, skill building and support services to sexual and gender minority youth as well as technical assistance and training to the SUN Service System, school and other direct service staff so that they may work more effectively with sexual and gender minority youth.

Program Summary

ISSUE: Sexual and gender minority youth (SGMY) experience discrimination and their safety is often at risk due to violence, bullying and harrasment. These experiences lead to poor education, health and economic outcomes including: higher rates of emotional distress, homelessness, school drop outs, suicide attempts, risky sexual behavior and substance abuse.

PROGRAM GOAL: The program increases school retention and success for students who experience significant discrimination, hostility, bullying and other violence in the community, in schools and often in their homes. A recent report by the Center for American Progress cites research that demonstrates the negative outcome experienced by sexual and gender minority youth and the importance of culturally appropriate services to this population. That research indicated that in many schools, hostile environments push SGM students out of the classroom. It also shows that SGMY are: 1) more likely to experience homelessness and poverty 2) disproportionately represented in the juvenile justice system and 3) three times more likely to attempt suicide compared to their non-SGM peers, and 45% of transgender people ages 18 to 24 have attempted suicide.

PROGRAM ACTIVITY: 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 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 (through training and consultation) so that they may provide competent and relevant services to sexual and gender minority youth (30% of the program).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth who engage in counseling services	39	75	75	75
Outcome	Percent of students who engage in counseling and who remain in or re-enroll in school	92%	75%	75%	75%
Output	# of community provider and school staff trained	472	300	300	300
Outcome	% of training participants who report an increase in knowledge of SMGY issues/cultural competency	85%	85%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$276,323	\$0	\$282,541	\$0
Total GF/non-GF	\$276,323	\$0	\$282,541	\$0
Program Total:	\$276,323		\$282,541	
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 2017: 25155 Sexual & Gender Minority Youth 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

Bienestar de La Familia is a social service program that promotes the well-being and advancement of Latino children, families, and other underserved diverse groups in the Cully neighborhood, Northeast, and Multnomah County, by providing access to services, and support opportunities that are culturally specific and responsive to the needs of this community.

Program Summary

ISSUE: The Latino and Somali communities experience significant social and economic barriers to family stability and success. Bienestar de la Familia, a culturally responsive social service program, addresses these barriers.

PROGRAM GOAL: The goal of Bienestar de la Familia is to ensure effective access to social services to the Latino and Somali communities, aimed at: (1) reducing poverty, promoting family success, and housing stability. (2) reducing substance abuse or achieving a substance-free life, and coordination of care with other substance abuse partners in the community. (3) assisting people with mental illness in leading more productive lives and to promote mental health awareness among the Hispanic population and other diverse groups within Multnomah County through service, advocacy, and education.

PROGRAM ACTIVITY: Bienestar de la Familia provides access to a wide range of services. Staff provides case management, access to mental health assessment and counseling, alcohol and drug counseling and prevention, service linkage and coordination, nutrition resources, energy assistance, information and referral, employment assistance and connections, school support, and advocacy to help address families' needs ranging from basic to crisis.

Other specific activities include a variety of parent education and support groups throughout the year: a weekly Women's and Men's support group; Strengthening Families classes in partnership with Life Works; the Incredible Years, a 12-week evidenced-based parenting education program; and energy and weatherization workshops. Other groups are added as issues/needs arise. The "Mercado " Harvest Share, in partnership with the Oregon Food Bank, Franz Bakery, and a local church make fresh food available to households living on a fixed or low income, on a monthly basis. Two new partnerships at Bienestar will continue in FY18. First, the SNAP outreach staff on-site means that families can more immediately and successfully sign up for SNAP benefits. The Adult Protective Services program staff of the Aging, Disability and Veteran's Services Division are on site weekly as well. These staff work directly, on-site, with the growing senior population that seeks supports with Bienestar.

The Community Advisory Council engages community members in strategic planning for the Bienestar de la Familia Program and is focused on guiding Bienestar to meet the needs of the diverse community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households served*	697*	1,500	1,500	1,500
Outcome	% of clients who reported that services they received improved their situation**	89%	85%	85%	85%
Output	Number of families who receive food to meet basic needs	1660	1,800	1,700	1,700

Performance Measures Descriptions

*This number includes direct services at Bienestar: basic needs, anti-poverty, parenting, youth services, mental health & drug and alcohol services. Number lower than projected due to significant staff turnover during FY16.

**Outcome measure changed for FY17 because survey was changed/updated.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$772,048	\$0	\$816,277	\$0
Contractual Services	\$16,500	\$0	\$16,500	\$0
Materials & Supplies	\$11,658	\$0	\$29,246	\$0
Internal Services	\$175,936	\$0	\$170,861	\$0
Total GF/non-GF	\$976,142	\$0	\$1,032,884	\$0
Program Total:	\$976,142		\$1,032,884	
Program FTE	7.60	0.00	7.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25156 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

The vision of Early Learning Multnomah is for every child in Multnomah County to be prepared to succeed in school and life, regardless of race, ethnicity or class. 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. This program offer includes staffing and programs that are part of the ELM hub.

Program Summary

ISSUE: In Multnomah County, 54% of children are at risk of arriving at kindergarten not prepared to succeed in school. Systems, funding and services are not aligned and coordinated in such a way that families have the culturally appropriate supports they need to support their children. The Early Learning Multnomah Hub is designed to address these issues by focusing in three areas: kindergarten readiness, aligned systems and services, and family stability.

PROGRAM GOAL: The goal of ELM is to improve academic achievements by eliminating racial and social disparities in kindergarten readiness, and create opportunities for success by implementing environmental level changes that align programs, systems and funding in early childhood. The focus is on children living in poverty and all children of color.

PROGRAM ACTIVITY: The Early Learning Multnomah HUB represents a commitment across partners, including parents, providers and investors, to align early learning strategies and outcomes across the community. United Way of the Columbia Willamette and Multnomah County are co-conveners for this initiative, creating a public private partnership that leverages our relationships, funding, and systems toward a systemic approach to early learning supports. Youth & Family Service staff contract for and develop early learning programs, monitor contracts, compile data and reports, engage in cross-sector partnerships, and support active parent/caregiver involvement in ELM (the Parent Accountability Council - PAC).

ELM is developing a broad Prenatal to 3 approach. This strategy links partners from the early learning and K-12 systems so that partners are building a smooth transition from early learning to early grades. Second, the Kindergarten Partnership & Innovation grant supports parent engagement at 8 SUN Community Schools, connecting families to school before kindergarten and fostering parent leadership. This builds on research showing that when schools actively engage and connect parents in culturally appropriate ways, their children do better in school. The Kindergarten Teacher Family Visit project creates opportunity for kindergarten teachers to visit homes, before children enter school. This builds parent and teacher connection early on, so that parents feel more comfortable in the school environment. YFS ELM staff are also part of a broader Multnomah County-wide effort to align the County's early learning services to maximize benefits for families of young children.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of parents/caregivers that are engaged in the Parent Advisory Council of the ELM hub	11	12	12	12
Outcome	Parents indicate that they feel something will happen for children in their comm'ty because of their role in the PAC	93%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$112,626	\$239,144	\$228,017	\$237,646
Contractual Services	\$0	\$1,131,127	\$34,552	\$697,528
Materials & Supplies	\$2,325	\$21,906	\$1,467	\$19,674
Internal Services	\$38,408	\$10,310	\$39,255	\$32,334
Total GF/non-GF	\$153,359	\$1,402,487	\$303,291	\$987,182
Program Total:	\$1,555,846		\$1,290,473	
Program FTE	1.00	2.00	1.64	2.36

Program Revenues				
Indirect for Dept. Admin	\$6,266	\$0	\$24,192	\$0
Intergovernmental	\$0	\$0	\$0	\$295,904
Other / Miscellaneous	\$0	\$1,402,487	\$0	\$691,278
Total Revenue	\$6,266	\$1,402,487	\$24,192	\$987,182

Explanation of Revenues

\$691,278 - Kindergarten Innovation Grant - based on award; \$295,904 - Early Learning United Way Grant - based on award

Significant Program Changes

Last Year this program was: FY 2017: 25158 Early Learning Multnomah HUB

Program reduced due to ending of the United Way Ready for School Grant (\$0.3M). 1 FTE Program Supervisor is added.

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, One-Time-Only Request

Executive Summary

The Youth & Family Stability Program improves opportunity and educational success for all students by addressing the root causes of absence for students and their families. The program implements client-driven, trauma informed, culturally responsive approaches to respond to each family's unique strengths and needs. The program provides youth and family stability case workers in three school districts (David Douglas, Portland Public Schools and Reynolds School Districts) to support students with high chronic absence rates. This program was previously called Attendance Supports.

Program Summary

ISSUE: Nearly one in five Multnomah County students attends fewer than 90% of school days, a critical tipping point that, according to a 2016 report by the Everyone Graduates Center and Attendance Works, predicts academic struggles, higher likelihood of dropping out of high school and lower persistence in college. Chronic absenteeism, which disproportionately affects students living in poverty 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. Schools are not equipped to address the student and family needs that often underlie chronic absence including health, mental health, homelessness, violence and parenting skills/confidence.

PROGRAM GOAL: The program's goals are to stabilize families and increase attendance rates for students that are chronically absent, with the ultimate goal of them attending consistently (95% of school days or greater). 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.

PROGRAM ACTIVITY: The Youth & Family Stability Program (formerly Attendance Supports) includes youth and family stability case workers in David Douglas, Portland Public Schools and Reynolds School Districts who provide intensive outreach and support services as part of each school's attendance protocol, which is a set of response and intervention steps that begins with a positive call home. The program utilizes proven strategies and existing infrastructure by embedding case workers (non-profit, school district and Department of Human Services staff) in schools to drive down chronic absenteeism by addressing family barriers to attendance such as housing, unemployment, food instability, mental health issues and parenting knowledge/skills. Case workers use data to identify students who are chronically absent and engage with them and their families through a variety of methods including supportive meetings, calls and home visits. They also advocate on behalf of students and families within the school and social service systems. The program is a collaborative effort, 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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of students served with intensive attendance supports	445	180	180	180
Outcome	% of studentsserved with intensive supports who increase their attendance rate by the end of the school y	65%	65%	65%	65%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$204,652	\$0	\$209,257	\$0
Total GF/non-GF	\$204,652	\$0	\$209,257	\$0
Program Total:	\$204,652		\$209,257	
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 2017: 25159A School Attendance Supports

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs: 25118

Program Characteristics:
Executive Summary

Collecting, analyzing and reporting data for the programs delivered through the Youth & Family Services (YFS) Division is critical to understanding the impact of public and partner investments. The data and evaluation team perform tasks so that we understand the impacts of YFS programs for those who participate. Activities include training for data entry end users, creating tools, writing queries to develop system and program reports, analyzing data, conducting evaluation and writing reports, and completing funder required reports.

Program Summary

ISSUE: The volume and complexity of data collection, data analysis, and evaluation have grown in recent years and the team now supports over 26 unique program areas funded through the Division, encompassing over forty funding sources. Data and evaluation activities had previously been undertaken by staff in three Divisions - with the formation of the Youth & Family Services Division, these are now being consolidated into one team. This team also supports the programs that transitioned to the Joint Office for Homeless Services.

PROGRAM GOALS: The goals of the data and evaluation team are twofold: (1) to use adult learning best practices to train end users to both enter data accurately into ServicePoint and to run reports to review and analyze this data; (2) develop and conduct evaluation activities to demonstrate programmatic results and to identify areas for improvement in service delivery.

PROGRAM ACTIVITY: The Data and Evaluation team staff provide a variety of critical supports for data collection, analysis and reporting on the 26 distinct program areas and services funded through the Youth & Family Service Division. This allows the Division to understand the impact of program services, consider areas for improvement and program development.

This team provides an array of critical tasks in pursuit of our stated goals. These include: training and technical assistance for the 300 end-users who enter data into ServicePoint; writing queries for ad hoc and standard reports that pull data from ServicePoint; developing workflow and training materials (for entry and report writing); submitting all funder-required reports; and data analysis and evaluation activities that provide comprehensive reports about YFS results. Staff from this team also participate in committees both inside and outside of the Division and Department to support stronger, more accurate data quality, research and evaluation activities, and partnership across jurisdictions through data and evaluation. Evaluation staff participates in the DCHS Performance Management Council that focuses, in part, on performance management efforts that are consistent across the Department, and that tie required activities to population-level results. Dashboards and related "real time" data analysis and display are also areas this team will focus on in the coming year.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of ServicePoint end users trained and supported to enter accurate data and run/use reports	NA	NA	NA	300
Outcome	Percent of users who report satisfaction with YFS staff to resolve their issues using ServicePoint	NA	NA	NA	70%
Output	Number of program models and corresponding performance management tools developed for YFS progra	NA	NA	NA	8

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,040,759	\$46,203	\$1,065,181	\$8,500
Materials & Supplies	\$0	\$0	\$4,800	\$0
Internal Services	\$0	\$0	\$128,234	\$0
Total GF/non-GF	\$1,040,759	\$46,203	\$1,198,215	\$8,500
Program Total:	\$1,086,962		\$1,206,715	
Program FTE	9.38	0.42	9.72	0.08

Program Revenues				
Intergovernmental	\$0	\$8,500	\$0	\$8,500
Total Revenue	\$0	\$8,500	\$0	\$8,500

Explanation of Revenues

\$8,500 - Centennial School District - based on agreement

Significant Program Changes

Last Year this program was:

This is a new Program Offer to separate data and evaluation activities from Youth & Family Services Division Administration (PO 25118). Previously the FTE in this new offer had been in POs: 25118- Community Services Division Administration, 25044A- Domestic Violence Coordination and 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: One-Time-Only Request

Executive Summary

This program builds a model for education and support to African American children using an asset-based approach that builds the capacity of adults in children's lives to interact with them in a trauma informed manner. This one time only funding will provide technical assistance to complete a set of practices to guide these interactions, train others to use this curriculum, study the implementation and finalize the curriculum.

Program Summary

ISSUE: Multnomah County and Oregon have unacceptably low graduation rates, and for students of color these rates are persistently low. Non-graduating students face poor job prospects. Improving these rates is an economic imperative. Evidence on cost-effective ways to improve graduation rates is still evolving but generally, points to the need to increase adult-student interactions.

PROGRAM GOAL: The goal is to improve academic success for African American youth through positive, trauma informed adult/student interactions.

PROGRAM ACTIVITY: Three key activities are part of this program. First, developing a set of practices embedded in a trauma-informed, culturally specific curriculum focused on African American youth. Second, providing professional development on culturally responsive teaching and brain development, mindful practice, trauma informed care, child development, and cultural identity development. The third activity will be to observe and document the implementation of the curriculum and make refinements to the curriculum, as appropriate.

A recent report by ECO Northwest highlights the importance of targeted or "narrowly focused" supports aimed at students most at risk for not graduating. Such activities may include: one-on-one coaching/mentoring, group based supports, focused classes, individualized tutoring, credit recovery, and/or post-high school college/career activities. The finalized curriculum will promote culturally specific and trauma-informed practices in order to be most effective for African American youth.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Curriculum developed				1
Outcome	Deliverables developed: documentation of model, informational handout & one page summary				3

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$75,000	\$0
Total GF/non-GF	\$0	\$0	\$75,000	\$0
Program Total:	\$0		\$75,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 25160 SUN Innovative Services

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

Family of Friends Mentoring matches low-income and at-risk youth with trained adult volunteers for long-term mentoring relationships. Through fun, safe activities in the community, mentors help youth build the social and emotional skills that are linked to academic success and a variety of other positive youth outcomes. Family of Friends Mentoring prioritizes its mentoring services for the growing youth population in East Multnomah County.

Program Summary

ISSUE: Multnomah County and Oregon have unacceptably low graduation rates. Non-graduating students face poor job prospects. Evidence on cost-effective ways to improve graduation rates is still evolving but generally points to the need to increase adult-student interactions. Mentoring relationships between and adults and youth is a proven way to support educational success.

PROGRAM GOAL: The program's goal is to improve educational success for students at risk of dropping out. Research shows that children with mentors are less likely to exhibit depressive symptoms, have higher self-esteem and have better attitudes towards school and learning.

PROGRAM ACTIVITY: The activities for this program include a partnership with the City of Gresham to support the implementation of the Family of Friends program in Gresham, focusing on youth in East Multnomah County. This evidence-based program includes families, couples and individuals serving as volunteer mentors for vulnerable young people. This program matches mentors with kids from low-income families that want extra support. Mentors commit to weekly visits for at least one year, and staff provide in-depth screening, training and coaching.

Youth are recruited from a variety of organizations, including SUN Community Schools in East County and School Resource Officers. The program will expand this outreach to include youth living in the family shelter and with children whose parents are incarcerated. The partnership will create the opportunity for Family of Friends Mentors to engage in training opportunities provided through the Youth and Family Services Division, including: Assertive Engagement, Trauma Informed Practices and domestic violence trainings. These activities will strengthen the skill sets of the mentors and the youth-mentor relationship.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of students with mentors				12
Outcome	Percent of adult-youth matches that are successful at one year				80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$25,000	\$0
Total GF/non-GF	\$0	\$0	\$25,000	\$0
Program Total:	\$0		\$25,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department Overview

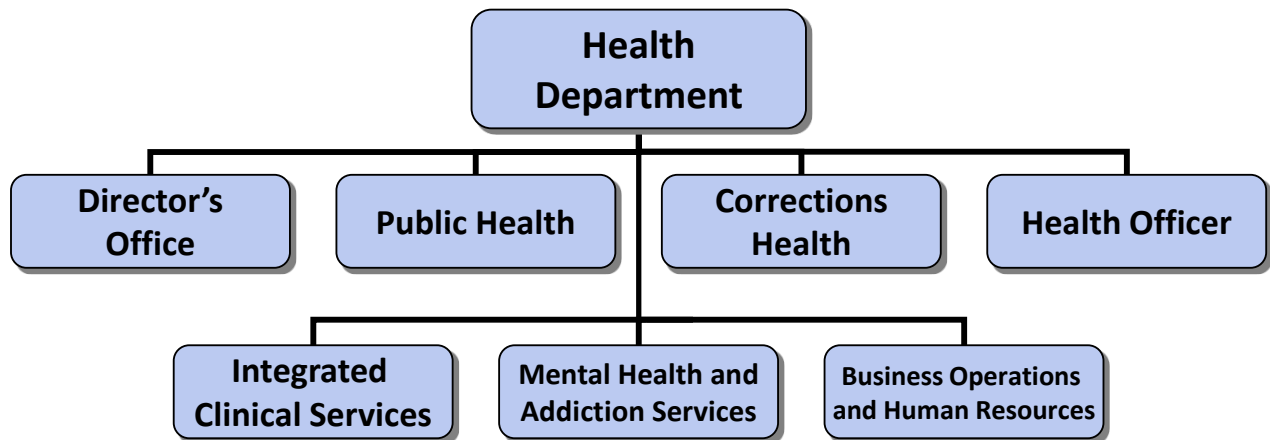
The Health Department’s vision ‘Healthy People in Healthy Communities’ guides our work.

The Department has six broad goals:

- 1) Effectively position Multnomah County Health Department as a trusted partner to state/local officials for assessment, policy development and long-range planning;
- 2) Develop a finance strategy to preserve critical services and support infrastructure for improved health outcomes;
- 3) Fundamentally change the way we do our work to challenge embedded internal and external structures that contribute to inequity;
- 4) Genuinely engage with communities and staff to drive positive changes;
- 5) Recruit, retain and promote a diverse, inclusive and high performing workforce;
- 6) Increase our effectiveness and reduce duplication across service areas.

To achieve these six goals, the Department uses the key strategies of:

- 1) Influencing federal, state, and local officials to address community health priorities in planning, policy development, financing, and legislation;
- 2) Prioritizing investments in programs and infrastructure that improve health outcomes and health equity;
- 3) Integrating the preliminary steps of trauma- and equity-informed practices across our organization;
- 4) Partnering with our diverse communities to identify, evaluate, and communicate the health equity impacts of public policies;
- 5) Including employee voices in strategy, policy, and decision-making;
- 6) Developing a diversity-focused succession plan that recognizes and invests in the talent and potential of employees at all levels of our organization;
- 7) Strengthening the skill of managers and supervisors to lead with intention, transparency, and inclusion;
- 8) Evaluating current processes and services to identify and address duplication;
- 9) Leveraging technology to drive innovation, efficiency and cost savings.



Budget Overview

The FY 2018 Health Department Adopted budget is \$307.0 million which represents a 9% decrease from the FY 2017 Adopted budget. The County General Fund contributes \$138.2 million, or 45% of the total. Traditional General Fund dollars make up 66% of these revenues, while Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method funds contribute an additional \$46.4 million. The remainder of the Health budget (\$168.8 million) comes from Federal and State revenue, Medicaid (by way of Health Share of Oregon), and other medical fee revenue.

The reductions in the Health budget are driven by budget cuts at the State and Federal level, and lower than expected revenues in the clinical system. The majority of FTE reductions derive from cutting seven clinical provider teams and the associated support staff. The Health FY 2018 budget includes program offers 40051D and 40096, which increase clinical capacity in the Corrections Health system to better meet the needs of incarcerated individuals.

The FY 2018 Health General Fund allocation contains \$1.8 million in additional ongoing funding for the following new program offers:

- Corrections Health MCIJ Supplemental Staffing (40051D) \$253,167
- Overdose Prevention Strategy (40061B) \$211,078
- Crisis Service Current Capacity Funding (40069B) \$631,543
- Mental Health Services for Victims and Survivors of Domestic Violence (40079) \$67,000
- Suppl. Case Mgt & Psychiatric Consultation Services (40082B) \$295,572
- MCDC Intake, Reception & Mental Health Staffing (40096) \$335,868

The FY 2018 Health General Fund allocation includes \$3.3 million in one-time-only funding. The one-time-only funding is allocated to eight program offers and funds 3.49 FTE. A list of programs funded one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2016	FY 2017	FY 2017	FY 2018	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,387.16	1,515.91	1,493.23	1,396.32	(96.91)
Personnel Services	\$151,860,556	\$173,974,815	\$171,605,696	\$167,058,417	(\$4,547,279)
Contractual Services	119,435,273	107,169,789	106,343,538	77,658,075	(28,685,463)
Materials & Supplies	23,013,332	22,110,797	21,994,692	24,565,724	2,571,032
Internal Services	41,143,964	35,698,153	35,536,451	37,579,255	2,042,804
Capital Outlay	<u>174,618</u>	<u>644,458</u>	<u>644,458</u>	<u>154,458</u>	<u>(490,000)</u>
Total Costs	\$335,627,743	\$339,598,012	\$336,124,835	\$307,015,929	(\$29,108,906)

Successes and Challenges

The Department is providing critical services to a very diverse population across our whole community including:

- Primary care, pharmacy, and dental care services that provide care for an extremely diverse patient population across seven primary care clinics (most with dental services), one HIV specialty primary care clinic, 14 School Based Health Centers, and one dental clinic attached to Central City Concern's primary care clinic.
- Health care and behavioral health care for all individuals housed in the county's two jails and one juvenile detention facility.
- Mental health crisis services, school based mental health and suicide prevention services available to the whole community.
- Specialized mental health services for the seriously mentally ill, specifically strategies to help mentally ill individuals in the criminal justice system.
- Managing the broad range of mental health and addiction services available to the people living in Multnomah County insured by the Oregon Health Plan.
- Protecting the environmental health of our community including addressing lead in water, restaurant inspection, healthy homes, and the spread of disease.
- Monitoring and treating communicable and sexually transmitted diseases.
- Promoting healthy behaviors, safe and healthy environments and social norms for all people, particularly people with the worst health outcomes.
- Creating a comprehensive five-year Community Health Improvement Plan to address racial and ethnic health disparities in Multnomah County.

The Department faces significant funding challenges for the foreseeable future. After a period of health care expansion funding from the federal government is in question and state resources are flat or declining. While demand for mental health services remains high our funding is falling short of demand. The County's clinical system continues to experience fluctuation in revenue. This next year, the system must right size our service mix to match demand and revenue. The possibility of repeal of the Affordable Care Act Medicaid expansion makes planning for future health care services difficult.

Services to people held in our jails and juvenile detention facilities are a critical part of the safety net we provide to the community. These services are funded completely by County General Funds. The department is reviewing staffing levels and management structure given the need. Corrections health will continue to balance staffing, structure and cultural changes to provide the best services within our resources.

State and federal funding for public health services is declining at a time when interest in addressing community wide population health is rising. The Department will continue to focus on core services and reach out to community partners to build community capacity to address public health needs.

Diversity and Equity

Diversity and equity efforts are fundamental to our work. The department serves an incredibly diverse population and continues to expand recruitment efforts to hire the most diverse work force in the county. The department offers staff a broad range of training to enable staff to best serve a diverse population. Just a few examples of our culturally specific programs include:

- Racial and Ethnic Approaches to Community Health (REACH) is a federally funded effort to address smoking cessation and healthy food access for the African American community, and those in Portland’s poorest zip codes.
- Healthy Birth Initiative (HBI) builds community capacity to support African American families to have healthy babies. HBI addresses infant mortality in the African American community where in Multnomah County African American babies are 2.5 times more likely to die at birth than white babies.
- Culturally-Specific Mental Health Services for five communities of color, creating increased engagement and higher treatment completion rates.
- Nursing and Behavioral Health support Head Start to foster early school success.
- Culturally- and linguistically-specific School Based Mental Health counselors at schools with large populations of youth of color.
- An Adolescent Health and Teen Pregnancy Prevention grant helping prevent unintended pregnancies in the African American, Latino, and Native American communities.
- Refugee and Immigrant Health Services targeted at creating trust, access to care and communication with immigrant and refugee communities.
- Latina Maternal Medical Home funded by a CareOregon grant to create an integrated, culturally specific pre-and post-natal experience for Latinas, to promote better birth outcomes and early childhood development.

Budget by Division

Division Name	FY 2018 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$988,607	\$0	\$988,607	3.00
Health Officer	5,982,818	2,282,052	8,264,870	36.25
Public Health	28,258,304	27,155,602	55,413,906	313.92
Integrated Clinical Services	48,996,673	62,465,783	111,462,456	600.39
Business Operations and Human Resources	15,792,119	0	15,792,119	95.90
Corrections Health	17,942,512	0	17,942,512	110.10
Mental Health and Addiction Services	<u>20,231,948</u>	<u>76,919,511</u>	<u>97,151,459</u>	<u>236.76</u>
Total Health Department	\$138,192,981	\$168,822,948	\$307,015,929	1,396.32

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 1,300 employees, and is responsible for more than \$300 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 Operations, 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 of Oregon statutes. The Health Officer supervises deputy health officers for Multnomah, Clackamas and Washington counties to improve the consistency of public health service in the Tri-County area and to ensure consistent public health physician input on regional issues including health reform, environmental health, communicable diseases and emergency preparedness.

The Emergency Medical Services program coordinates, regulates and works to improve the quality of pre-hospital medical services for people experiencing an emergency; the EMS Medical Director provides 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 program is responsible for establishing the causes and manner of death under special circumstances in the County.

Significant Changes

The Board of County Commissioners approved an updated Ambulance Service Plan in December 2016. A contractor was retained in FY 2017, to provide a system analysis and to help develop RFP specifications. With one-time-only funding in FY 2018, the contractor will help develop scoring criteria, organize a panel to review proposals, and help in finalizing the new contract. Then an RFP for a contract anticipated to begin in FY 2019 will be released.

The Health Officer program anticipates extending its contract with Clackamas and Washington counties for Deputy Health Officer services. The Multnomah County Health Officer leads a regional coalition to prevent opioid overdose with funding support from the CDC and OHA.

Public Health

The Public Health Division is statutorily responsible for promoting and protecting health, and preventing diseases in Multnomah County's diverse communities. The division is guided by public health science, demonstrated best practices, and community driven solutions, which include the Multnomah County Public Health Advisory Board and Community Health Improvement Plan. These drivers enable the division to address inequities by incorporating community voice and culturally specific approaches alongside assessment, evaluation, research, population health monitoring, and disease investigation.

Major investments include the following core public health functions:

1) Communicable Disease Control fulfills the mandate to limit the spread of reportable communicable diseases, including sexually transmitted diseases, through outbreak investigation; immunizations; harm reduction; and specialty clinical services. 2) Environmental Health protects the safety of residents by inspecting licensed facilities; monitoring mosquitoes and other vectors; and assuring healthy environments through tobacco retail licensing, lead poisoning prevention, and air quality monitoring. 3) Prevention & Health Promotion addresses health, developmental and nutritional needs of low-income families with infants/children; promotes healthy life choices among teens through sexuality education and youth violence prevention; reduces documented inequities by building community partnerships and capacity to improve population health; and implements culturally specific programming and strategies to improve maternal/child health and prevent chronic disease.

Significant Changes

For FY 2018, the WIC program is requesting one-time-only funding for a program redesign. The redesign improvement process includes identification of equity and place-based strategies and partnership service provision in areas of highest need to increase caseloads and improve client health outcomes. Currently, the Women, Infants and Children Program (WIC) serves approximately 16,000 pregnant women and mothers, and their infants and young children per month with healthful foods, nutrition education and breastfeeding support.

Ongoing support for the Overdose Prevention Strategy program will maintain our commitment to overdose response training and naloxone distribution. Naloxone is a prescription medication that reverses opiate overdoses. From 2002-2012, heroin overdose deaths in Oregon increased 46%; Multnomah County accounted for 50-70% of deaths. In 2013, naloxone training began at local syringe exchange sites and heroin deaths dropped 30%. In 2014, for the first time, more of Oregon's heroin deaths happened outside of the county. Naloxone saves lives and is a key component to a comprehensive regional, statewide, and national strategy to address the opiate epidemic.

Finally, notification of continued federal funding of the Racial and Ethnic Approaches to African American Health (REACH) program means the program will continue in FY 2018.

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 and operational efficiencies, and maximizes opportunities with grants and programs for special populations.

Clinical services are provided in eight primary care clinic sites. Oral health and prevention services located at six dental sites provide much needed access to dental care for children and adults. The School and Community Oral Health program provide exams and/or sealants to over 1,500 school children. School Based Health clinics (SBHC) provide primary care services to patients in the schools and surrounding community.

In calendar year 2016, ICS provided medical or dental services to approximately 71,000 of Multnomah County's most vulnerable residents.

Significant Changes

North Portland Health Center remodeling plans are in the final stages with ground-breaking anticipated summer 2017. One-time-only capital for construction will add medical exam rooms, move pharmacy to the second floor and add dental operatories for a dental clinic. The work will be phased so that the clinic can remain operational during construction.

Analysis of the SBHC program showed a decreased need for services in North and Northeast Portland. To assure equitable resource allocation, the Grant SBHC will close in June 2016. A growing need for SBHC services in East County offers a new opportunity to serve students in the future.

ICS continues to innovate services to meet the increased need and demands of health system reform. To increase access (maximizing care appointments available) Dental Services piloted Advanced Access scheduling. Clients may book appointments within 2-4 weeks of their preferred time. Early results show easier access to appointments and a reduced backlog. In the past few years, Primary Care has been expanding to meet the needs of the Medicaid population. In the coming year, clinics are taking a close look to see if current capacity exceeds the demand for primary care services. The proposed budget includes a reduction in provider teams across several clinics.

Our clients continue to represent our diverse community, with approximately 44% indicating they are best served in a language other than English. Our health centers serve clients speaking over 100 different languages.

Business Operations Human Resources

Business Operations provides leadership, policy and strategic direction to the Health Department. This division includes Workforce Development, Human Resources and Training for more than 1,300 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable and Contracting services manage a budget of over \$300 million. The division is a bridge to the Department of County Assets (e.g. IT, facilities) and the Department of County Management (HR, Finance, Budget) for the provision of services and assuring compliance with County policies.

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

Human Resources/Training & Workforce Development Group provides guidance and consultation in administrative procedures, recruitment, employee/labor relations, Class Comp, management competencies, personnel policies and labor contract interpretation, training facilitation, employee/ leadership development and legal compliance.

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

Significant Changes

Health care 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. The Health Department is expanding its recruitment efforts, with the goal of increasing the diversity of our hires at all levels of the organization.

Corrections Health

Corrections Health meets national standards that assure access to care and safeguard the health of those who are in detention in the Multnomah County Detention Center (MCDC), the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home.

In the adult facilities, staff provide around-the-clock health evaluation, illness identification and treatment services for over 36,000 adults each year. Over 50% have serious, unstable and/or chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental/behavioral illnesses. The vast majority of detainees return to their communities, so improvement of their health in the detention settings also improves the health of their families and the community. Stabilization of substance use and behavioral health conditions allows detainees to more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process.

At the juvenile facility, licensed nursing staff provide services 16 hours per day, including screening, symptom evaluation and treatment for over 2,000 youth per year. More than one third of youth receive mental health treatment. Diagnosis and treatment of sexually transmitted diseases (STD) continues to be a focus to improve the health of the youth as well as that of the community.

Significant Changes

In FY 2017 the Board requested an assessment of personnel needs at Multnomah County Inverness Jail (MCIJ) and a proposal for how to improve Correction Health's operations at MCIJ, with the goals of balancing workloads among shifts, improving the quality of clinical services, and improving employee morale. Briefings were provided outlining a request to add Community Health Nurses and a Medication Aide. A contingency transfer was approved in FY 2017 and on-going funding in FY 2018 will keep the staffing changes in place.

Also, additional mental health and medical staffing at the Multnomah County Detention Center will allow for more rapid mental health assessments at MCDC booking and reception. Corrections Health provides round-the-clock mental health support to the over 1,100 detainees of the Multnomah County jails. Corrections Health nurses provides over 1,800 intake screenings to incoming detainees each month. Thirty percent of those incoming detainees had identified serious mental health issues, often with concurrent substance use concerns.

Mental Health and Addiction Services

Multnomah County Mental Health and Addiction Services Division (MHASD) aims to enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults with mental illnesses and emotional and addictive disorders.

Through consumer-driven, culturally responsive and evidence-based practices, MHASD serves all county residents as a public safety net, regardless of their insurance, income or cultural experience. The division prioritizes services that are culturally appropriate and supported by peers with lived experience.

As a subcontractor of Health Share of Oregon, MHASD manages the mental health benefit of more than 113,000 Oregon Health Plan members in our county. Over 40,000 individuals received treatment services from the system in Fiscal Year 2016.

MHASD offers community prevention and early intervention programs for all county residents through the Early Childhood, Early Assessment and Support Alliance and Mental Health First Aid programs. In FY 2017, the division trained 775 residents to identify and respond to signs of suicide and/or mental health crises, leading in a regional effort to raise awareness about mental health.

Significant Changes

- 1) Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system, including crisis hotline, mobile crisis outreach and walk-in clinic. State funding reductions in 2012 have threatened to destabilize the system. This budget will keep current service capacity whole while we continue to evaluate the service continuum.
- 2) This budget also includes increases the funding for residents experiencing severe mental illness who are uninsured. The goal of the new one-time-only funding is to ensure that residents who have been incarcerated or hospitalized receive community-based treatment.
- 3) Law Enforcement Assisted Diversion (LEAD) is a new innovative pilot program developed to address low-level drug street crime in downtown Portland. The goal of LEAD is to improve community health and safety by using a harm reduction and assertive engagement model and coordinating with law enforcement. LEAD started in 2017 and will continue in FY 2018.
- 4) Finally, this budget includes enhancement of mental health case management and psychiatric consultation services in schools. The educational system needs help problem solving and identifying resources to increase attendance and reduce emotional/behavioral issues that interfere with educational goals. Additional funding will provide assistance with coordinating services/supports, and advocating for students suffering from mental health issues. The School Mental Health Program will work to ensure students seriously affected by mental illness are connected with the appropriate supports they need to remain in and perform successfully in school.

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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 2018 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Director's Office	\$988,607	\$0	\$988,607	3.00
Health Officer					
40002	Tri-County Health Officer	371,583	463,254	834,837	2.50
40004A	Ambulance Services (Emergency Medical Services)	2,234,371	985,383	3,219,754	12.95
40004B	Ambulance Service Plan Consulting Services	100,000	0	100,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness	132,079	568,458	700,537	3.60
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,828,355	264,957	2,093,312	7.10
40052	Medical Examiner	1,316,430	0	1,316,430	10.10
Public Health					
40001	Public Health Administration and Quality Management	2,014,723	295,109	2,309,832	13.15
40006	Tobacco Prevention and Control	510,076	405,000	915,076	6.36
40007	Health Inspections and Education	4,512,531	97,067	4,609,598	32.10
40008	Vector-Borne Disease Prevention and Code Enforcement	1,371,622	0	1,371,622	9.60
40009	Vital Records	0	863,335	863,335	6.91
40010	Communicable Disease Prevention and Control	3,051,033	1,350,185	4,401,218	28.80
40011	STD/HIV/Hep C Community Prevention Program	1,686,769	1,400,354	3,087,123	19.29
40012	Services for Persons Living with HIV	1,438,519	6,951,122	8,389,641	36.30
40014	Immunizations	327,395	290,186	617,581	3.90
40018A	Women, Infants, and Children (WIC)	1,799,998	2,974,809	4,774,807	37.60
40018B	Women, Infants, and Children (WIC) Redesign	240,505	0	240,505	2.70
40025	Adolescent Sexual Health Equity Program (ASHEP)	295,533	1,249,999	1,545,532	6.85
40037	Environmental Health Community Programs	219,438	436,870	656,308	2.35

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Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Public Health (cont.)					
40038	Health Promotion and Community Capacity Building	750,000	497,666	1,247,666	5.32
40048	Community Epidemiology	972,576	1,942,207	2,914,783	15.49
40053A	Racial and Ethnic Approaches to Community Health	1,187,877	383,375	1,571,252	7.57
40054	Nurse Family Partnership	2,111,467	1,703,274	3,814,741	18.61
40055	Home and Community Based Health Consulting	758,168	1,750,319	2,508,487	18.03
40055B	Baby Booster Partnership	42,000	0	42,000	0
40056	Healthy Families	937,357	2,375,461	3,312,818	9.65
40057	Future Generations Collaborative	236,368	263,435	499,803	1.35
40058	Healthy Birth Initiative	775,876	1,198,920	1,974,796	12.48
40060	Chronic Disease and Violence Prevention	1,688,175	635,271	2,323,446	14.65
40061A	Harm Reduction	1,089,220	91,638	1,180,858	3.16
40061B	Overdose Prevention Strategy	211,078	0	211,078	1.7
40061C	Syringe Collection Expansion	30,000	0	30,000	0
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	98,639	1,389,664	1,488,303	12.5
40017A	Dental Services	10,787,113	10,825,502	21,612,615	134.93
40017B	North Portland Dental Expansion Carryover	1,800,000	0	1,800,000	0
40019	North Portland Health Clinic	2,570,767	3,339,803	5,910,570	29.7
40020	Northeast Health Clinic	3,230,056	3,818,112	7,048,168	41.4
40022	Mid County Health Clinic	6,293,435	5,144,379	11,437,814	70.5
40023	East County Health Clinic	4,965,058	4,349,452	9,314,510	51.60
40024	School Based Health Centers	3,705,838	2,570,852	6,276,690	33.09
40024B	School Based Health Center Development in East County	200,000	0	200,000	0.79
40026	La Clinica de Buena Salud	750,950	1,584,451	2,335,401	12.00
40027	Southeast Health Clinic	1,555,862	2,985,505	4,541,367	27.40
40029	Rockwood Community Health Clinic	2,867,790	2,645,665	5,513,455	32.70
40031	Pharmacy	0	19,760,373	19,760,373	56.78
40032	Lab and Medical Records	3,428,765	1,557,936	4,986,701	36.20
40033	Primary Care and Dental Access and Referral	2,272,607	658,627	2,931,234	18.50
40034	Quality Assurance	4,227,442	1,835,462	6,062,904	41.00
40036	Community Health Council and Civic Governance	242,351	0	242,351	1.30

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Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Business Operations and Human Resources					
40003	Health Department Leadership Team Support	580,559	0	580,559	5.00
40039	Human Resources and Training	3,177,950	0	3,177,950	20.30
40040	Budget & Finance	3,157,759	0	3,157,759	26.00
40041	Medical Accounts Receivable	1,650,690	0	1,650,690	13.00
40042	Contracts & Procurement	1,504,455	0	1,504,455	12.00
40043	Health Department Operations	2,678,607	0	2,678,607	16.60
40044	Health Clinical Data and Reporting	3,042,099	0	3,042,099	3.00
Corrections Health					
40049	Corrections Health Juvenile Detention	1,025,677	0	1,025,677	6.00
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,450,634	0	3,450,634	24.40
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,214,133	0	3,214,133	15.10
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,094,270	0	3,094,270	19.70
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,993,865	0	2,993,865	16.40
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,712,347	0	1,712,347	10.80
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,367,821	0	1,367,821	8.50
40051D	Corrections Health MCIJ Supplemental Staffing	253,167	0	253,167	2.00
40059	Corrections Health Mental Health Services	494,730	0	494,730	4.20
40096	MCDC Intake and Reception Mental Health Staffing	335,868	0	335,868	3.00
Mental Health and Addiction Services					
40065	Mental Health & Addiction Services Administration	531,485	1,076,999	1,608,484	8.48
40067	Medical Records for MHASD	179,124	633,917	813,041	7.30
40068	Mental Health Quality Management & Protective Services	889,950	7,111,044	8,000,994	32.83
40069A	Behavioral Health Crisis Services	2,431,060	7,156,694	9,587,754	18.90
40069B	Crisis Service Current Capacity Funding	631,543	0	631,543	1.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	642,072	2,354,195	2,996,267	0.00
40072	Mental Health Commitment Services	1,244,325	2,967,954	4,212,279	24.50

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Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Mental Health and Addiction Services (cont.)					
40073	Peer-run Supported Employment Center	112,618	0	112,618	0.00
40074	Mental Health Residential Services	1,046,124	12,783,757	13,829,881	11.14
40075	Adult Mental Health Initiative (AMHI)	0	2,843,755	2,843,755	9.33
40076	Mental Health Services for Adults	0	11,766,460	11,766,460	0.00
40077A	Mental Health Treatment & Medication for the Uninsured	1,169,766	0	1,169,766	0.00
40077B	Supplemental Treatment & Rx Funding for the Uninsured	150,000	0	150,000	0.00
40078	Early Assessment & Support Alliance	0	1,674,450	1,674,450	11.04
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	1,716,397	2,192,119	3,908,516	16.25
40081	Multnomah Wraparound	23,236	4,389,509	4,412,745	22.67
40082A	School Based Mental Health Services	1,456,876	1,822,760	3,279,636	22.22
40082B	Supplemental Case Management & Psychiatric Consultation Services	295,572	0	295,572	3.20
40083	Mental Health First Aid	189,403	0	189,403	1.00
40084	Culturally Specific Mental Health Services	1,618,420	0	1,618,420	0.00
40085A	Adult Addictions Treatment Continuum	2,512,965	7,806,859	10,319,824	6.35
40085B	Law Enforcement Assisted Diversion (LEAD)	750,000	0	750,000	0.00
40086	Addiction Services Gambling Treatment & Prevention	0	811,001	811,001	0.15
40087	Addiction Services Alcohol & Drug Prevention	0	523,748	523,748	1.00
40088	Coordinated Diversion for Persons with Mental Illness	563,691	2,463,230	3,026,921	15.00
40089	Addictions Detoxification & Post Detoxification Housing	1,798,612	1,296,616	3,095,228	0.00
40090	Family & Youth Addictions Treatment Continuum	211,709	640,709	852,418	0.00
40091	Family Involvement Team	0	1,129,910	1,129,910	0.00
40094	Medicaid Insurance Plan Administration and Operations	0	3,473,825	3,473,825	24.40
Total Health Department		\$138,192,981	\$168,822,948	\$307,015,929	1,396.32

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Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$688,152	\$0	\$728,826	\$0
Contractual Services	\$39,750	\$0	\$51,500	\$0
Materials & Supplies	\$129,274	\$0	\$130,968	\$0
Internal Services	\$76,667	\$0	\$77,313	\$0
Total GF/non-GF	\$933,843	\$0	\$988,607	\$0
Program Total:	\$933,843		\$988,607	
Program FTE	3.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40000 Health Department Director's Office

Department: Health Department **Program Contact:** Loreen Nichols
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership, administration, and quality management to support the foundational public health competencies of the Public Health Division (PHD). The PHD promotes and protects health, and prevents disease of all residents within Multnomah County. PHA-QM sets the strategic direction of the PHD and ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, and effective financial management.

Program Summary

Through leadership, administration, quality and project management, Public Health Administration and Quality Management (PHA-QM) enables the Public Health Division (PHD) to meet the foundational capabilities and legal requirements to act as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, community partnerships, planning, and assessment. The following program areas support these strategies.

Leadership: This program area includes the Office of the Public Health Director. The Director is responsible for leadership and oversight of public health functions in Multnomah County. This unit sets the strategic direction of the PHD and anticipates future needs of public health in Multnomah County through division-wide strategic planning and active participation in regional and statewide public health systems. Major areas of focus include assessment and implementation of public health system reform and leadership on the Coalition of Local Health Officials, the Governor-appointed Public Health Advisory Board of the Oregon Health Authority, and the Multnomah County Public Health Advisory Board.

Administration: This program area provides core administrative functions for the PHD. Division-wide administration ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, effective financial management, and the PHD Strategic Plan.

Quality and Project Management: Oversees quality assurance, quality improvement, performance measurement, and information management activities for public health assessment, service delivery, community engagement, and partnerships. Other key functions include public health workforce development; public health informatics; project management for emerging public health issues with departmental and community significance (such as the prescription opioid epidemic); and academic partnerships.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Multnomah County Public Health Advisory Board meetings	9	12	12	12
Outcome	% of identified quality improvement, strategic projects, and strategic plan objectives successfully completed	80%	na/-	80%	80%

Performance Measures Descriptions

Outcome: new measure

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,652,462	\$110,835	\$1,554,628	\$216,435
Contractual Services	\$132,873	\$0	\$108,852	\$28,500
Materials & Supplies	\$39,049	\$20,754	\$65,543	\$14,713
Internal Services	\$138,451	\$13,411	\$285,700	\$35,461
Total GF/non-GF	\$1,962,835	\$145,000	\$2,014,723	\$295,109
Program Total:	\$2,107,835		\$2,309,832	
Program FTE	13.40	0.60	11.41	1.74

Program Revenues				
Indirect for Dept. Admin	\$10,485	\$0	\$20,496	\$0
Intergovernmental	\$0	\$145,000	\$0	\$295,109
Total Revenue	\$10,485	\$145,000	\$20,496	\$295,109

Explanation of Revenues

State Opiate grant for Prescription drug Overdose Prevention and Federal BJA Hal Rogers PDMP to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency.

ST Opiate Grant: \$95,109
 Fed BJA Hal Rogers PDMP Grant: \$200,000

Significant Program Changes

Last Year this program was: FY 2017: 40001 Public Health Administration and Quality Management

Department: Health Department

Program Contact: Paul Lewis

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program 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 improve the consistency and quality of public health services; increase learning and collaboration across the counties; and improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties. Clackamas and Washington Counties contract with Multnomah County for their health officer services.

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, Sexually Transmitted Infection, Tuberculosis, and Environmental Health Food Service 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 Multnomah County Clinics 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) supervise select public health programs; (3) work with department staff, other county agencies, and community groups to manage critical public health problems; and (4) participate 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. The health officer program staff provided leadership on chronic disease prevention programs, addressed issues of communicable disease control, led the development of a regional opiate safety coalition, led the regional response to Emergency Department and Emergency Medical System overload that occurred during the winter storms, provided technical support for board presentations on Emergency Medical Systems and Opioids. Dr Lewis also participates as the large county representative on the Cleaner Air Oregon advisory Committee to the OHA and DEQ.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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 FY18. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY18 will be negotiated and finalized by June 30, 2017. These will provide guidance for work priorities and program activities. Annual survey completed in January 2017 and both counties indicated they intend to renew the contract.

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	2017	2017	2018	2018
Personnel	\$310,144	\$382,125	\$326,205	\$402,527
Materials & Supplies	\$10,366	\$13,281	\$12,038	\$9,825
Internal Services	\$9,915	\$58,594	\$33,340	\$50,902
Total GF/non-GF	\$330,425	\$454,000	\$371,583	\$463,254
Program Total:	\$784,425		\$834,837	
Program FTE	1.00	1.50	1.00	1.50

Program Revenues				
Indirect for Dept. Admin	\$36,150	\$0	\$38,117	\$0
Intergovernmental	\$0	\$454,000	\$0	\$463,254
Total Revenue	\$36,150	\$454,000	\$38,117	\$463,254

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 \$463,254 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2017: 40002 Tri-County Health Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$609,883	\$0	\$444,626	\$0
Materials & Supplies	\$17,649	\$0	\$24,478	\$0
Internal Services	\$147,716	\$0	\$111,455	\$0
Total GF/non-GF	\$775,248	\$0	\$580,559	\$0
Program Total:	\$775,248		\$580,559	
Program FTE	7.00	0.00	5.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40003 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 the 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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	2017	2017	2018	2018
Personnel	\$981,298	\$693,996	\$1,108,860	\$674,761
Contractual Services	\$836,085	\$89,542	\$809,124	\$76,608
Materials & Supplies	\$168,647	\$45,952	\$172,507	\$13,751
Internal Services	\$105,823	\$126,235	\$143,880	\$220,263
Total GF/non-GF	\$2,091,853	\$955,725	\$2,234,371	\$985,383
Program Total:	\$3,047,578		\$3,219,754	
Program FTE	6.35	6.13	7.03	5.92

Program Revenues				
Indirect for Dept. Admin	\$65,652	\$0	\$63,898	\$0
Fees, Permits & Charges	\$989,913	\$0	\$1,860,811	\$0
Intergovernmental	\$0	\$0	\$263,132	\$0
Other / Miscellaneous	\$114,225	\$955,725	\$109,882	\$985,383
Service Charges	\$814,790	\$0	\$0	\$0
Total Revenue	\$1,984,580	\$955,725	\$2,297,723	\$985,383

Explanation of Revenues

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

Ambulance License Fees: \$1,106,396
 Medical Direction contracts: \$261,744
 Charges for Services: \$392,988
 Ambulance Fines: \$109,882
 Coordinated Care Organization grants of TC911 Program:
 Health Share: \$662,049

Significant Program Changes

Last Year this program was: FY 2017: 40004A Ambulance Services (Emergency Medical Services)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40004B Ambulance Service Plan Consulting Services

Updated Ambulance Service Plan approved by County Board on December 8th, 2016 for implementation on September 1, 2018.

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 leadership, managers and supervisors and incident management team members; 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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	89%	98%	89%	89%
Quality	Program satisfaction	89%	93%	89%	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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$463,996	\$105,123	\$409,408
Contractual Services	\$0	\$0	\$0	\$59,713
Materials & Supplies	\$264	\$50,873	\$3	\$6,513
Internal Services	\$44,524	\$73,565	\$26,953	\$92,824
Total GF/non-GF	\$44,788	\$588,434	\$132,079	\$568,458
Program Total:	\$633,222		\$700,537	
Program FTE	0.00	3.10	0.80	2.80

Program Revenues				
Indirect for Dept. Admin	\$40,355	\$0	\$38,771	\$0
Intergovernmental	\$0	\$588,434	\$0	\$568,458
Total Revenue	\$40,355	\$588,434	\$38,771	\$568,458

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), and by an Urban Area Security Initiative (UASI) grant.

State Public Health Emergency Preparedness \$230,069 and Cities Readiness Initiative \$30,212
 OHA, Ebola, Health Security, Preparedness, and Response Program: \$254,177; Urban Area Security Initiative (UASI): \$54,000

Significant Program Changes

Last Year this program was: FY 2017: 40005 Public Health & Regional Health Systems Emergency Preparedness

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40037, 40060, 40053A, 40053B
Program Characteristics:

Executive Summary

The Tobacco Control and Prevention program within the Environmental Health Services works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County. Tobacco use continues to be the leading cause of death and disability in Multnomah County and nationally. The program includes community interventions, as well as issuing licenses and retailer inspections. Reducing youth access is a central focus of the program.

Program Summary

Tobacco use continues to be the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Nearly 1,174 residents die prematurely from tobacco use each year, and more than 22,936 suffer from a disease caused by smoking. Despite these risks, approximately 113,100 Multnomah County adults currently smoke cigarettes. Furthermore, the harmful effects of smoking do not end with the smoker: secondhand smoke exposure causes serious disease and death, and even brief exposure can be harmful to health. Coupled with this enormous health toll is the significant economic burden. Currently an estimated \$233.9 million is spent on tobacco-related medical costs and \$187.5 million is lost in productivity due to premature tobacco-related deaths.

The Tobacco Control and Prevention program is focused on preventing and reducing tobacco and nicotine use and exposure locally. On July 1, 2016, the program began the licensing of tobacco retailers and licensing enforcement began January 1, 2017. Main components of the program include: implementation of population-based community interventions; implementation of strategies to reduce youth access to, and use of, tobacco and nicotine products; establishment of policy/regulation, counter-marketing, promotion of smoke-free environments; providing support and resources to smokers who want to quit; surveillance and evaluation; and engaging diverse communities in tobacco prevention efforts.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of tobacco retail licenses issued	na/-	778	878	975
Outcome	Number of policies established to reduce tobacco use and exposure	2	3	0	2
Output	Number of retailer inspections	na/-	622	567	1,053
Output	Number of community partnerships	na/-	na/-	18	26

Performance Measures Descriptions

2) Number of policies enables program to track & monitor whether partnership activities result in concrete changes to policy.
3) Revised to include annual compliance inspection as well as minimum legal sales age inspections, education, and outreach visits. 4) New: Tracked by the number of established and strengthened partnerships through specific project and program activities.

Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, must comply with required work plans and assurances.

Multnomah County Ordinance 2015-1225.

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$411,394	\$342,961	\$391,837	\$297,143
Contractual Services	\$53,292	\$115,243	\$2,000	\$0
Materials & Supplies	\$22,223	\$4,624	\$33,734	\$1,148
Internal Services	\$23,167	\$153,673	\$82,505	\$106,709
Total GF/non-GF	\$510,076	\$616,501	\$510,076	\$405,000
Program Total:	\$1,126,577		\$915,076	
Program FTE	4.10	3.15	3.66	2.70

Program Revenues				
Indirect for Dept. Admin	\$32,444	\$0	\$28,139	\$0
Fees, Permits & Charges	\$510,076	\$0	\$510,076	\$0
Intergovernmental	\$0	\$616,501	\$0	\$405,000
Total Revenue	\$542,520	\$616,501	\$538,215	\$405,000

Explanation of Revenues

Program revenues include OHA Oregon Public Health Division Tobacco Prevention and Education grant (\$405,000) and Tobacco retail licenses general fund fees (\$510,076).

Significant Program Changes

Last Year this program was: FY 2017: 40006 Tobacco Prevention and Control

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40008, 40037
Program Characteristics:

Executive Summary

Health Inspections and Education is a fee-supported program that helps protect the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program is aligned with the Food and Drug Administration's national standards and received an outstanding rating in the 2014 triennial review from the Oregon Health Authority.

Program Summary

Health Inspections and Education is a legally mandated program that protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place, and reducing unintentional injuries. It also supports other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the following program functions.

Inspected Facilities: The program has responsibility for assuring health and safety in 4,543 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. **Swimming Pools and Spas:** The program inspects and licenses 537 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 66 pool operators each year. **Schools, Child and Adult Foster Care Facilities:** The program inspects 931 schools, childcare centers, and other service providers to ensure they handle food properly, are clean, and are free of health and safety hazards. **Small Drinking Water Systems:** There are 43 small water systems that are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems that are monitored; the program responds to alerts as needed.

Foodborne Illness Outbreaks: Registered Environmental Health Specialists support local foodborne illness investigations in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 13 foodborne illness investigations (FBI) in food service facilities in the previous fiscal year. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 5,000 facilities, which can be used in a robo-calling system. A monthly newsletter/blog has over 3000 subscribers consisting of food operators, regulators, and community members.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of licenses issued	7,412	7,670	6,732	8,011
Outcome	Number of Priority & Priority Foundation violations	10,193	7,374	10,115	11,042
Output	Number of facility inspections	13,468	12,805	14,097	13,734
Output	Number of Food Worker Cards issued	13,545	14,041	13,721	13,763

Performance Measures Descriptions

1) Licenses issued excludes facilities inspected but not licensed (ie. schools, day cares, etc.). 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer, leading to elevated food safety risk and requiring immediate correction. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Reflects number of people who completed certification in the given year. The certificate is a 3-year certificate and makes food workers employable in the food industry.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$2,966,115	\$70,429	\$3,428,825	\$84,109
Contractual Services	\$254,117	\$4,920	\$263,417	\$0
Materials & Supplies	\$194,215	\$8,843	\$195,004	\$2,729
Internal Services	\$589,071	\$8,523	\$625,285	\$10,229
Total GF/non-GF	\$4,003,518	\$92,715	\$4,512,531	\$97,067
Program Total:	\$4,096,233		\$4,609,598	
Program FTE	27.89	0.71	31.21	0.89

Program Revenues				
Indirect for Dept. Admin	\$6,663	\$0	\$7,966	\$0
Fees, Permits & Charges	\$3,882,489	\$0	\$4,512,531	\$0
Intergovernmental	\$0	\$92,715	\$0	\$97,067
Total Revenue	\$3,889,152	\$92,715	\$4,520,497	\$97,067

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140.

FDA Grant of \$74,352 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.

Multnomah County Environmental Health receives \$22,715 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the state is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

Health inspection and education licenses general fund fees: \$4,512,531

Significant Program Changes

Last Year this program was: FY 2017: 40007 Health Inspections and Education

In FY 17, a 13.72% fee increase was passed which paid for three new inspectors and a health educator. This enabled an increase in facility inspections and violations over what was purchased. FY18 measures reflect this increase.

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

The Vector program protects the public from emerging and imminent vector-borne (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Major vector-borne diseases include 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 mosquitoes, and public education. The program includes enforcement of nuisance codes.

Program Summary

Vector control and code enforcement are core public health services. Multnomah County's climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930's, when malaria was endemic. In 2016, nine counties in Oregon reported 66 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 and other vector-borne diseases 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 citizenry understands and expects these program functions.

The Vector program's major components include mosquito control; rodent control; and nuisance code enforcement. The program solicits input from a Commissioner-appointed Citizen Advisory Committee. Mosquito control comprises the majority of the program's funds/staffing. The program is the primary provider of rodent control in the county. Nuisance code enforcement addresses public health code violations, including restaurant enforcement, dumping, and harboring specified animals (e.g., bees, livestock, and birds).

The program's main activities include collecting and identifying mosquitoes, birds, and rats; monitoring for and responding to emerging vector-borne disease such as Zika virus and now-endemic West Nile Virus; performing laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size; abating/suppressing mosquitoes that carry West Nile Virus with pesticides with the least impact; reducing the mosquito breeding habitat through water control and vegetation management; and educating the average citizen and vulnerable populations about preventing vectors and their habitat through community meetings, pamphlets and the media.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of acres treated for mosquitoes	1,418	2,200	2,000	2,000
Outcome	Mosquitoes prevented (in billions)	1.42	1.10	1.25	1.25
Efficiency	Number of acres treated for mosquitoes per FTE	284	440	300	300
Output	Number of rodent inspections conducted	1,012	900	1,000	1,000

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; 7 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	2017	2017	2018	2018
Personnel	\$952,733	\$0	\$987,015	\$0
Contractual Services	\$64,500	\$0	\$26,500	\$0
Materials & Supplies	\$106,461	\$0	\$102,663	\$0
Internal Services	\$213,644	\$0	\$255,444	\$0
Total GF/non-GF	\$1,337,338	\$0	\$1,371,622	\$0
Program Total:	\$1,337,338		\$1,371,622	
Program FTE	9.60	0.00	9.60	0.00

Program Revenues				
Fees, Permits & Charges	\$100	\$0	\$500	\$0
Intergovernmental	\$3,000	\$0	\$0	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$290,935	\$0
Total Revenue	\$295,035	\$0	\$292,435	\$0

Explanation of Revenues

Local municipalities' revenue contracts equal \$292,435. This include \$1,000 penalties; \$1,500 Maywood Park; \$5,000 Oregon zoo; \$60,435 City of Portland - Sustainability, \$500 Special Animal Permits, and \$224,000 City of Portland - BES.

Significant Program Changes

Last Year this program was: FY 2017: 40008 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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$663,036	\$0	\$657,449
Contractual Services	\$0	\$19,264	\$0	\$19,537
Materials & Supplies	\$0	\$15,719	\$0	\$16,194
Internal Services	\$0	\$161,084	\$0	\$170,155
Total GF/non-GF	\$0	\$859,103	\$0	\$863,335
Program Total:	\$859,103		\$863,335	
Program FTE	0.00	7.23	0.00	6.91

Program Revenues				
Indirect for Dept. Admin	\$62,723	\$0	\$62,260	\$0
Fees, Permits & Charges	\$0	\$859,103	\$0	\$863,335
Total Revenue	\$62,723	\$859,103	\$62,260	\$863,335

Explanation of Revenues

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.
Vital Stats Certs (Licenses): \$863,335

Significant Program Changes

Last Year this program was: FY 2017: 40009 Vital Records

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40014
Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through appropriate disease control interventions. CDS upholds the State of Oregon communicable disease statutes, responding to over 5,000 disease reports each year, ranging from tuberculosis (TB) and pertussis to E. coli 0157 and Zika. CDS responds 24/7 to events of public health importance.

Program Summary

The vision of Communicable Disease Services (CDS) is to be a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDS works with communities to provide education and screening. For people who already have diseases like TB, the program assures access to medicine. For healthcare providers, the program assures availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens. CDS also serves as the frontline of an international system to track communicable disease threats by collecting and analyzing essential information that is shared with the State of Oregon and the Centers for Disease Control and Prevention.

CDS' culturally diverse staff includes highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and State reporting rules. Staff work with other Health Department programs, including Environmental Health, Health Officers, and Emergency Preparedness; provide educational opportunities for future public health professionals; and support newly arriving refugees, who are disproportionately affected by communicable diseases common in their countries of origin.

CDS services include comprehensive TB prevention through clinic and home visits, nursing case management, and screening; epidemiologic investigation and assurance of preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases like Zika; public health disease surveillance and analysis to track communicable disease threats; and provision of OSHA-mandated blood-borne pathogens training and health screenings for County employees. CDS is also expanding partnerships with government and community partners to build preemptive capacity to address emerging issues, including the need for increased provider support and case investigation related to Zika. Ongoing challenges include multi-drug resistant TB, healthcare-acquired infections, and increased homelessness making identification of cases and contacts more difficult.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of disease report responses	5,892	5,850	5,974	5,850
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	na/-	na/-	71%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	95%	90%	95%	90%
Outcome	Number of identified meningococcal disease case contacts receiving recommendation or prescription	100%	100%	100%	na/-

Performance Measures Descriptions

1) Output: Disease & laboratory reports received/reviewed/responded to. 2) Outcome: Timeliness of response. Potentially exposed persons. State report, Jan 2017: 71% Mult. (50% statewide) 3) Quality: National goal for completing TB treatment (90% per OHA & CDC). 4) Outcome: Two homeless cases had contacts not found despite evening/weekend shelter visits (FY2016, 29 of 55 shelter contacts found; FY2017, 3 of 12). All identified contacts offered Cipro. Replaced in FY 2018 to reflect newer state triennial review measure.

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. OHA ACDP Investigative Guidelines,
 per OAR 333, Div. 19. Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. OHA and CLHO BT/CD &
 TB Assurances
 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$2,325,094	\$965,643	\$2,297,664	\$1,160,709
Contractual Services	\$46,780	\$17,946	\$59,065	\$32,952
Materials & Supplies	\$66,319	\$33,283	\$113,354	\$15,201
Internal Services	\$519,289	\$118,858	\$580,950	\$141,323
Total GF/non-GF	\$2,957,482	\$1,135,730	\$3,051,033	\$1,350,185
Program Total:	\$4,093,212		\$4,401,218	
Program FTE	19.76	8.14	18.37	10.43

Program Revenues				
Indirect for Dept. Admin	\$79,804	\$0	\$96,682	\$0
Intergovernmental	\$0	\$979,340	\$0	\$1,135,826
Other / Miscellaneous	\$0	\$150,348	\$0	\$176,882
Service Charges	\$0	\$6,042	\$0	\$37,477
Total Revenue	\$79,804	\$1,135,730	\$96,682	\$1,350,185

Explanation of Revenues

CDS is funded by federal and state grants and client fees. 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 and Emerging Infectious Disease program) that build upon 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): \$1,056,453
 Refugee Health Promotion (Direct Federal): \$110,000
 Medical Fees: \$183,732

Significant Program Changes

Last Year this program was: FY 2017: 40010 Communicable Disease Prevention and Control

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40061A, 40061B, 40012, 40025
Program Characteristics:

Executive Summary

The STD/HIV/Hep C Community Prevention Program meets the statutory obligation to investigate and interrupt disease transmission as a core public health function. The program prioritizes efforts to reduce STD inequities among racial and sexual minority adolescents and young adults. It includes the critical services of disease tracking, partner notification, focused public health clinical services, and related wraparound services that link clients to services such as HIV care. These services remain critical functions as the county continues to see significant increases in syphilis and gonorrhea.

Program Summary

Multnomah County is succeeding in reducing new HIV cases through condom distribution, testing, linking infected individuals to HIV treatment, and preventing infection with medication called HIV PrEP. New HIV cases decreased 30% in past 2 years from previous 5 year average. Meanwhile, there are significant syphilis and gonorrhea increases, which threaten fertility and pregnancy outcomes and have permanent neurological consequences. Gonorrhea increased by 27% over the last year, reaching nearly 2,000 cases, and by 82% over the past 6 year average. The syphilis rate for gay and bisexual men is as much as 200 times higher than for heterosexual men; and syphilis is increasing among heterosexual women, which is very concerning due to potentially devastating congenital syphilis outcomes in pregnancy.

The STD/HIV/Hep C Community Prevention Program uses culturally-specific, evidence-based, population-focused approaches to prevent disease transmission. Program areas include: Partner Services - Staff contact infected people and their sex/needle-sharing partners, link them to testing and treatment, and counsel for behavior change. STD Clinical Services - Staff provide timely evaluation, treatment, and prevention counseling for people without health care access, including for rare, complex cases, in a judgment-free, culturally-relevant manner. Additionally, staff provide consultations and continuing medical education to medical providers in the community; and HIV prevention medication (PrEP) to highest risk individuals. The STD clinic is a designated training site for medical providers. Finally, testing services are provided in geographic areas of highest morbidity. Partnerships - Targeted community-based testing, health promotion, and condom distribution is provided through direct services and subcontracts with community partners. Collaboration with community organizations and health care systems enhance programmatic capacity. Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to inform health care and other systems to appropriately target resources and efforts. In partnership with the Centers for Disease Control, local public health lab surveillance identifies emerging drug-resistant strains of STDs.

The program has a strong record of meeting national benchmark performance measures, and is nationally recognized for innovation and program coordination, as well as high client satisfaction across all demographics. A cornerstone of the program is designing services to reduce long-standing inequities among racial, ethnic, and sexual minority communities.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of STD and HIV test clinical encounters	6,915	5,500	5,878	5,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	21%	30%	17%	20%
Quality	Percent of syphilis/HIV cases investigated	81%	90%	87%	85%
Output	Number of patients initiated on PrEP	na/-	150	125	150

Performance Measures Descriptions

1) Due to reduced FTE, number of clinical encounters expected to be less in FY17. 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) Revised to report on two highest priority diseases recommended by CDC (high priority gonorrhea also investigated although not included here). 4) HIV PrEP is a relatively new significant public health intervention, integrated after one-time-only funding supported initiation of this service FY17 40011-D.

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	2017	2017	2018	2018
Personnel	\$929,870	\$785,331	\$1,037,445	\$1,007,718
Contractual Services	\$146,842	\$15,000	\$159,444	\$238,500
Materials & Supplies	\$31,784	\$25,008	\$99,534	\$34,395
Internal Services	\$414,090	\$88,844	\$390,346	\$119,741
Total GF/non-GF	\$1,522,586	\$914,183	\$1,686,769	\$1,400,354
Program Total:	\$2,436,769		\$3,087,123	
Program FTE	9.97	6.59	8.51	10.78

Program Revenues				
Indirect for Dept. Admin	\$69,460	\$0	\$93,254	\$0
Intergovernmental	\$0	\$581,633	\$0	\$1,090,733
Other / Miscellaneous	\$0	\$18,000	\$0	\$0
Service Charges	\$0	\$289,621	\$0	\$309,621
Total Revenue	\$69,460	\$889,254	\$93,254	\$1,400,354

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 and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

State Local Public Health Authority IGA: \$838,233
Federal Ryan White: \$40,000
Federal STD Surveillance Network Grant (SSuN): \$212,500
Medical Fees: \$309,621

Significant Program Changes

Last Year this program was: FY 2017: 40011A STD/HIV/Hep C Community Prevention Program

Harm reduction services and associated overdose prevention strategies have been removed from this Program Offer and consolidated into independent Program Offers (40061A and 40061B). Additionally, STD Clinical Services will begin a redesign process in FY18 to make service delivery more efficient and increase third party billing/grant revenue.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40025
Program Characteristics:

Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to 2,900 highly vulnerable people living with HIV. Services target low income, uninsured, and people experiencing homelessness, mental illness and substance abuse, as well as 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 services, 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. Patient navigation services 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 (HCS) 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 of people living with HIV and linkage to medical care.
- Care: A coordinated primary care system provides medical, dental, and mental health and substance abuse treatment.
- Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.
- Housing and Basic Needs: Through rental assistance and building life skills, provides housing and support, including meals, to clients who are among the most vulnerable in our community to ensure ability to remain engaged in medical care and adherent to medications.
- Health Promotion: Behavioral education provides clients with self-management skills.
- Planning: A community-based council identifies service needs and allocates funding to address these gaps.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of unduplicated HCS clients served (all srvtypes/whole 6-county system).	2,844	2,700	2,765	2,700
Outcome	Percent of HCS clients (all 6 counties) engaged in HIV medical care.	78%	85%	87%	85%
Output	Number of unduplicated HIV Clinic clients.	1,581	1,450	1,450	1,450
Quality	Percent of HIV Clinic clients whose last viral load test is below 200 copies.*	87%	85%	86%	90%

Performance Measures Descriptions

* This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also very low chance of transmitting HIV to others.

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	2017	2017	2018	2018
Personnel	\$936,146	\$3,271,679	\$1,062,246	\$3,368,304
Contractual Services	\$102,304	\$2,597,765	\$0	\$2,414,580
Materials & Supplies	\$59,025	\$177,944	\$182,161	\$172,148
Internal Services	\$151,331	\$963,195	\$194,112	\$996,090
Total GF/non-GF	\$1,248,806	\$7,010,583	\$1,438,519	\$6,951,122
Program Total:	\$8,259,389		\$8,389,641	
Program FTE	7.56	27.19	10.27	26.03

Program Revenues				
Indirect for Dept. Admin	\$361,525	\$0	\$377,905	\$0
Intergovernmental	\$0	\$5,811,455	\$0	\$5,615,169
Other / Miscellaneous	\$0	\$20,000	\$0	\$20,039
Service Charges	\$1,204,958	\$1,179,128	\$1,402,884	\$1,315,914
Total Revenue	\$1,566,483	\$7,010,583	\$1,780,789	\$6,951,122

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.

Medical Fees: \$2,718,798 ; State/Local Revenue contracts: \$328,297; Other private: 20,039

HIV Care Services Revenue - Federal Ryan White Part A grant: \$3,955,794

HIV Clinic Revenue - Federal Ryan White & HIV Early Intervention grants: \$1,331,078

Significant Program Changes

Last Year this program was: FY 2017: 40012A Services for Persons Living with HIV

The HIV Clinic Special Projects of National Significance grant for patient navigators is ending in June 2017. The HIV Clinic plans to sustain patient navigation services through other grant and revenue sources.

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010
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. CIP also serves as a provider-of-last-resort, directly administering immunizations. 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 vaccine-preventable communicable diseases. No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. No VFC-eligible child is turned away due to inability to pay, as any child needing vaccine to stay in school should have timely access to that vaccine. 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 assures the basic disease prevention needs of the community are met through several interrelated program components, including safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers; providing immunization services at the Communicable Disease Services clinic and community sites for both children and adults; and conducting activities that uphold State mandates related to school immunization laws, including issuing exclusion orders as needed, assuring that all children and students are complete or up-to-date on their immunizations. To uphold State mandates, CIP works in certified day care centers, preschools, kindergartens, Head Start Programs, and private, alternative, and public schools. Each year, CIP immunizes over 1,000 students and assists over 400 facilities in complying with State mandates.

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. However, CIS is committed to values of innovation, collaboration, diversity, excellence, teamwork, and accountability to find 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of immunizations directly provided to keep children in school.	1,124	1,000	1,033	1,000
Outcome	Percent of assisted facilities successful in meeting immunization law requirements.	95%	98%	90%	90%
Output	Number of schools & other facilities assisted with immunization law requirements.	443	420	472	420
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	100%	95%	100%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. Related outcome (percent successful) indicates reports submitted by state deadlines. Next year offers contingent on receiving CDC-funded Public Health Associate (PHA) to assist with reporting process in FY 2018.

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	2017	2017	2018	2018
Personnel	\$186,061	\$231,919	\$209,940	\$241,364
Contractual Services	\$1,485	\$0	\$2,575	\$17,062
Materials & Supplies	\$34,028	\$21,506	\$36,539	\$2,410
Internal Services	\$52,437	\$33,812	\$78,341	\$29,350
Total GF/non-GF	\$274,011	\$287,237	\$327,395	\$290,186
Program Total:	\$561,248		\$617,581	
Program FTE	1.57	2.43	1.81	2.09

Program Revenues				
Indirect for Dept. Admin	\$21,939	\$0	\$22,857	\$0
Intergovernmental	\$0	\$200,492	\$0	\$197,762
Service Charges	\$0	\$86,745	\$0	\$92,424
Total Revenue	\$21,939	\$287,237	\$22,857	\$290,186

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 government allows a vaccine administration fee of \$21.96/vaccine for VFC and 317 program vaccines. For over a decade, state and federal immunizations funding has been essentially flat, and immunizations revenue has 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: \$197,762

Patient Fees: \$92,424

Significant Program Changes

Last Year this program was: FY 2017: 40014 Immunizations

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain other coverage. Last year, more than 16,000 clients were screened and 10,800 enrolled in OHP.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Annual number of clients screened	13,694	14,000	16,000	18,000
Outcome	% of Self-Pay patients in Medical	12%	15%	17%	15%
Outcome	% of Self-Pay patients in Dental	13%	9%	16%	12%

Performance Measures Descriptions

Output: Annual number of clients completing financial screening to determine eligibility for available programs
Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$225,503	\$1,347,151	\$0	\$1,133,718
Contractual Services	\$3,000	\$0	\$1,500	\$0
Materials & Supplies	\$20,871	\$0	\$5,282	\$6,390
Internal Services	\$94,932	\$157,384	\$91,857	\$249,556
Total GF/non-GF	\$344,306	\$1,504,535	\$98,639	\$1,389,664
Program Total:	\$1,848,841		\$1,488,303	
Program FTE	2.75	16.25	0.00	12.50

Program Revenues				
Indirect for Dept. Admin	\$123,045	\$0	\$102,860	\$0
Intergovernmental	\$0	\$294,467	\$0	\$294,467
Service Charges	\$0	\$1,210,068	\$0	\$1,095,197
Total Revenue	\$123,045	\$1,504,535	\$102,860	\$1,389,664

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 FY18 is based on actual expenses from FY2017. 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): \$1,095,197
 Federal Primary Care Grant: \$294,467

Significant Program Changes

Last Year this program was: FY 2017: 40016 Medicaid/Medicare Eligibility

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

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to over 27,000 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 patients who have not visited a dentist in the past 24 months, and clients currently receiving treatment at one of our primary care clinics. The clinical program also focuses on services for pregnant women because 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 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 exam visit (oral hygiene instruction, tobacco cessation, nutritional counseling), and improving access and utilization for patients in our service areas to improve overall oral health. 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Billable patient visits (including School and Community Oral Health)	75,282	67,883	78,000	87,000
Outcome	No show rate	20%	na/-	18%	16%
Quality	Percentage of patients who say that 'provider always listens.'	88%	85%	88%	90%

Performance Measures Descriptions

NEW: Measure 2: Percent of patients who DO NOT APPEAR for a scheduled dental visit~New measure proposed for FY 2018

Measure 3: Percent 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
Program Expenses	2017	2017	2018	2018
Personnel	\$7,815,497	\$6,286,839	\$9,307,324	\$6,814,179
Contractual Services	\$77,644	\$209,022	\$10,000	\$320,346
Materials & Supplies	\$375,678	\$737,989	\$284,980	\$1,111,174
Internal Services	\$1,139,613	\$2,137,138	\$1,184,809	\$2,579,803
Total GF/non-GF	\$9,408,432	\$9,370,988	\$10,787,113	\$10,825,502
Program Total:	\$18,779,420		\$21,612,615	
Program FTE	51.42	66.43	62.69	72.24

Program Revenues				
Indirect for Dept. Admin	\$1,311,863	\$0	\$1,521,931	\$0
Intergovernmental	\$0	\$672,772	\$0	\$312,187
Other / Miscellaneous	\$273,222	\$0	\$0	\$0
Beginning Working Capital	\$0	\$0	\$263,961	\$0
Service Charges	\$8,888,793	\$8,698,216	\$10,523,152	\$10,513,315
Total Revenue	\$10,473,878	\$9,370,988	\$12,309,044	\$10,825,502

Explanation of Revenues

The primary source of revenue is Medicaid payments and patient fees.

Dental Patient Fees: \$ 21,300,428.

Federal Primary Care Grant: \$ 312,187.

Significant Program Changes

Last Year this program was: FY 2017: 40017A Dental Services

For FY 2018, we are expanding services by adding dentists, and hygienists (3.50 FTE Dentists, and 2.50 FTE Dental Hygienists) after approval from both the Board of County Commissioners and Community Health Council (federally mandated consumer majority board). These providers will allow us to utilize all existing operatories-50 (dental chairs) on every workday, to best serve the needs of our community. We are expecting to serve an added 6,000 clients, and have an additional 12,000 visits, which will help reduce our wait times, and wait lists, improving access.

Department: Health Department **Program Contact:** Len Barozzini
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Dental Program is the largest Safety Net provider in the County, and provides services to low income clients; focuses on access for patients with chronic diseases, children and pregnant women. The program needs to expand services in areas of the county that are currently under served. Our North Portland Health Center has the ideal space to allow the dental program to add a clinic. The federal HRSA Capital Grant award for primary care and pharmacy remodels at NPHC provides an opportunity to leverage funding and co-locate medical, dental, and pharmacy services.

Program Summary

Our Northeast Dental Clinic currently serves approximately 3,000 unique visitors per year, and has over 11,000 visits. As the average wait time for new patient exams is 24 days, and return hygiene visits is over 40 days, a need exists to expand dental in same area. The Affordable Care Act (ACA) has increased insured dental patients throughout the county, and we are experiencing a need for dental services that is unable to fully satisfy the growing demand. The new dental clinic would fill a gap in the Northern portion of the county, by allowing medical patients seen at our North Portland clinic to have dental services in the same location. As the distance between the two clinics is over 6 miles, we believe a second dental clinic in the North area would benefit the community and increase the county's dental footprint in areas that are currently experiencing explosive growth. This expansion would allow us to encourage more of our neighbors at both the North Portland Clinic, and the NE clinic to seek dental services in a timely manner.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Increase access by adding 1000 unique patients in first year of operations	na/-	1,000	na/-	1000
Outcome	Patient Satisfaction: Patients report getting an appointment when they requested it.	na/-	70%	na/-	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Materials & Supplies	\$1,310,000	\$0	\$1,800,000	\$0
Capital Outlay	\$490,000	\$0	\$0	\$0
Total GF/non-GF	\$1,800,000	\$0	\$1,800,000	\$0
Program Total:	\$1,800,000		\$1,800,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$1,800,000	\$0
Total Revenue	\$0	\$0	\$1,800,000	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kathleen Humphries
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40018B
Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 16,000 pregnant women and mothers and their infants and young children per month. WIC promotes positive health outcomes through strengthening life course nutrition with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

WIC is a public health program that improves the nutrition and nutrition-related health of pregnant women, nursing moms, infants, and young children. The program is committed to raising the level of nutrition-related health status experienced by the most vulnerable members within the county. WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, peer breastfeeding support, and networks of support to eligible families. These services support families to enjoy better nutrition and health throughout their lives.

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 and have less food insecurity when they are on the program. Further, WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, which translates into better health and less chronic disease throughout their lives. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid costs. Supporting families in their breastfeeding goals is another key focus area for WIC. Breastfeeding provides immunity protection to infants, health benefits to the mother, and lifelong risk reduction for important chronic diseases. Breastfeeding promotion at WIC and the Breastfeeding Peer Counseling (BFPC) program use an evidence-based support model that is effective for the County's most vulnerable families who experience significant economic and racial disparities in breastfeeding. Since BFPC's inception, breastfeeding rates in Multnomah County have increased 1% per year.

WIC served over 25,000 different clients last year with multiple visits and provided access to other support services including prenatal care, immunizations, Head Start, housing and day care assistance, social services, and more. WIC acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid and private insurance and 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. For example, 28% of WIC clients do not speak English and, in a given month, WIC serves over 4,000 clients who speak 41 languages other than English. The program responds to this need by having signage in multiple languages, hiring professional staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of WIC clients in one year who receive healthful foods with E-WIC benefits	25,706	na/-	20,222	26,734
Outcome	Percent of WIC clients initiating breastfeeding	92%	92%	92%	93%
Outcome	Number of nutrition education contacts with WIC families	59,937	na/-	52,852	55,000
Quality	Average number of clients served per month in languages other than English	na/-	na/-	4,352	4,526

Performance Measures Descriptions

1) New measure: participants receive healthful foods and culturally specific ideas on how to use them. Infants who are breastfeeding receive food benefits via enhanced food packages for their nursing mother. 2) % of mothers who initiated breastfeeding after delivery. 3) New measure: all participant contacts that include nutrition education, counseling, or support activity or interaction. 4) New measure: Families who indicate "prefers a language other than English" and for whom interpreters were provided and family was successful in becoming certified at WIC.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$848,599	\$2,798,959	\$881,221	\$2,650,583
Contractual Services	\$0	\$0	\$40,000	\$0
Materials & Supplies	\$75,448	\$48,013	\$74,216	\$1,912
Internal Services	\$722,283	\$286,361	\$804,561	\$322,314
Total GF/non-GF	\$1,646,330	\$3,133,333	\$1,799,998	\$2,974,809
Program Total:	\$4,779,663		\$4,774,807	
Program FTE	9.28	33.52	9.92	27.68

Program Revenues				
Indirect for Dept. Admin	\$222,699	\$0	\$251,011	\$0
Intergovernmental	\$0	\$3,133,333	\$0	\$2,974,809
Total Revenue	\$222,699	\$3,133,333	\$251,011	\$2,974,809

Explanation of Revenues

WIC's revenue includes federal funds 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. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC and the Breastfeeding Peer Counseling program.

State WIC grant: \$2,678,010

State Maternal & Child Health (Title V) grant: \$75,000

Breastfeeding Peer Counseling support grant: \$221,799

Significant Program Changes

Last Year this program was: FY 2017: 40018 Women, Infants and Children (WIC)

In FY17, WIC implemented a redesign project to boldly re-imagine WIC for Multnomah County. The purpose of the redesign has been to aggressively engage in quality improvement efforts to understand the drivers for local caseload declines. Several quality improvement strategies were initiated, including new partnerships with Head Start programs, expanded nutrition education classes, and new food packages. Also, a full clinic redesign process was initiated after engaging WIC consumers in October 2016. These changes have resulted in caseload gains. Program Offer 40018B is a one-time-only request to continue and finalize the redesign process in FY18.

Department: Health Department **Program Contact:** Kathleen Humphries
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40018
Program Characteristics: One-Time-Only Request

Executive Summary

For FY18, the WIC program is requesting one-time-only funding for a program redesign. The redesign improvement process includes identification of equity and place-based strategies and partnership service provision in areas of highest need to increase caseloads and improve client health outcomes. Currently, the Women, Infants and Children Program (WIC) serves approximately 16,000 pregnant women and mothers, and their infants and young children per month with healthful foods, nutrition education and breastfeeding support.

Program Summary

For FY18, the WIC program is requesting one-time-only funding for a program redesign. For the past four years, the WIC caseload has been declining locally, statewide, and nationally. Some of the challenges facing clients are poor transportation options, and for working families, the economic costs of attending mid-day, in-person clinic visits. Over the last year the program has been aggressively engaged in quality improvement and redesign efforts to improve client engagement and increase caseload.

Several quality improvement strategies have been initiated, resulting in caseload gains. Also initial planning for service redesign has begun engaging WIC consumers, WIC staff, the Oregon Health Authority WIC Program, and other Public Health Division Maternal Child and Family Health programs.

The redesign improvement process includes identification of equity and place-based strategies and partnership service provision in areas of highest need, maximizing the service opportunities of electronic benefits, evaluating nutrition education offerings, and developing a new model for a streamlined clinical organization and supervisory structure.

The one time only funding will allow a full, thoughtful redesign process that will result in a smaller, cross-trained staffing model, adoption of technology to increase clinic workflows and improve client communication, and expanded community partnerships to reach WIC-eligible families where they are already engaged in other health and social services. The intention of the redesign is that community partners will provide services traditionally led by the WIC Program. As an example, WIC expanded partnerships with Multnomah County Head Start agencies in Summer 2016 to provide services on site.

The goal of the redesign is to reduce overall operating costs while increasing the program's ability to reach and engage WIC-eligible families and ultimately improve the health outcomes of women, infants, and children.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of agile, cross-trained staff providing WIC services	na/-	na/-	na/-	6
Outcome	Number of expanded community partnerships engaging WIC-eligible families for service	na/-	na/-	na/-	10

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$223,008	\$0
Contractual Services	\$0	\$0	\$17,497	\$0
Total GF/non-GF	\$0	\$0	\$240,505	\$0
Program Total:	\$0		\$240,505	
Program FTE	0.00	0.00	2.70	0.00

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

Explanation of Revenues

This one-time-only offer does not restore/backfill the reduction in State WIC funding.

Significant Program Changes

Last Year this program was:

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 4,500 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 person centered medical home (PCMH). 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	na/-	18,793	4,500	6,000
Outcome	% of children who are up to date on immunizations at 24 months of age	81%	85%	25%	78%

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 method).

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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule).

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	2017	2017	2018	2018
Personnel	\$2,089,114	\$2,084,367	\$2,285,446	\$1,442,761
Contractual Services	\$0	\$63,476	\$0	\$62,475
Materials & Supplies	\$30,366	\$854,379	\$7,410	\$739,264
Internal Services	\$676,836	\$518,953	\$277,911	\$940,845
Capital Outlay	\$0	\$154,458	\$0	\$154,458
Total GF/non-GF	\$2,796,316	\$3,675,633	\$2,570,767	\$3,339,803
Program Total:	\$6,471,949		\$5,910,570	
Program FTE	22.40	11.65	22.30	7.40

Program Revenues				
Indirect for Dept. Admin	\$380,471	\$0	\$342,934	\$0
Intergovernmental	\$0	\$1,429,284	\$0	\$1,311,787
Service Charges	\$2,793,564	\$2,195,907	\$2,565,220	\$2,028,016
Total Revenue	\$3,174,035	\$3,625,191	\$2,908,154	\$3,339,803

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: \$4,593,236

Federal Health Infrastructure Investment Program - Community Health Center Alteration/Renovation grant: \$706,615

Federal Primary Care grant PC 330: \$134,462

Federal Primary Care/Homeless grant: \$451,353

State Family Planning grant: \$19,357

Significant Program Changes

Last Year this program was: FY 2017: 40019 North Portland Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. The clinic provides care to approximately 6,200 patients that identify Northeast Health Center as their primary care home.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a Northeast Health Center assigned PCP	8,000	9,000	6,200	7,500
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	85%	85%	33%	78%

Performance Measures Descriptions

Outcome: Number of patients with a NEHC 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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.)

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$3,198,685	\$2,736,666	\$2,853,085	\$2,146,081
Contractual Services	\$0	\$77,158	\$0	\$111,049
Materials & Supplies	\$12,491	\$271,890	\$30,036	\$271,024
Internal Services	\$842,360	\$795,618	\$346,935	\$1,289,958
Total GF/non-GF	\$4,053,536	\$3,881,332	\$3,230,056	\$3,818,112
Program Total:	\$7,934,868		\$7,048,168	
Program FTE	18.90	30.30	17.50	23.90

Program Revenues				
Indirect for Dept. Admin	\$559,221	\$0	\$458,871	\$0
Intergovernmental	\$0	\$982,127	\$0	\$976,002
Service Charges	\$4,049,964	\$3,025,409	\$3,218,691	\$2,842,110
Total Revenue	\$4,609,185	\$4,007,536	\$3,677,562	\$3,818,112

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: \$5,974,992; Federal Primary Care grant: \$951,470
 State Family Planning grant: \$24,532; Legacy Health CARES grant: \$85,809

Significant Program Changes

Last Year this program was: FY 2017: 40020 Northeast Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for the community. The clinic provides a medical home to approximately 11,000 patients.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are immigrants or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, Iraq, Iran, etc.). Staff represent approximately 25 different countries and more than 60% of the MCHC staff speak a second language. Many are immigrants and a few were refugees themselves. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The immigrant and refugee populations often receive little preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Many client families have three or more children; often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	14,000	20,000	12,000	14,000
Outcome	% of children who are up to date on immunizations at 24 months of age	85%	85%	37%	78%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC 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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.)

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	2017	2017	2018	2018
Personnel	\$5,603,225	\$4,917,714	\$4,762,981	\$3,412,748
Contractual Services	\$276,500	\$103,397	\$0	\$326,832
Materials & Supplies	\$17,266	\$446,358	\$5,506	\$498,481
Internal Services	\$1,505,725	\$1,084,339	\$1,524,948	\$906,318
Total GF/non-GF	\$7,402,716	\$6,551,808	\$6,293,435	\$5,144,379
Program Total:	\$13,954,524		\$11,437,814	
Program FTE	58.00	31.60	49.90	20.60

Program Revenues				
Indirect for Dept. Admin	\$1,002,127	\$0	\$764,603	\$0
Intergovernmental	\$0	\$969,253	\$0	\$661,474
Service Charges	\$7,536,451	\$5,632,997	\$6,288,021	\$4,482,905
Total Revenue	\$8,538,578	\$6,602,250	\$7,052,624	\$5,144,379

Explanation of Revenues

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

Medical Fees: \$10,592,799
 Federal Primary Care grant: \$630,310
 State Family Planning grant: \$31,164

Significant Program Changes

Last Year this program was: FY 2017: 40022 Mid County Health Clinic

FY17 included staffing and visit revenues for an October 2016 launch of Saturday clinics, which has been delayed.

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 13,500 patients.

Program Summary

East County Health Center primary care services are designed to be a person centered medical home (PCMH). 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a East County Health Center assigned PCP	na/-	18,000	13,500	14,500
Outcome	% of children who are up to date on immunizations at 24 months of age	89%	85%	41%	78%

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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.)

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	2017	2017	2018	2018
Personnel	\$4,372,688	\$3,624,577	\$4,353,075	\$2,167,491
Contractual Services	\$1,500	\$193,851	\$66,040	\$96,023
Materials & Supplies	\$66,958	\$347,697	\$16,609	\$364,258
Internal Services	\$1,635,852	\$847,545	\$529,334	\$1,721,680
Total GF/non-GF	\$6,076,998	\$5,013,670	\$4,965,058	\$4,349,452
Program Total:	\$11,090,668		\$9,314,510	
Program FTE	44.93	23.00	34.50	17.10

Program Revenues				
Indirect for Dept. Admin	\$741,327	\$0	\$599,279	\$0
Intergovernmental	\$0	\$1,091,797	\$0	\$1,249,324
Service Charges	\$6,072,894	\$3,921,873	\$4,958,280	\$3,100,128
Total Revenue	\$6,814,221	\$5,013,670	\$5,557,559	\$4,349,452

Explanation of Revenues

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

Medical Fees: \$8,058,408; Federal Primary Care grant: \$1,191,343; State Family Planning grant: \$57,981

Significant Program Changes

Last Year this program was: FY 2017: 40023 East County Health Clinic

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

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	65%	70%	76%	70%
Outcome	% of patients with persistent asthma prescribed appropriate medications	93%	80%	92%	92%

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
Program Expenses	2017	2017	2018	2018
Personnel	\$3,054,637	\$1,536,815	\$2,261,559	\$1,965,906
Contractual Services	\$34,724	\$76,372	\$10,699	\$65,467
Materials & Supplies	\$288,571	\$237,324	\$387,849	\$88,048
Internal Services	\$641,337	\$753,788	\$1,045,731	\$451,431
Total GF/non-GF	\$4,019,269	\$2,604,299	\$3,705,838	\$2,570,852
Program Total:	\$6,623,568		\$6,276,690	
Program FTE	23.71	14.55	15.82	17.27

Program Revenues				
Indirect for Dept. Admin	\$332,716	\$0	\$332,128	\$0
Intergovernmental	\$0	\$1,314,983	\$0	\$1,281,075
Service Charges	\$2,469,260	\$1,289,316	\$1,903,784	\$1,289,777
Total Revenue	\$2,801,976	\$2,604,299	\$2,235,912	\$2,570,852

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: \$3,193,561

State SBHC grant: \$727,704

Federal Primary Care grant: \$373,379

State Family Planning grant: \$79,992

Significant Program Changes

Last Year this program was: FY 2017: 40024 School Based Health Centers

FY17 included tele-medicine pilot at two clinic sites and early findings are that it has been successful.

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Gresham Barlow and Reynolds School Districts have the objective of establishing one School Based Health Clinic (SBHC) in each district. This program offer will support the planning process needed to achieve this goal.

Program Summary

This program offer will support a planning process which includes, each district securing consultation services to develop a business plan (including public engagement, fundraising and securing a medical sponsor), along with an architectural design for the clinic space. The Multnomah County Health Department School Based Health program administration will partner with the districts in this planning process. Key elements of the planning partnership will include: establishing a steering committee, developing a needs assessment, obtaining district's School Board approval, creating a fundraising plan, including grant writing if needed, determine medical sponsor (e.g. Multnomah County Health Department or other primary care provider), obtaining State certification, and architectural designs.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Two consultation agreements are executed, one for each school district			2	
Outcome	Gresham Barlow and Reynolds school districts have a plan in place to open a school based health center			2	

Performance Measures Descriptions

Output measure equates to each school district having a consultation agreement, but does not preclude them contracting with the same consultant.

Outcome is that each school district has completed a plan to open a school based health center in the future.

Legal / Contractual Obligation

This will require an intergovernmental agreement between Multnomah County and Gresham Barlow and Reynolds school districts.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$79,992	\$0
Contractual Services	\$0	\$0	\$120,000	\$0
Materials & Supplies	\$0	\$0	\$8	\$0
Total GF/non-GF	\$0	\$0	\$200,000	\$0
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	0.79	0.00

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

Explanation of Revenues

One time only County General Fund

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, 40012, 40060
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. ASHEP provides direct evidence-based comprehensive sexual health and relationship 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, sexually transmitted infections, teen dating violence; eliminating sexual health disparities; promoting youth development. In FY18, ASHEP will reach over 10,000 youth.

Program Summary

The Adolescent Sexual Health Equity Program (ASHEP) promotes sexual and relationship health through large-scale population-level programming in multiple school districts and community settings. ASHEP uses public health and social determinate data to identify geographic areas and specific populations at highest need for focused resources. ASHEP and its partners are focused on reducing the overall teen unintended pregnancy rate and sexually transmitted infection rates in Multnomah County, especially inequities between demographic groups. Locally, significant inequities in these health outcomes exist among Latinos, Native Americans, and African Americans. LGBTQ youth populations are also disproportionately impacted by sexually transmitted infection when compared to the county as a whole. Both teen pregnancy and sexually transmitted infections can interrupt education and limit future opportunities impacting the long-term fertility and health of youth.

ASHEP partners with youth, educators, caregivers, and service providers in school and community settings. Oregon law requires comprehensive sexuality and healthy relationship skill education for youth. ASHEP plays a key role in supporting schools to meet this goal across 5 county school districts. ASHEP trains and provides evidence-based sexual and relationship health curricula to Middle and High School teachers, and trains school and community coaches to implement teen-dating violence prevention curricula. ASHEP staff evaluate the program while implementing it and adapt/translate curricula to provide effective education to special populations (e.g. English language learners, developmentally disabled). ASHEP Health Educators also reach high-need youth not enrolled in mainstream public schools through alternative high schools, SUN programs, residential treatment, juvenile detention, and other community sites. Together ASHEP staff and community partners work to strengthen community resilience, address inequities, and support culturally-specific and responsive efforts. The capacity of African American, Latino, and Native American communities is increased by training, collaborating, and funding partner organizations to provide culturally-specific skill building, policy advocacy, and community mobilization among both youth and their parents/caring adults.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of participants in educational sessions/training	5,507	12,000	11,035	11,200
Outcome	Percent of trained educators who feel confident teaching evidence-based sexuality education	86%	90%	88%	85%
Quality	Percent of classes taught to fidelity	80%	85%	85%	89%

Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) 2) The percentage of educators, after training, that feel confident they can implement an evidence-based sexual health curriculum. 3) The percentage of observed classes that include key components of evidence-based curricula.

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	2017	2017	2018	2018
Personnel	\$214,361	\$686,591	\$176,616	\$528,389
Contractual Services	\$1,500	\$676,463	\$0	\$637,520
Materials & Supplies	\$30,272	\$42,476	\$4,723	\$19,839
Internal Services	\$109,543	\$89,704	\$114,194	\$64,251
Total GF/non-GF	\$355,676	\$1,495,234	\$295,533	\$1,249,999
Program Total:	\$1,850,910		\$1,545,532	
Program FTE	2.01	6.99	1.72	5.13

Program Revenues				
Indirect for Dept. Admin	\$70,132	\$0	\$50,038	\$0
Intergovernmental	\$0	\$1,549,999	\$0	\$1,249,999
Total Revenue	\$70,132	\$1,549,999	\$50,038	\$1,249,999

Explanation of Revenues

The program is funded by Office of Adolescent Health Teen Pregnancy Prevention Grant and County General Funds.

Fed Teen Pregnancy Prevention Grant: \$1,249,999

Significant Program Changes

Last Year this program was: FY 2017: 40025 Adolescent Sexual Health Equity Program (ASHEP)

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
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 services, and person center medical home (PCMH) services, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. 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. 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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%	35%	78%

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
Program Expenses	2017	2017	2018	2018
Personnel	\$908,034	\$829,506	\$554,347	\$1,071,467
Contractual Services	\$0	\$31,786	\$0	\$33,891
Materials & Supplies	\$11,538	\$104,517	\$6,699	\$102,643
Internal Services	\$169,241	\$392,671	\$189,904	\$376,450
Total GF/non-GF	\$1,088,813	\$1,358,480	\$750,950	\$1,584,451
Program Total:	\$2,447,293		\$2,335,401	
Program FTE	6.20	7.80	2.60	9.40

Program Revenues				
Indirect for Dept. Admin	\$153,852	\$0	\$142,422	\$0
Intergovernmental	\$0	\$726,560	\$0	\$772,212
Service Charges	\$1,086,358	\$631,920	\$750,950	\$812,239
Total Revenue	\$1,240,210	\$1,358,480	\$893,372	\$1,584,451

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: \$1,563,189
 Federal Primary Care/Homeless grant: \$754,782
 State Family Planning grant: \$17,430

Significant Program Changes

Last Year this program was: FY 2017: 40026 La Clinica de Buena Salud

Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.

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). The clinic provides comprehensive, culturally appropriate 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 person center medical home (PCMH) 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 staff provide coordination services weekly at St. Francis Dining Hall.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	4,500	5,000	3,700	4,500
Outcome	% of children who are up to date on immunizations at 24 months of age	55%	85%	39%	78%

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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.)

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	2017	2017	2018	2018
Personnel	\$1,583,449	\$2,132,430	\$1,380,421	\$1,838,956
Contractual Services	\$0	\$58,087	\$0	\$58,111
Materials & Supplies	\$36,289	\$159,984	\$6,319	\$177,177
Internal Services	\$443,815	\$714,366	\$169,122	\$911,261
Total GF/non-GF	\$2,063,553	\$3,064,867	\$1,555,862	\$2,985,505
Program Total:	\$5,128,420		\$4,541,367	
Program FTE	11.45	19.95	14.25	13.15

Program Revenues				
Indirect for Dept. Admin	\$332,434	\$0	\$283,816	\$0
Intergovernmental	\$0	\$1,327,891	\$0	\$1,392,469
Service Charges	\$2,060,917	\$1,736,976	\$1,549,545	\$1,593,036
Total Revenue	\$2,393,351	\$3,064,867	\$1,833,361	\$2,985,505

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: \$3,142,581
 Federal Primary Care grant: \$164,234
 Federal Primary Care/Homeless grant: \$1,212,843
 State Family Planning grant: \$15,392

Significant Program Changes

Last Year this program was: FY 2017: 40027 Southeast Health Clinic

SEHC also coordinates services for persons experiencing homelessness at St. Francis. The program will change its staffing profile and increase CHW time in order to better coordinate medical and community based services for homeless individuals.

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 5,100 patients that identify Rockwood Health Center as their medical home.

Program Summary

Rockwood Community Health Center primary care services are designed to be a person centered medical home (PCMH). 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 plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of patients with a Rockwood assigned PCP	na/-	8,500	5,120	6,000
Outcome	% of children who are up to date on immunizations at 24 months of age	55%	85%	25%	78%

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. (Performance Measure 2 CY estimate is well below target due primarily to a national change to recommended vaccination schedule.)

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
Program Expenses	2017	2017	2018	2018
Personnel	\$2,226,089	\$2,281,311	\$2,549,756	\$1,314,561
Contractual Services	\$22,327	\$100,000	\$432	\$92,866
Materials & Supplies	\$19,217	\$245,684	\$7,552	\$279,194
Internal Services	\$873,217	\$454,908	\$310,050	\$959,044
Total GF/non-GF	\$3,140,850	\$3,081,903	\$2,867,790	\$2,645,665
Program Total:	\$6,222,753		\$5,513,455	
Program FTE	15.00	24.80	19.50	13.20

Program Revenues				
Indirect for Dept. Admin	\$409,834	\$0	\$355,095	\$0
Intergovernmental	\$0	\$1,128,285	\$0	\$724,606
Service Charges	\$3,138,489	\$1,953,618	\$2,860,776	\$1,921,059
Total Revenue	\$3,548,323	\$3,081,903	\$3,215,871	\$2,645,665

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: \$4,781,835; Federal Primary Care grant: \$709,864
 State Family Planning grant: \$14,742

Significant Program Changes

Last Year this program was: FY 2017: 40029 Rockwood Community Health Clinic

Department: Health Department **Program Contact:** Vanetta Abdellatif
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

Medical Directors Office:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.
7. Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	80% (or more) of providers are maintaining and serving their maximum panel size.	na/-	80%	75%	80%
Outcome		na/-	na/-	na/-	na/-
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

Performance Measures Descriptions

Output reflects a focus on improving value and good patient outcomes as opposed to face to face visits as a part of an APM (Alternative Payment Methodology) pilot where there is a focus on increased value in care delivery. This pilot incentivizes whole person care.

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	2017	2017	2018	2018
Personnel	\$1,614,566	\$521,990	\$1,380,409	\$87,024
Contractual Services	\$141,359	\$142,040	\$82,500	\$142,040
Materials & Supplies	\$88,172	\$84,983	\$95,896	\$25,311
Internal Services	\$251,166	\$61,011	\$269,550	\$10,582
Total GF/non-GF	\$2,095,263	\$810,024	\$1,828,355	\$264,957
Program Total:	\$2,905,287		\$2,093,312	
Program FTE	8.40	3.60	7.10	0.00

Program Revenues				
Indirect for Dept. Admin	\$137,167	\$0	\$88,452	\$0
Intergovernmental	\$0	\$821,400	\$0	\$264,957
Other / Miscellaneous	\$0	\$15,000	\$200,000	\$0
Beginning Working Capital	\$1,000,000	\$0	\$0	\$0
Service Charges	\$200,000	\$0	\$750,000	\$0
Total Revenue	\$1,337,167	\$836,400	\$1,038,452	\$264,957

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.

Federal Primary Care grant: \$264,957
 Patients Fees: \$950,000

Significant Program Changes

Last Year this program was: FY 2017: 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

FY18's program offer includes the addition of a Nurse Practitioner to provide leadership as a Deputy Clinical/Medical Director

Department: Health Department **Program Contact:** Chris Carter

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

Related Programs:
Program Characteristics:

Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy program fills approximately 350,000 prescriptions per year. Targeted clinical pharmacy services are provided to clients referred from MCHD Primary Care.

Program Summary

Pharmacy Services utilize various contracts to procure medications that have been prescribed for clients, including uninsured and under-served clients.

Services are provided to a significant number of clients who may lack secure housing, have mental health concerns, or addiction issues. Pharmacy Services provide prescription medication to clients of public health programs such as the HIV/STD/Adolescent Sexual Health Equity and Communicable Disease Services; as well as to youth seen in the School Based Health Clinics.

The program bills third party insurance for covered clients, assists uninsured clients in obtaining low-cost/free drugs from manufacturers, and provides consultation and education regarding medications to clinic patients and staff. No client is denied service due to inability to pay the service fee or copay at the time of service.

Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Prescription service for the uninsured; public health programs; and School Based Health clients comprise a significant portion of the total work of the program.

Clinical pharmacists are engaged at primary care sites, working closely with the patient's provider and care team to improve medication adherence and management of their drug regimen. Clinical pharmacists provide improved care coordination with the reconciliation of client medications following hospital admission.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Prescription Volume	346,500	370,000	345,000	370,000
Outcome	Average prescription cost (excluding cost of medication)	25.09	27.62	24.33	27.54
Quality	Adherence Monitoring	130	200	130	200

Performance Measures Descriptions

Prescription volume (prescriptions filled) reflects the number of actual prescriptions being filled.

Average prescription cost reflects prescription department expenses less drug cost divided by the number of prescriptions filled. (Includes non-dispensing related expenses - training, non-dispensing staff).

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$7,449,709	\$0	\$7,638,327
Contractual Services	\$0	\$194,939	\$0	\$183,100
Materials & Supplies	\$0	\$9,103,005	\$0	\$10,166,510
Internal Services	\$0	\$1,670,971	\$0	\$1,772,436
Total GF/non-GF	\$0	\$18,418,624	\$0	\$19,760,373
Program Total:	\$18,418,624		\$19,760,373	
Program FTE	0.00	56.75	0.00	56.78

Program Revenues				
Indirect for Dept. Admin	\$704,742	\$0	\$723,349	\$0
Service Charges	\$0	\$18,418,624	\$0	\$19,760,373
Total Revenue	\$704,742	\$18,418,624	\$723,349	\$19,760,373

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and directly paid patient fees.

Prescription Fees: \$19,613,373

Patient Fees: \$147,000

Significant Program Changes

Last Year this program was: FY 2017: 40031 Pharmacy

Increased expense for the purchase of drugs for dispensing.

Department: Health Department

Program Contact: Chris Carter

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

The Central Lab and the Health Information Management program 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 290,000 specimens per year. Medical Records fulfills 14,000 medical records request per year.

Program Summary
Laboratory:

Tests clinical and environmental specimens, manage external laboratory contracts, prepares for emergencies (including bioterrorism), and the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities.

Health Information Management:

Manages medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. The manager of Health Information fulfills the role of the Health Department's Privacy Official as required by HIPAA (Health Insurance Portability and Accountability Act). 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of records requests completed (HIM)	13,709	12,000	15,000	15,000
Outcome	Number of laboratory specimens handled (Central Lab)	286,076	260,000	300,000	300,000
Quality	Lab proficiency/competency levels through internal and external testing program (Central Lab)	95	95	95	95

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$3,353,516	\$734,236	\$2,626,438	\$1,190,266
Contractual Services	\$29,596	\$0	\$0	\$39,600
Materials & Supplies	\$114,842	\$12,426	\$87,708	\$72,388
Internal Services	\$803,580	\$123,242	\$714,619	\$255,682
Total GF/non-GF	\$4,301,534	\$869,904	\$3,428,765	\$1,557,936
Program Total:	\$5,171,438		\$4,986,701	
Program FTE	32.65	6.90	24.30	11.90

Program Revenues				
Indirect for Dept. Admin	\$365,795	\$0	\$344,092	\$0
Intergovernmental	\$0	\$269,904	\$0	\$269,904
Other / Miscellaneous	\$2,483,185	\$0	\$1,810,000	\$0
Service Charges	\$1,348,735	\$600,000	\$1,150,000	\$1,288,032
Total Revenue	\$4,197,715	\$869,904	\$3,304,092	\$1,557,936

Explanation of Revenues

Revenue generated from 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: \$4,248,032

Federal Primary Care grant: \$269,904

Significant Program Changes

Last Year this program was: FY 2017: 40032 Lab and Medical Records

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Center Operations (HCO) Program (formerly Primary Care and Dental Access and Referral-PCARD) is the gateway for all new and established patients assigned and/or seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for established patients referred into community specialty care. MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

HCO is the point of entry for scheduling all clients for both the Primary Care and dental clinics. HCO also facilitates access to specialty referrals and charity care for insured and uninsured patients. For uninsured patients, the referrals to community specialty care is completed in collaboration with Project Access NOW. HCO provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. HCO also provides information and referrals for MCHD medical, dental, social services and key community service partners. MCHD Language Services provides interpretation in over 70 languages including sign language for all MCHD services and programs, and for established patients who access specialty care in the community.

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of new patients who receive appointments	20,140	24,000	20,000	24,000
Outcome	Average telephone abandonment is at or below 10%	na/-	10%	8%	8%

Performance Measures Descriptions

Output: Number of new patients who receive a new patient appointment (medical and dental).
Outcome: More calls answered the first time and fewer calls abandoned.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,704,998	\$627,926	\$1,391,385	\$598,752
Contractual Services	\$117,500	\$0	\$112,244	\$0
Materials & Supplies	\$18,282	\$1,133	\$16,703	\$0
Internal Services	\$527,948	\$55,771	\$752,275	\$59,875
Total GF/non-GF	\$2,368,728	\$684,830	\$2,272,607	\$658,627
Program Total:	\$3,053,558		\$2,931,234	
Program FTE	23.00	8.80	11.10	7.40

Program Revenues				
Indirect for Dept. Admin	\$186,202	\$0	\$178,394	\$0
Intergovernmental	\$0	\$258,626	\$0	\$658,627
Other / Miscellaneous	\$0	\$300,000	\$500,000	\$0
Beginning Working Capital	\$882,043	\$0	\$0	\$0
Service Charges	\$1,156,182	\$0	\$1,331,284	\$0
Total Revenue	\$2,224,427	\$558,626	\$2,009,678	\$658,627

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: \$1,831,284
 Federal Primary Care grant: \$658,627

Significant Program Changes

Last Year this program was: FY 2017: 40033 Primary Care and Dental Access and Referral

In calendar year 2017, dental services calls will transition from dental sites to the Patient Access Center (PAC).

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 health care standards and regulations.

Program Summary

This program supports services within the project scope of the BPHC grant, which supports 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.

Quality project management staff manage the 14 member Coalition of Community Health Clinics (CCHC) contract. CCHC is comprised of 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, licensing and credentialing to the volunteer providers at the Coalition of Community Health Clinics' (CCHC).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of volunteer hours	60,356	55,000	55,000	55,000
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) Number of hours, includes licensed health care volunteers who work at CCHC clinic sites; 2) 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; 3) 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	2017	2017	2018	2018
Personnel	\$4,848,219	\$638,625	\$3,206,926	\$1,354,230
Contractual Services	\$74,140	\$0	\$59,280	\$43,650
Materials & Supplies	\$160,875	\$240	\$111,707	\$30,191
Internal Services	\$932,078	\$64,141	\$849,529	\$407,391
Total GF/non-GF	\$6,015,312	\$703,006	\$4,227,442	\$1,835,462
Program Total:	\$6,718,318		\$6,062,904	
Program FTE	49.00	6.80	29.90	11.10

Program Revenues				
Indirect for Dept. Admin	\$514,611	\$0	\$411,715	\$0
Intergovernmental	\$0	\$688,006	\$0	\$1,383,006
Other / Miscellaneous	\$3,875,482	\$15,000	\$3,130,000	\$7,550
Beginning Working Capital	\$1,800,000	\$0	\$0	\$0
Service Charges	\$250,000	\$0	\$999,443	\$444,906
Total Revenue	\$6,440,093	\$703,006	\$4,541,158	\$1,835,462

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: \$3,674,349

Federal Primary Care grant: \$1,138,006

Kaiser Permanente Center for Health Research CHR-Stop Colorectal Cancer grant: \$7,550

State Safety Net Capacity grant: \$245,000

Significant Program Changes

Last Year this program was: FY 2017: 40034 Quality Assurance

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.

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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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

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	2017	2017	2018	2018
Personnel	\$117,824	\$0	\$121,391	\$0
Contractual Services	\$105,887	\$0	\$102,997	\$0
Materials & Supplies	\$10,190	\$0	\$4,988	\$0
Internal Services	\$11,787	\$0	\$12,975	\$0
Total GF/non-GF	\$245,688	\$0	\$242,351	\$0
Program Total:	\$245,688		\$242,351	
Program FTE	1.30	0.00	1.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40036 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40007, 40008, 40053A, 40053B, 40060
Program Characteristics:

Executive Summary

Environmental Health Community Programs impact a wide range of well-documented, upstream, and emerging environmental health issues. Program areas include community environments, toxics reduction, and climate change. They all have an explicit focus on environmental justice and vulnerable populations, and address health inequities in lead poisoning, respiratory illness, and cardiovascular disease. Activities include monitoring and assessing environments, policies, and health; providing technical assistance and data expertise; reporting; communication; and direct services.

Program Summary

Environmental Health Community Programs bring together a continuum of services to ensure all county residents have access to optimal living conditions in their homes and neighborhoods. With an environmental justice framework, the programs focus first on the highest risk communities facing the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so that their concerns, expertise, and proposed solutions can be integrated into the activities of the following program areas.

Community Environments: This program area aims to ensure that all neighborhoods are safe and healthy. Focuses include housing, nutritious foods, safe parks and playgrounds, safe streets, and equitable public transportation to ensure access to jobs, schools, services, recreation, and child care. Example activities include participation in technical committees to support local and regional planning efforts such as Metro’s Regional Transportation Plan; analysis of pedestrian fatalities within the City of Portland; and supporting community groups to understand environmental risks through online maps and technical assistance.

Toxics Reduction: This program area identifies risks of exposure to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public. Staff work with vulnerable individuals and families to identify and reduce exposure to household mold, toxins, vectors, lead paint, and physical hazards through home assessments and inspections; and, within communities, respond to both well-documented and emerging environmental hazards. Major focuses have been lead in water at Portland Public Schools, and heavy metals from art glass manufacturers. Activities include partnering with local, state, and federal agencies to share and analyze local exposure risk data and empowering communities to advocate on their own behalf.

Climate Change: This program area works to understand upstream and emerging health issues; protect the public’s health from the impacts of climate change; advance climate justice; and maximize health benefits of climate mitigation and resilience actions. Staff track key indicators such as extreme heat-related illnesses, hypothermia, and harmful algal blooms.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Community Members receiving information on environmental threats	39,031	40,000	42,000	45,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	na/-	na/-	36	40
Output	Number of households with reduced household hazards	na/-	na/-	56	100
Outcome	Number of health-based policy recommendations made that are adopted	na/-	na/-	9	15

Performance Measures Descriptions

1) Revised to include all program areas (phone counseling, referral, educational materials, website & events). 2) New: HUD and EPA best-practice measure of effectiveness. 3) New: Includes Lead, Adult Care Home, Asthma Inspection & Referral, Low Income Seniors & People w/Disabilities, Unincorporated Rental Home visits; and community trainings with direct improvements to housing quality. 4) New: Includes review of state and local plans & legislation, participation in technical committees & responses to requests for technical & policy support from partners.

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	2017	2017	2018	2018
Personnel	\$210,034	\$133,724	\$43,076	\$270,979
Contractual Services	\$6,750	\$7,000	\$150,881	\$28,286
Materials & Supplies	\$20,931	\$16,628	\$194	\$40,189
Internal Services	\$63,030	\$32,648	\$25,287	\$97,416
Total GF/non-GF	\$300,745	\$190,000	\$219,438	\$436,870
Program Total:	\$490,745		\$656,308	
Program FTE	1.63	1.07	0.20	2.15

Program Revenues				
Indirect for Dept. Admin	\$12,650	\$0	\$25,662	\$0
Intergovernmental	\$0	\$180,000	\$0	\$436,870
Service Charges	\$0	\$10,000	\$0	\$0
Total Revenue	\$12,650	\$190,000	\$25,662	\$436,870

Explanation of Revenues

FY18 revenue includes \$186,500 from the City of Portland; \$10,000 from the State Lead Program; \$213,713 from the CDC Climate and Health funding; State Maternal Child Health Perinatal fund \$26,657.

Significant Program Changes

Last Year this program was: FY 2017: 40037A Environmental Health Community Programs

The summary, program description, and performance measures with this Program Offer all changed to better describe and track the work of the program areas. The first measure was previously tracked in Program Offer 40015 and counted lead communication. The second measure, which was also part of 40015, previously tracked reports of elevated blood lead levels and has changed to a measure of program effectiveness at reducing elevated blood lead levels, the measure most commonly used by HUD and EPA. The third measure was expanded from home health and safety to all the types of housing-related exposure reduction work done. The fourth measure is new and intended to capture the policy analysis and technical support done by the program.

Department: Health Department **Program Contact:** Noelle Wiggins
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40060, 40025
Program Characteristics:

Executive Summary

Health Promotion and Capacity Building works to improve health and eliminate inequities through the Community Capacitation Center (CCC). Program activities include training community health workers (CHWs) and others; conducting community-based participatory research; evaluating CHW and related models; and managing projects that employ CHWs. These activities provide communities with the knowledge and skill set to identify and solve their most pressing health issues.

Program Summary

Health Promotion and Capacity Building, through the Community Capacitation Center (CCC), develops and implements culturally-appropriate and culturally-specific approaches tailored to the self-identified needs of communities. The CCC has three main program areas.

Education and Training: The CCC uses popular (empowerment) education to train community health workers (CHWs), CHW supervisors, and others. CHWs have been identified as key to health system transformation. The CCC-developed 90-hour curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, the CCC has provided initial certification training for over 350 CHWs. In addition, the CCC provides continuing education training on topics such as chronic disease prevention and management and prevention of violence affecting youth. Curricula are developed or adapted for cultural specificity in communities most affected by inequities. The CCC also helps build system capacity to use the CHW model effectively, and provides training on popular (empowerment) education to a variety of participants.

Research and Evaluation: Internal and external programs contract with the CCC for community-based participatory research and evaluation of CHW and related models. These forms of research and evaluation involve community members in every step of the process to further build their knowledge and skills. CCC's research and evaluation is also coordinated with academia, health systems, community partners, and others to identify and fill gaps in CHW research. Internally, the CCC partners with Chronic Disease and Violence Prevention (40060) and Adolescent Sexual Health Equity Program (40025) to evaluate the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors grant.

Project Management: 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 to support parents to prepare their children to succeed in kindergarten and beyond and advocate for needed changes at the school, district, and state levels.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of participants in training classes	1,448	2,000	2,000	1,200
Outcome	Percent of participants in training courses who report increased ability to promote health	96.7%	95%	95.7%	95%
Outcome	Percent of participants reporting increased understanding of relationship between inequality and health	94.2%	93%	93.4%	93%
Outcome	Percent of participants in CHW training courses whose empowerment increased from baseline to follow-up	70%	70%	70%	65%

Performance Measures Descriptions

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2), 3), 4) 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
Program Expenses	2017	2017	2018	2018
Personnel	\$650,880	\$301,502	\$578,237	\$89,619
Contractual Services	\$7,000	\$241,896	\$1,500	\$374,456
Materials & Supplies	\$34,585	\$29,807	\$28,519	\$23,310
Internal Services	\$155,388	\$68,105	\$141,744	\$10,281
Total GF/non-GF	\$847,853	\$641,310	\$750,000	\$497,666
Program Total:	\$1,489,163		\$1,247,666	
Program FTE	5.86	2.74	4.47	0.85

Program Revenues				
Indirect for Dept. Admin	\$23,631	\$0	\$609	\$0
Fees, Permits & Charges	\$0	\$0	\$142,000	\$0
Intergovernmental	\$0	\$548,001	\$0	\$0
Other / Miscellaneous	\$0	\$111,000	\$0	\$497,666
Service Charges	\$142,000	\$0	\$0	\$0
Total Revenue	\$165,631	\$659,001	\$142,609	\$497,666

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.

Revenue from fees and contracts: Janus Youth \$8,000, NAYA \$35,000
 United Way Early Learning Model: \$454,666
 Training Fees: \$142,000

Significant Program Changes

Last Year this program was: FY 2017: 40038A Health Promotion and Community Capacity Building

FY17 Program Offer 40038B, Public Health Approach to Preventing Community Violence, was integrated into FY18 Program Offer 40060 to better align the Public Health Division's place-based approach to improving neighborhood health through prevention activities. This move contributes to the reduction in number of participants in training classes for FY18.

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, employee/leadership development 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:** Creates and implement processes that are evaluated and improved for efficiency, effectiveness and flexibility. Provides custom forms, manager guides and process maps to reflect the various workflows specific to the Health Department human resources functions. Tracks and management core HR metrics including workforce hiring, promotional and separation trends, investigatory themes and key opportunities, recruitment trends, etc so that the data can be used to drive improved performance standards.
- 2) **Workforce Development:** Promotes equitable access and invests in workforce development through education, training and diversity focused succession planning. Provides staff and organization development opportunities that support high performance, leadership development, and improved collaboration and communication. This includes a customized leadership development training program called "Intentional Leadership" that focuses on developing the core skills and competencies the Health Dept finds critical for managers and supervisors. Additional support to the Health Dept includes organizational development consultation, change management, team building 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.
- 3) **Quality Assurance and Compliance:** Ensures federal, state, organizational and contractual compliance and integrity. Ensures Human Resources' systems, processes and personnel rules are implemented and consistently followed. Guides and directs 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, and recruitment. Maintains record and retention compliance with County Personnel Rules, department guidelines and labor contracts, to reduce liability and costs of unlawful employment practices. Monitors HR departmental compliance as it relates to FMLA/OFLA, ADA, HIPAA, etc.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% increase in diversity of workforce	na/-	na/-	11%	5%
Outcome	% increase in diversity of hires, through the increase focus on diversity focused recruitment strategies	na/-	na/-	3%	2%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	na/-	na/-	35%	50%
Output	# of Mgrs attending custom Health Leadership Development Training (created this FY)	na/-	na/-	22	70

Performance Measures Descriptions

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	2017	2017	2018	2018
Personnel	\$2,530,670	\$0	\$2,575,218	\$0
Contractual Services	\$234,211	\$0	\$80,411	\$0
Materials & Supplies	\$75,952	\$0	\$112,310	\$0
Internal Services	\$359,339	\$0	\$410,011	\$0
Total GF/non-GF	\$3,200,172	\$0	\$3,177,950	\$0
Program Total:	\$3,200,172		\$3,177,950	
Program FTE	20.65	0.00	20.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40039 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of invoices processed	10,700	11,000	10,000	10,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	11 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$2,477,556	\$0	\$2,778,428	\$0
Contractual Services	\$40,000	\$0	\$41,200	\$0
Materials & Supplies	\$20,013	\$0	\$65,606	\$0
Internal Services	\$0	\$310,742	\$272,525	\$0
Total GF/non-GF	\$2,537,569	\$310,742	\$3,157,759	\$0
Program Total:	\$2,848,311		\$3,157,759	
Program FTE	25.00	0.00	26.00	0.00

Program Revenues				
Intergovernmental	\$0	\$310,742	\$0	\$0
Total Revenue	\$0	\$310,742	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40040 Budget & Finance

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,355,099	\$0	\$1,359,907	\$0
Contractual Services	\$7,360	\$0	\$10,330	\$0
Materials & Supplies	\$127,368	\$0	\$176,029	\$0
Internal Services	\$175,665	\$0	\$104,424	\$0
Total GF/non-GF	\$1,665,492	\$0	\$1,650,690	\$0
Program Total:	\$1,665,492		\$1,650,690	
Program FTE	14.00	0.00	13.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40041 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
Program Expenses	2017	2017	2018	2018
Personnel	\$1,443,737	\$0	\$1,371,133	\$0
Materials & Supplies	\$8,533	\$0	\$42,340	\$0
Internal Services	\$0	\$197,663	\$90,982	\$0
Total GF/non-GF	\$1,452,270	\$197,663	\$1,504,455	\$0
Program Total:	\$1,649,933		\$1,504,455	
Program FTE	13.00	0.00	12.00	0.00

Program Revenues				
Intergovernmental	\$0	\$197,663	\$0	\$0
Total Revenue	\$0	\$197,663	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2017: 40042 Contracts & Procurement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$2,256,495	\$0	\$2,244,796	\$0
Contractual Services	\$11,600	\$0	\$11,500	\$0
Materials & Supplies	\$47,238	\$0	\$138,944	\$0
Internal Services	\$170,016	\$114,892	\$283,367	\$0
Total GF/non-GF	\$2,485,349	\$114,892	\$2,678,607	\$0
Program Total:	\$2,600,241		\$2,678,607	
Program FTE	17.60	0.00	16.60	0.00

Program Revenues				
Intergovernmental	\$0	\$114,892	\$0	\$0
Other / Miscellaneous	\$9,865,692	\$0	\$9,406,881	\$0
Total Revenue	\$9,865,692	\$114,892	\$9,406,881	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40043 Health Department Operations

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$647,023	\$0	\$389,838	\$0
Materials & Supplies	\$2,185,992	\$0	\$2,613,525	\$0
Internal Services	\$62,533	\$0	\$38,736	\$0
Total GF/non-GF	\$2,895,548	\$0	\$3,042,099	\$0
Program Total:	\$2,895,548		\$3,042,099	
Program FTE	4.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40044 Health Clinical Data and Reporting

Department: Health Department **Program Contact:** Dr. Frank Franklin

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 enables 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 assess the magnitude of disease, disorder, and injury burden among community populations. CES identifies the drivers of health and disease determinants and captures whether health interventions are working well.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data 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. Epidemiology is the study of the causes, distribution, and control of disease in populations. CES analyzes population and health system data to assist programs in optimizing quality and accountability to the communities they serve. CES provides data and reports to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis 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 assessment work in the PHD. This program provides support in quantitative methods and 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. CES 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 and evidence-based and promising practices identified through literature review.

Program Design & Evaluation Services (PDES), 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 Data Book, Report Card on Racial and Ethnic Disparities, and the Vital Signs publication, which provides data on emerging policy issues (e.g., retail marijuana legalization).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	12	12	12	15
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	21	25	23	23

Performance Measures Descriptions

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	2017	2017	2018	2018
Personnel	\$713,269	\$1,059,283	\$843,623	\$1,314,679
Contractual Services	\$0	\$605,486	\$8,000	\$421,752
Materials & Supplies	\$60,240	\$99,332	\$53,068	\$45,912
Internal Services	\$45,792	\$122,924	\$67,885	\$159,864
Total GF/non-GF	\$819,301	\$1,887,025	\$972,576	\$1,942,207
Program Total:	\$2,706,326		\$2,914,783	
Program FTE	5.23	8.21	6.15	9.34

Program Revenues				
Indirect for Dept. Admin	\$95,844	\$0	\$124,499	\$0
Intergovernmental	\$0	\$1,887,025	\$0	\$1,942,207
Total Revenue	\$95,844	\$1,887,025	\$124,499	\$1,942,207

Explanation of Revenues

State Local Public Health Authority IGA: \$656,446
Natl Institutes of Health: \$499,847
State Of Alaska: \$478,335
State Office of Multicultural Health: \$176,680
Oregon Marijuana Legalization Impact: \$20,406
Seattle King County: \$12,274
Oregon Dept. of Corrections: \$79,418
City of Portland: \$18,801

Significant Program Changes

Last Year this program was: FY 2017: 40048 Community Epidemiology

Department: Health Department **Program Contact:** Michael Seale
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 program meets 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, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of client visits conducted by a CH nurse per yr	2,503	3,500	2,500	2,500
Outcome	% of detained youth receiving mental health medications monthly	36%	50%	40%	40%

Performance Measures Descriptions

Outcome Measure 1: Updated previous target of 3,500 to 2,500 based on actual trend and performance.
 Outcome Measure 2: Updated to 40% based on trends of client needs in this setting.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$778,333	\$0	\$870,969	\$0
Materials & Supplies	\$31,234	\$0	\$43,913	\$0
Internal Services	\$106,021	\$0	\$110,795	\$0
Total GF/non-GF	\$915,588	\$0	\$1,025,677	\$0
Program Total:	\$915,588		\$1,025,677	
Program FTE	5.90	0.00	6.00	0.00

Program Revenues				
Service Charges	\$125,000	\$0	\$0	\$0
Total Revenue	\$125,000	\$0	\$0	\$0

Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 2017: 40049 Corrections Health Juvenile Detention

Department: Health Department **Program Contact:** Michael Seale

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 36,000 individuals are cared for each year with over 50% 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 are equivalent 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 70 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 obtaining health history for both acute and 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. TB screening is an essential component of the screening process, to treat the individual as well as to protect the health of other detainees, staff and the community. An additional history and physical examination is performed on all individuals incarcerated for 14 days. Additionally, staff assess and treat acute and chronic medical and mental health issues as appropriate during each individual's incarceration. Suicide and self harm symptom identification is an essential mental health function. The Mental Health team is composed of a psychiatrist, PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. One half of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Average # of Reception Screening ("EPF"=Entry Progress Form" completed in a month	na/-	na/-	1,800	1,800
Outcome	% of + screenings resulting in a referral to the mental health team per year	30%	60%	30%	30%

Performance Measures Descriptions

NEW: Outcome Measure 1 was changed from monthly health screenings to monthly reception (intake) screenings to more accurately reflect the work needed to process incoming detainees.

Outcome Measure 2 captures initial interview information and how many clients are referred for mental health care.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$3,050,913	\$172,142	\$3,221,711	\$0
Contractual Services	\$200,000	\$0	\$100,000	\$0
Materials & Supplies	\$152,031	\$0	\$100,000	\$0
Internal Services	\$107,773	\$0	\$28,923	\$0
Total GF/non-GF	\$3,510,717	\$172,142	\$3,450,634	\$0
Program Total:	\$3,682,859		\$3,450,634	
Program FTE	21.70	1.70	24.40	0.00

Program Revenues				
Intergovernmental	\$0	\$172,142	\$0	\$0
Service Charges	\$50,000	\$0	\$40,000	\$0
Total Revenue	\$50,000	\$172,142	\$40,000	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2017: 40050A Corrections Health Multnomah County Detention Center (MCDC)

Department: Health Department **Program Contact:** Michael Seale

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 are equivalent 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. The 4th floor also contains a nursing station, administrative areas 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,357	1,200
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	na/-	160	180	170

Performance Measures Descriptions

Output Measure: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.
Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, results in a larger number (and better quality of care).

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$1,956,243	\$0	\$2,415,160	\$0
Contractual Services	\$200,000	\$0	\$360,000	\$0
Materials & Supplies	\$253,540	\$0	\$287,851	\$0
Internal Services	\$144,281	\$0	\$151,122	\$0
Total GF/non-GF	\$2,554,064	\$0	\$3,214,133	\$0
Program Total:	\$2,554,064		\$3,214,133	
Program FTE	16.00	0.00	15.10	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostics tests and communicable disease tests are performed at no charge. Clinical services are provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2017: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

Department: Health Department **Program Contact:** Michael Seale
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 36,000 individuals are cared for each year with over 50% 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 equivalent 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,357	1,200
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	na/-	160	180	170

Performance Measures Descriptions

Output Measure: Reflects care delivered on all floors at MCDC and includes both medical and mental health requests.
Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, results in a larger number (and better quality of care).

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$2,542,299	\$0	\$2,417,872	\$0
Contractual Services	\$200,000	\$0	\$240,000	\$0
Materials & Supplies	\$202,164	\$0	\$201,561	\$0
Internal Services	\$134,221	\$0	\$234,837	\$0
Total GF/non-GF	\$3,078,684	\$0	\$3,094,270	\$0
Program Total:	\$3,078,684		\$3,094,270	
Program FTE	20.20	0.00	19.70	0.00

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

Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. Those 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2017: 40050C Corrections Health MDCDC Housing Floors 5, 6, 7 & 8

Department: Health Department **Program Contact:** Michael Seale
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 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operator, one mental health and one triage/treatment room are available for office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

Mental health services are also provided to inmates at MCIJ. Inmates typically 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 occurs.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,828	1,500
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	216	220

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. NEW Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$2,222,601	\$0	\$2,284,975	\$0
Contractual Services	\$200,000	\$0	\$200,000	\$0
Materials & Supplies	\$297,494	\$0	\$290,157	\$0
Internal Services	\$217,286	\$0	\$218,733	\$0
Total GF/non-GF	\$2,937,381	\$0	\$2,993,865	\$0
Program Total:	\$2,937,381		\$2,993,865	
Program FTE	15.70	0.00	16.40	0.00

Program Revenues				
Service Charges	\$45,000	\$0	\$45,000	\$0
Total Revenue	\$45,000	\$0	\$45,000	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable disease tests are provided at no charge. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2017: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

Department: Health Department **Program Contact:** Michael Seale
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 36,000 individuals are cared for each year with over 50% 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 is equivalent 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 the open Dorms at MCIJ. 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, evaluation of 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 operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases. 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 occur.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,828	1,500
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	216	220

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. NEW Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$1,408,296	\$0	\$1,305,847	\$0
Contractual Services	\$120,000	\$0	\$140,000	\$0
Materials & Supplies	\$163,501	\$0	\$87,000	\$0
Internal Services	\$124,709	\$0	\$179,500	\$0
Total GF/non-GF	\$1,816,506	\$0	\$1,712,347	\$0
Program Total:	\$1,816,506		\$1,712,347	
Program FTE	11.10	0.00	10.80	0.00

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

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are provided at no charge. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2017: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

Department: Health Department **Program Contact:** Michael Seale
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 36,000 individuals are cared for each year with over 50% 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 utilization of the unit 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 operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease. 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 occur.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,828	1,500
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	216	220

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. NEW Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$1,029,437	\$0	\$1,026,320	\$0
Contractual Services	\$100,000	\$0	\$122,000	\$0
Materials & Supplies	\$111,003	\$0	\$84,001	\$0
Internal Services	\$103,090	\$0	\$135,500	\$0
Total GF/non-GF	\$1,343,530	\$0	\$1,367,821	\$0
Program Total:	\$1,343,530		\$1,367,821	
Program FTE	8.70	0.00	8.50	0.00

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

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable disease tests are provided at no charge.

Significant Program Changes

Last Year this program was: FY 2017: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

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	2017	2017	2018	2018
Personnel	\$0	\$0	\$253,167	\$0
Total GF/non-GF	\$0	\$0	\$253,167	\$0
Program Total:	\$0		\$253,167	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Significant Program Changes

Last Year this program was:

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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of deaths requiring investigation	2,246	2,300	2,350	2,500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	78%	85%	80%	82%

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.

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,127,811	\$0	\$1,127,733	\$0
Contractual Services	\$12,880	\$0	\$16,516	\$0
Materials & Supplies	\$72,903	\$0	\$76,968	\$0
Internal Services	\$92,956	\$0	\$95,213	\$0
Total GF/non-GF	\$1,306,550	\$0	\$1,316,430	\$0
Program Total:	\$1,306,550		\$1,316,430	
Program FTE	10.20	0.00	10.10	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40052 Medical Examiner

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053B, 40060, 40037, 40006
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial and ethnic health disparities. REACH helps the County achieve its commitment to protecting the health of all residents by ensuring every person has the opportunity to realize optimal health potential. The REACH approach embeds the Health Equity Initiative to implement culturally tailored interventions that addresses root causes of health inequities through policy, systems, and environmental change strategies in partnership with community.

Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally-specific and cross-cultural approaches that combine learnings of the Health Equity Initiative and Centers for Disease Control and Prevention (CDC)-funded policy, system, and environmental change strategies focused on reducing chronic disease in the African American community. The REACH program takes these learnings to partner with Native American, Pacific Islander, African-American, African, Latino, and Immigrant and Refugee communities to improve outcomes by addressing the ways that societal conditions and organizational policies impact health. This work entails developing and maintaining authentic partnerships with culturally-specific community based organizations, clients, faith-based organizations, civic organizations, and local governments to enact approaches and policies to decrease health inequities. REACH has two main program areas.

Community Health Improvement Plan (CHIP): In response to historical and persistent health inequities, the program contracts with a coalition of community partners to create a comprehensive CHIP that outlines priority community health issues. The CHIP identifies and implements community-driven recommendations to address longstanding health inequities, aligns Public Health Division strategies and activities with community needs and priorities, and shifts public health practice and organizational culture toward the elimination of health disparities.

Health Equity: Staff conduct assessments and implement recommendations to align with best practices, including culturally and linguistically appropriate services in health and health care (CLAS); language access and limited English Proficiency (LEP); and civil rights law. This happens by providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and ensuring culturally-competent service delivery. These strategies improve the client's experience of care by resulting in higher quality service delivery, actualizing the Health Department's commitment to equity, and ensuring compliance with applicable laws and standards.

Health Promotion: With partners, staff employ policy, system, and environmental change strategies to reduce the burden of inequities on racial and ethnic minority communities within the County by promoting culturally-specific and population level approaches. Program Offer 40053B describes how CDC funding supports this work within the African American community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of county-community partnerships to improve health outcomes in populations with health inequities	15	16	16	16
Outcome	Percent of racial/ethnic minorities with increased access to health promoting interventions	na/-	na/-	25%	25%
Output	Percent of PHD programs provided technical assistance in applying culturally responsive strategies	na/-	na/-	75%	75%
Outcome	% of PHD programs implementing baseline recommendations for Title VI of Civil Rights Act of 1964	na/-	na/-	50%	75%

Performance Measures Descriptions

1)) Revised: to include more than chronic disease outcomes. 2) New measure. 3) New measure. 4) Revised: from assessment to compliance with baseline recommendations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$809,661	\$511,925	\$756,799	\$156,696
Contractual Services	\$216,000	\$519,785	\$200,000	\$114,680
Materials & Supplies	\$37,212	\$71,605	\$67,159	\$24,841
Internal Services	\$84,398	\$132,685	\$163,919	\$87,158
Total GF/non-GF	\$1,147,271	\$1,236,000	\$1,187,877	\$383,375
Program Total:	\$2,383,271		\$1,571,252	
Program FTE	6.90	5.25	6.00	1.57

Program Revenues				
Indirect for Dept. Admin	\$48,428	\$0	\$14,839	\$0
Intergovernmental	\$0	\$1,236,000	\$0	\$383,375
Total Revenue	\$48,428	\$1,236,000	\$14,839	\$383,375

Explanation of Revenues

CDC REACH Grant: \$383,375
 REACH Grant ends 9/29/17

Significant Program Changes

Last Year this program was: FY 2017: 40045 Health Equity Initiative (Racial Justice Focus)

This new program consolidates functions formerly in FY 17 Program Offers 40045, Health Equity Initiative (Racial Justice Focus), and 40060, Community Health and Chronic Disease Prevention. The Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$1,236,000 was moved from this Program Offer into Program Offer 40053B.

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

Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by 30 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 confident and 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 located in Northeast Portland and 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 for children. 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. Long-term benefits to the county include healthy children ready to learn; decreased costs related to fewer families involved in child welfare and juvenile justice systems, and over the long-term families less affected by chronic disease.

Nurse Family Partnership is connected with the Healthy Birth Initiative (HBI). This partnership provides African American first-time mothers who are enrolled in NFP with 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served	466	450	450	425
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	65%	65%	66%	65%
Quality	Client retention in prenatal phase of NFP program	71%	71%	70%	70%

Performance Measures Descriptions

Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Federal Uniform Grant Guidelines, 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	2017	2017	2018	2018
Personnel	\$2,034,426	\$1,337,769	\$1,181,300	\$1,380,922
Contractual Services	\$461,010	\$180,000	\$538,766	\$108,853
Materials & Supplies	\$65,012	\$10,784	\$80,796	\$2,015
Internal Services	\$282,207	\$161,086	\$310,605	\$211,484
Total GF/non-GF	\$2,842,655	\$1,689,639	\$2,111,467	\$1,703,274
Program Total:	\$4,532,294		\$3,814,741	
Program FTE	17.31	10.44	8.72	9.89

Program Revenues				
Indirect for Dept. Admin	\$125,940	\$0	\$130,775	\$0
Intergovernmental	\$0	\$282,120	\$0	\$237,108
Service Charges	\$0	\$1,407,519	\$0	\$1,466,166
Total Revenue	\$125,940	\$1,689,639	\$130,775	\$1,703,274

Explanation of Revenues

NFP is funded by Medicaid fees from Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum; Targeted Case Management (TCM)* for infants and children up to age 5 years; the Local Public Health Authority IGA with Oregon Health Authority; and an Early Home Visiting grant.

Local Public Health Authority IGA: \$212,108
 Target Case Management Babies First fees: \$1,043,700
 Medicaid Maternity Case Management fees: \$422,466
 Early Home Visiting grant: \$25,000

Significant Program Changes

Last Year this program was: FY 2017: 40054 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, 40058, 40037, 40023
Program Characteristics:

Executive Summary

This program includes the Healthy Homes Asthma Home Visiting program, the Maternal Child Medical Home project, and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions, by providing health assessments in the home, conducting care coordination, building a family's capacity to work with health/social services systems, reducing environmental toxins, and building culturally congruent health care.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Home and Community based services support families with children who have a chronic health condition and/or are identified as high-risk in community settings through three program areas.

The Healthy Homes Asthma Home Visiting Program addresses health inequities by improving the livability of the home environment. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to reduce environmental triggers and improve health outcomes, quality of life, and housing conditions. Staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma; consult with medical providers/ pharmacists; partner with landlords and tenants to improve housing conditions; coordinate asthma care with school/day-care; provide supplies to reduce or eliminate asthma triggers; and advocate for safe, healthy, stable, and affordable housing.

Early Childhood health consulting is provided through community health nurses and community health workers. These services are provided by both staff and community contracts to support families enrolled in the Mt Hood Head Start program, Oregon Child Development Coalition, Multnomah Early Childhood Program, and Albina Head Start.

The Maternal/Child Medical Home (MCMH) project began in FY17 and focuses on Latino families at the Department's East County Health Center. The project recruits families through Latina prenatal patients and Latino patients ages 0-3; and works with patients and Latino-serving community organizations to develop a trauma-informed, culturally responsive, coordinated care model. MCMH care coordination will include prenatal, developmental, and Adverse Childhood Experiences (ACEs) screenings; and a menu of clinical, group, home visiting, and behavioral health services. The first six months of the MCMH project will focus on planning, workforce development, and refining the model. The subsequent 18 months of intervention will provide services to approximately 600 families at East County Health Center and continue refining the intervention. Integrated Clinical Services and Racial and Ethnic Approaches to Community Health are key organizational partners.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served by the Maternal/Child Medical Home	na/-	na/-	na/-	400
Outcome	Number of families receiving an environmental home inspection	54	120	40	40
Quality	% completion of nursing assessments for families seen more than three times	88%	96%	90%	95%
Outcome	% of prenatal clients in the Maternal/Child Medical Home completing a shared social risk screening	na/-	na/-	na/-	60%

Performance Measures Descriptions

1) New measure. 2) Given that the Healthy Homes Asthma Home Visiting program has moved from Environmental Health to Early Childhood Services, this outcome measure is significantly different and not comparable to prior year. Past data was a total sum of housing and tobacco program grants by MCEH and revenue acquired through Targeted Case Management billing. The FY18 estimate only consider funds received through Targeted Case Management. 4) New measure.

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, 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
Program Expenses	2017	2017	2018	2018
Personnel	\$302,663	\$1,525,342	\$587,608	\$1,246,097
Contractual Services	\$212,203	\$161,595	\$30,000	\$83,650
Materials & Supplies	\$76,484	\$86,556	\$9,168	\$82,068
Internal Services	\$326,339	\$222,119	\$131,392	\$338,504
Total GF/non-GF	\$917,689	\$1,995,612	\$758,168	\$1,750,319
Program Total:	\$2,913,301		\$2,508,487	
Program FTE	2.49	13.61	5.92	12.11

Program Revenues				
Indirect for Dept. Admin	\$141,253	\$0	\$114,591	\$0
Intergovernmental	\$0	\$1,104,812	\$0	\$1,325,759
Service Charges	\$0	\$890,800	\$0	\$424,560
Total Revenue	\$141,253	\$1,995,612	\$114,591	\$1,750,319

Explanation of Revenues

This program offer is funded by the following:

Medicaid Targeted Case Management (TCM) revenue Healthy Homes Asthma Home Visiting program: \$424,560

Federal CaCoon grant: \$30,000

Nursing Case Management Services for MESD: \$211,315

Care Oregon Maternal Medical Home contract: \$1,044,601

Nursing Case Management Services for Early Head Start and Oregon Child Development Coalition: \$34,000

State Maternal & Child Health grant: \$5,843

Significant Program Changes

Last Year this program was: FY 2017: 40055 Children with Special Health Care Needs Home Visiting Program Offer

The CaCoon program for care coordination for children with special health care needs is being eliminated for FY18 to shift efforts towards culturally-specific services, including the MCMH project in this program offer and the Future Generations Collaborative (FY18 Program Offer 40057). The MCMH project is a new addition to this Program Offer. The overall intent of this Program Offer remains to provide services to children with special health care needs.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This one time only funding is to support the development of a Best Baby Zone (Baby Booster) in the 97266 zip code of southeast Portland that uses a Life Course approach to Maternal Child and Family Health outcomes. This initiative will develop a Baby Booster collective impact plan built on the community identified priorities. A racial equity and health driven prioritization process will be developed and used to solidify access to new affordable housing units for families in the 97266 zip code.

Program Summary

Despite years of investing in improving access and quality of health care, racial and ethnic disparities continue to exist in local, state and national maternal, child and family health outcomes. An approach to addressing underlying conditions of health at particular times in a person's life, also known as the life course perspective, suggests that the stress resulting from disproportionate exposure to risk factors at key developmental points throughout one's life, and from generation to generation, can accumulate in one's body before conception and increase the risk for negative birth outcomes for the next generation.

The Baby Booster project is intended to improve Maternal Child and Family Health outcomes in the Lents neighborhood of east Portland through a concerted focus on the first thousand days of life. The efforts of the Baby Booster work will focus on addressing community articulated priorities (mainly anti-displacement efforts in the 97266 code) to reduce stressful events that cause cumulative health impacts particularly for preconceptual aged adults and very young children in their first thousand days of life.

The Baby Booster anchor agency should be a convener in the 97266 zip code for multi-party collaborations to develop a community-driven collective impact initiative that has four main focus areas (as identified by communities in the 97266 zip code and in the Multnomah County Community Health Improvement Plan)-housing, food, healthcare and jobs on a systems level as means to reduce racial/ethnic disparities in Maternal Child and Family Health outcomes. These efforts are needed in Multnomah County to address the underlying conditions of health.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Develop a Baby Booster collective impact plan built on the community identified priorities				complete
Outcome	Implement a racial equity and health driven prioritization process that solidifies access to new affordable housing				complete

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$42,000	\$0
Total GF/non-GF	\$0	\$0	\$42,000	\$0
Program Total:	\$0		\$42,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, evidence-based program that is part of the state-wide Healthy Families of Oregon (HFO) network. HFMC provides early childhood risk screening and home visiting for children and families at-risk of poor early childhood outcomes. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three. Each year, HFMC screens about 2,750 families for eligibility, enrolling approximately 575 families in home visiting services.

Program Summary

Research shows the conditions of early life have a profound effect on long-term health and stability. HFMC serves families from the birth of a child until the child turns three. Families who qualify for services are offered voluntary home visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones, all of which are critical to improved school readiness by age five. Increasing the number of healthy children who enter kindergarten ready to learn decreases costs to County systems by preventing future child welfare involvement, school absenteeism, and juvenile crime.

The HFMC program has two components. 1) Welcome Baby screens families for service eligibility and refers eligible and interested families to home visiting services. 2) HFMC home visiting uses the accredited, evidence-based Healthy Families America model, which is delivered by highly trained staff at contracted community-based agencies. Home visiting teams have a culturally-specific focus, including African American, immigrant/refugee, and Latino communities; teen parents; and parents with significant substance abuse history. Mental Health Consultants strengthen home visiting teams by providing culturally- and language-specific consultation to families; mental health services have improved family engagement in services and program retention. Additionally, HFMC collaborates with the Healthy Birth Initiative (HBI) to improve services for African American families. All families who received prenatal services with HBI are offered three years HFMC home visiting services after their child is born in addition to HBI services. This overall program approach addresses inequities outlined in the Health Department's 2014 Report Card on Racial and Ethnic Disparities.

HFMC partners with Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs. ELM has identified two intersecting groups of children at greatest risk for not entering school ready to learn: those living at or near the poverty level and children of color (including English language learners). To maximize County collective impact, HFMC has also prioritized these groups and utilized ELM investments to pilot and evaluate trauma-informed screening in community settings. This pilot aims to improve access to culturally-relevant programming for immigrant and refugee communities and streamline Welcome Baby screening. Also, beginning in 2018, a Maternal Child and Family Health Advisory Group comprised of parents and community partners will begin guiding and evaluating the program.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served with intensive home visiting	560	575	575	575
Outcome	% of participating parents who report reading to/with a child at least 3x/week	94%	94%	94%	94%
Quality	% of families remaining in intensive services for 12 months or longer	56%	64%	64%	66%
Outcome	% of families served who fit Early Learning Multnomah (ELM) priority populations (People of Color/low income)	na/-	na/-	80%	83%

Performance Measures Descriptions

1 & 3) Due to a change in the HFA service model, the number of families served per Home Visitor (HV) has been reduced. The national model now requires smaller caseloads of 16 families on average per HV, to improve service quality. The small dip expected in "families served" and "12-mo. retention" are also related to gradual building of caseloads at our newest HV team serving African American families. We expect these #s to rise in FY18. 4) New measure

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	2017	2017	2018	2018
Personnel	\$97,130	\$640,225	\$406,127	\$689,898
Contractual Services	\$432,981	\$1,547,632	\$456,935	\$1,480,838
Materials & Supplies	\$0	\$23,071	\$24,295	\$12,929
Internal Services	\$61,532	\$164,533	\$50,000	\$191,796
Total GF/non-GF	\$591,643	\$2,375,461	\$937,357	\$2,375,461
Program Total:	\$2,967,104		\$3,312,818	
Program FTE	1.20	7.00	3.00	6.65

Program Revenues				
Indirect for Dept. Admin	\$48,363	\$0	\$65,333	\$0
Intergovernmental	\$0	\$2,375,461	\$0	\$2,375,461
Total Revenue	\$48,363	\$2,375,461	\$65,333	\$2,375,461

Explanation of Revenues

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County match of 25%, of which 5% must be cash match.

Healthy Families home visitors, through the completion of regular staff time studies, leverage Medicaid Administrative Claiming (MAC) program reimbursements, generally equal to about 5% of the State Healthy Families grant.

Healthy Families Grant: \$2,255,461
 Medicaid Administrative Claiming: \$120,000

Significant Program Changes

Last Year this program was: FY 2017: 40056 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 collective impact model whose partners include Native American and Alaska Native community members, Native-serving organizations, and government agencies. The FGC seeks to increase healthy pregnancies and healthy births and strengthen families in Native American 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 Native American 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 effects, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally-specific, trauma-informed collective impact model to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The FGC builds community capacity to mobilize, educate, and inform 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. Finally, the FGC plays a unique role in Multnomah County, providing culturally-relevant and trauma-informed technical assistance and training to health and social service providers, including community health workers, to more effectively adapt systems and programs to support people and families affected by FASD.

The work of the FGC responds to the 2014 Report Card on Racial and Ethnic Disparities, as well as other local and regional community health assessments and community health improvement plans. The FGC addresses the underlying causes of health inequities by focusing on the social determinants of health, operating in a life course health perspective, and building capacity within the Native community and Native-serving organizations.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of TA and capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	15	3	6	12
Outcome	% participants w/increased awareness of FASD prevention & effective support for those affected by FAS	87.5%	100%	79%	90%
Quality	# of Elders/Natural Helpers and Native-identified community health workers engaged in policy advocacy	na/-	10	17	13
Quality	# Meaning Making meetings to gather and integrate input on successes and process improvements for the FGC	na/-	na/-	2	2

Performance Measures Descriptions

1) Revised to include technical assistance. 2) Revised to include effective support for those affected by FASD. 3) Revised to include Native-identified CHWs. 4) New quality measure to replace FY17 quality measure.

Legal / Contractual Obligation

The Health Department serves as the backbone agency for the FGC. In this role we have developed contracts with three Native-serving, community-based organizations to complete the planned work. Those contracts are Native American Youth and Family Center [contract number 44-1937], the Native Wellness Institute [44-1092] and SPIRITS [44-1537]. 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
Program Expenses	2017	2017	2018	2018
Personnel	\$153,141	\$0	\$147,265	\$0
Contractual Services	\$221,334	\$133,435	\$71,334	\$263,435
Materials & Supplies	\$2,022	\$0	\$2,143	\$0
Internal Services	\$15,562	\$0	\$15,626	\$0
Total GF/non-GF	\$392,059	\$133,435	\$236,368	\$263,435
Program Total:	\$525,494		\$499,803	
Program FTE	1.50	0.00	1.35	0.00

Program Revenues				
Intergovernmental	\$0	\$20,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$113,435	\$0	\$113,435
Total Revenue	\$0	\$133,435	\$0	\$263,435

Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund, Local Public Health Authority Title V funds, and a Northwest Health Foundation grant. In FY18, Title V support will be increased.

Maternal Child Health Federal Block Grant: \$150,000

Northwest Health Foundation Future Generations Collaborative grant: \$113,435

Significant Program Changes

Last Year this program was: FY 2017: 40057 Future Generations Collaborative

In FY17, this program was 100% funded with general fund. In FY18, 30% of the general fund was replaced with federal Maternal Child Health Title V funding.

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

Each year, the Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 250 new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 15 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. 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, the Health Department recognizes the work of HBI as part of its core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health 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. The CAN is led by parents and comprised of a number of healthcare, social-service, and culturally specific agencies working together to implement community-identified strategies.

Long-term benefits of the 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of families served	176	190	200	225
Outcome	Percent of mothers initiating breastfeeding after delivery	90%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old	87%	85%	85%	85%
Quality	Percent of participants who express satisfaction with cultural specificity of program	92%	92%	95%	95%

Performance Measures Descriptions

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, 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	2017	2017	2018	2018
Personnel	\$189,138	\$1,066,484	\$560,293	\$820,497
Contractual Services	\$207,000	\$6,021	\$116,000	\$91,875
Materials & Supplies	\$80,093	\$13,775	\$36,721	\$53,155
Internal Services	\$188,692	\$112,784	\$62,862	\$233,393
Total GF/non-GF	\$664,923	\$1,199,064	\$775,876	\$1,198,920
Program Total:	\$1,863,987		\$1,974,796	
Program FTE	2.24	9.86	5.33	7.15

Program Revenues				
Indirect for Dept. Admin	\$88,177	\$0	\$77,701	\$0
Intergovernmental	\$0	\$810,000	\$0	\$750,000
Service Charges	\$0	\$362,688	\$0	\$448,920
Total Revenue	\$88,177	\$1,172,688	\$77,701	\$1,198,920

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

Maternity Case Management: \$91,080

Targeted Case Management: \$357,840

Significant Program Changes

Last Year this program was: FY 2017: 40058 Healthy Birth Initiative

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating 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 to 4.8 daily. 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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	160	160	200	200
Outcome	Avg suicide watches per month (used to prevent inmate injury or death)	na/-	160	180	170

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	2017	2017	2018	2018
Personnel	\$491,757	\$0	\$482,730	\$0
Materials & Supplies	\$503	\$0	\$12,000	\$0
Total GF/non-GF	\$492,260	\$0	\$494,730	\$0
Program Total:	\$492,260		\$494,730	
Program FTE	4.40	0.00	4.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

These positions have been put in the CH budget as permanent employees.

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053A, 40053B, 40006, 40025, 40037, 40038
Program Characteristics:

Executive Summary

Chronic Disease and Violence Prevention includes the STRYVE and Healthy Communities programs. These programs work to reduce documented health inequities by focusing place-based strategies on neighborhoods with the highest rates of crime and disease. Strategies include community-informed planning and decision-making; initiatives implemented by community health workers; and activities focused on policy, system and environmental improvements.

Program Summary

Research shows that an individual's zip code is a main determinant of health and wellbeing. Locally, many communities are impacted by health inequities, including both chronic diseases and exposure to violence and trauma. Members of these communities reside in geographic areas that have high rates of poverty and low educational attainment and have been subjected to disinvestment and/or gentrification. This reality has steered the STRYVE and Healthy Communities programs toward a place-based approach that addresses chronic disease and exposure to violence through creating neighborhoods with supportive, safe, and healthy gathering spaces, worksites, health care, and physical environments.

STRYVE (Striving to Reduce Youth Violence Everywhere) works to prevent youth violence and teen dating violence. STRYVE's key change agents are community health workers (CHWs) who work in partnership with youth and adults to address community trauma and increase resilience while building system capacity to use a public health approach to violence. Annually, 50 STRYVE youth participate in the YES (Youth Empowerment Solutions) curriculum, which culminates in a summer employment program; and over 1,500 community members participate in CPTED (Crime Prevention through Environmental Design) projects, such as peace poles and murals, that enable youth to complete over 9,000 summer employment hours. The place-based approach of YES and CPTED empower youth to improve neighborhoods. STRYVE convenes multi-sectoral partners to plan and implement violence prevention activities, including through contracts, and implements teen dating violence strategies with the Department's Adolescent Sexual Health Equity Program.

Healthy Communities works to reduce factors that cause obesity and chronic diseases. Main focuses are on health and socioeconomic inequities, poor health outcomes, and chronic conditions caused by poor nutrition, physical inactivity, and exposure to and use of tobacco. Efforts include increasing access to physical activity through governmental partnerships that ensure health and equity are part of transportation planning decisions; increasing access to place-based initiatives that implement evidence-based lactation and nutrition improvements in worksites; conducting assessments to better understand barriers to preventative health screenings, including colorectal cancer screenings for Latinos and African Americans; and decreasing use and exposure to tobacco by supporting clinical programs to implement policies for tobacco cessation, treatment, and counseling. Key partners include governments, health systems and community organizations.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Youth and community members engaged in STRYVE activities	3,000	1,500	3,000	3,000
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease	na/-	15	5	10
Output	Number of Violence Prevention Coordination Team meetings	na/-	na/-	6	16
Outcome	# of community sites involved in chronic disease and/or violence prevention activities in areas of highest need	na/-	na/-	10	12

Performance Measures Descriptions

1) Measure was previously tracked in program 40038B. 2) Revised: 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) New measure: 12 monthly meetings, 4 quarterly grant meetings. 4) New measure

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,238,684	\$72,456	\$1,204,328	\$391,034
Contractual Services	\$234,500	\$0	\$215,000	\$95,433
Materials & Supplies	\$103,979	\$0	\$133,055	\$63,121
Internal Services	\$61,602	\$0	\$135,792	\$85,683
Total GF/non-GF	\$1,638,765	\$72,456	\$1,688,175	\$635,271
Program Total:	\$1,711,221		\$2,323,446	
Program FTE	11.23	0.77	10.65	4.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$37,031	\$0
Intergovernmental	\$0	\$0	\$0	\$635,271
Total Revenue	\$0	\$0	\$37,031	\$635,271

Explanation of Revenues

This Program Offer includes federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors (\$535,271) and Oregon Health Authority Healthy Communities funding (\$100,000).

Significant Program Changes

Last Year this program was: FY 2017: 40060 Community Health and Chronic Disease Prevention

This new program consolidates functions formerly associated with FY17 Program Offers 40060 (Community Health and Chronic Disease Prevention) and 40038B (Public Health Approach to Preventing Community Violence). Racial and Ethnic Approaches to Community Health and the Division's Community Health Improvement Plan were moved from FY17 Program Offer 40060 into FY18 Program Offer 40053A. These consolidations better align the Division's health equity/partnership initiatives and place-based initiatives. The CDC Striving to Reduce Youth Violence Everywhere (STRIVE) grant ended in FY17, however a new CDC Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors grant funding awarded this year will continue in FY18 along with Oregon Health Authority Healthy Communities grant funding.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40061B
Program Characteristics:

Executive Summary

The Harm Reduction program implements syringe exchange as its core activity. Syringe exchange is proven to keep infection rates low among people who inject drugs, their partners, and their infants. Multnomah County and its partner Outside In started two of the first syringe exchange programs in the nation and collect almost 4 million syringes annually through 50,000 visits. The program integrates strategies that increase readiness of clients to engage in addictions treatment and reduce overdose deaths, emergency room visits and hospitalizations, and hepatitis C and B infection.

Program Summary

The need for the Harm Reduction program has increased dramatically over the past 5 years due to increases in heroin and methamphetamine use and homelessness. Currently, 67% of clients are homeless or temporarily/unstably housed. To successfully engage this high risk, high need, mobile population in services, the program integrates supportive services and referrals into its geographically diverse, nonjudgmental approach.

Syringe exchange and disposal comprises the bulk of programmatic activities. Syringe exchange sites, which provide clean needles in exchange for used needles, are located in geographically diverse areas of the county. Each year, they serve over 6,000 unique clients. Additionally, about 20% of clients report exchanging on behalf of other individuals in their household, apartment, building, or drug using network. This informal user-driven distribution dramatically expands the reach of the program by increasing the supply of sterile syringes in injection drug communities and is called 'secondary syringe exchange.' Services are proving successful, as 67% of clients said they had never shared needles in the last three months. The program also addresses inappropriate syringe disposal and public safety through distributing personal sharps containers to drug users to keep families, households, neighbors, and police safe; providing technical assistance, outreach, and clean-up support to businesses, neighborhood associations, and city agencies to reduce inappropriately disposed syringes in public places; and maintaining two outdoor disposal units on the east and west side of the downtown waterfront in collaboration with City of Portland.

The program integrates a number of strategies that increase readiness of clients to engage in addictions treatment and reduce overdose deaths, emergency room visits and hospitalizations, and hepatitis C and B infection. These include the East Portland Harm Reduction Center, which incorporates HIV/HCV testing, wound infection/abscess clinical care, and addictions treatment care coordination with syringe exchange activities; condom and other safe sex supply distribution to individuals engaging in sex work; and providing technical expertise for policy drafting and analysis to pass life saving policies, inform administrative rule writing and statewide implementation. Overdose prevention/Naloxone distribution has been part of this program (see Program Offer 40061B).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of encounters	51,263	50,000	52,000	50,000
Outcome	Number of syringes received	3,362,947	na/-	4,000,000	4,000,000
Output	Number of new clients	2,479	na/-	2,300	2,300
Output	Number of sharps containers distributed	11,283	na/-	13,000	13,000

Performance Measures Descriptions

1) Visits to harm reduction services by clients. 2) New: Demonstrates volume of syringes per year for which program provides safe disposal. 3) New: Demonstrates effective ongoing outreach and engagement of county residents at need. 4) New: Personal sized sharps containers distributed to clients through syringe exchange services.

Legal / Contractual Obligation

Federal Program Requirements

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$406,439	\$291,141	\$322,131	\$41,528
Contractual Services	\$228,230	\$244,230	\$227,230	\$22,540
Materials & Supplies	\$140,544	\$66,066	\$317,124	\$22,520
Internal Services	\$179,834	\$38,245	\$222,735	\$5,050
Total GF/non-GF	\$955,047	\$639,682	\$1,089,220	\$91,638
Program Total:	\$1,594,729		\$1,180,858	
Program FTE	4.10	2.59	2.91	0.25

Program Revenues				
Indirect for Dept. Admin	\$29,901	\$0	\$3,933	\$0
Intergovernmental	\$0	\$527,861	\$0	\$91,638
Other / Miscellaneous	\$0	\$116,750	\$0	\$0
Service Charges	\$0	\$20,000	\$0	\$0
Total Revenue	\$29,901	\$664,611	\$3,933	\$91,638

Explanation of Revenues

HIV Prevention Block Grant: \$75,098
Healthy Streets Grant: \$16,540

Significant Program Changes

Last Year this program was:

The Harm Reduction program was included in FY17 40011A (STD/HIV/Hep C Community Prevention Program). Program Offer 40061B is being submitted as a one-time-only request to support overdose prevention/naloxone distribution, which would otherwise not be provided due to lack of funding.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40061A, 40011
Program Characteristics:

Executive Summary

Overdose Prevention Strategy entails overdose response training and naloxone distribution. Naloxone is a prescription medication that reverses opiate overdoses. From 2002-2012, heroin overdose deaths in Oregon increased 46%; Multnomah County accounted for 50-70% of deaths. In 2013, naloxone training began at local syringe exchange sites and heroin deaths dropped 30%. In 2014, for the first time, more of Oregon’s heroin deaths happened outside of the county. Naloxone saves lives and is a key component to a comprehensive regional, statewide, and national strategy to address the opiate

Program Summary

Naloxone distribution to injection drug users has been shown to be a very cost-effective means to reduce opiate overdose deaths. The distribution includes training community members to recognize opiate overdose, start emergency first aid measures, and administer naloxone. This community-based strategy most effectively targets the growing population of new heroin users, and targets highest-risk networks. The Department has been a leader in the field of public health interventions for injection drug users (IDU), including early efforts preventing an HIV epidemic among IDU. Today, the Department has an opportunity and an obligation to prevent overdose deaths and their tragic impact on families and communities.

The reduction in local overdose since the beginning of naloxone training and distribution underscores the fact that opiate overdose deaths are preventable and, locally, the strategy is proving to be an efficient and effective way to get closer to zero deaths. From 2013 and 2014, the Health Department and Outside In partnered to integrate naloxone use training and distribution at needle exchange sites. From 2014-2016, Oregon Health Authority (OHA) fiscally supported the development and testing of community prevention strategies using naloxone, allowing robust training, distribution, and overdose prevention education strategies. This work included partnering with multiple social service providers, health agencies, and first responders to do their part to respond to opiate overdose for both heroin and prescription opiates. For example, from 2015-2016, 201 individuals from 56 agencies attended one of 16 train-the-trainer classes. Evaluations showed that 99% of participants said they felt prepared to respond to an overdose and 95% said the training experience would be useful in their work. Part of this work included creating five training videos that are posted on the Oregon Health Authority naloxone website (one has been viewed almost 40,000 times); and collaborating with the Sheriff’s Office to create a video specifically for law enforcement officers. Outside In used these videos to train over 900 of their clients; and at least 11 agencies have gone on to start their own naloxone programs, in which they trained their staff, clients, or community members.

Currently, naloxone training and distribution is offered at the five syringe exchange sites operated by the Health Department and Outside In. Through 2016, more than 38% of clients served at the Department's needle exchange sites have been trained. Approximately 200 new clients are served per month through syringe exchange sites; these clients can be trained in use of naloxone.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of clients trained	830	750	750	750
Outcome	Number of rescues reported	601	500	750	750
Quality	% clients who felt prepared for a future rescue*	87%	na/-	80%	80%

Performance Measures Descriptions

*MCHD only; Outside In did not collect this data but will start in Feb 2017.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$83,071	\$0	\$134,173	\$0
Contractual Services	\$50,000	\$0	\$65,000	\$0
Materials & Supplies	\$43,632	\$0	\$11,905	\$0
Total GF/non-GF	\$176,703	\$0	\$211,078	\$0
Program Total:	\$176,703		\$211,078	
Program FTE	0.00	0.00	1.70	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY17, Overdose Prevention Strategy was Program Offer 40011C. It was moved from 40011 along with Harm Reduction (40061A) to consolidate this scope of work as a complement to STD/HIV/HCV Community Prevention (Program Offer 40011).

Department: Health Department
Program Offer Type: Innovative/New Program
Related Programs:
Program Characteristics: One-Time-Only Request

Program Contact: Kim Toevs
Program Offer Stage: As Adopted

Executive Summary

The Healthy Streets project launched in February 2016 in response to the growing concern of discarded syringes in downtown Portland. This community-based disposal strategy established two secure disposal containers (syringe drop boxes) on the Waterfront Esplanade to encourage safe disposal of used needles by injection drug users (IDUs). FY 2018 services will expand Healthy Streets by adding three additional syringe drop boxes outside of the downtown core to address inappropriate syringe disposal and public safety.

Program Summary

The Healthy Streets project is one component of a preliminary strategy to reduce the number of improperly discarded syringes and provide the public a safe community-based disposal option. Over the past several years, injection drug use has dramatically increased as part of the overall rise in opiate addiction. Syringe exchange surveys conducted by Multnomah County Public Health show an increase in the percentage of heroin users hooked on prescription opioids before ever using heroin (from 45% in 2011 to 51% in 2016). Increases in community members experiencing substance abuse disorders and living in public spaces due to homelessness has contributed to an increase in discarded syringe. Despite the success of syringe exchange programs, some IDUs do not participate for a range of reasons including privacy concerns, fear of police or inability to store syringes. Members of the public have become increasingly concerned as the number of syringes found in neighborhoods, public spaces and businesses continues to increase.

Used syringes can carry Hepatitis C, Hepatitis B and HIV. Infections can be transmitted through sharing used syringes and accidental needle stick injuries. Strategically located syringe drop boxes create 24/7 disposal options for IDUs to safely dispose of used syringes with goals to reduce improper disposal (e.g., empty lots, trash bins, toilets, parks) and remove used syringes from drug use circulation. Members of the public comfortable with taking action when finding syringes are able to call Multnomah County Public Health for guidance and/or access safe disposal information at multco.us. Community members will be directed to five community-based syringe drop boxes for safe disposal. A biohazard waste disposal company will work with Public Health to routinely monitor, empty and clean the syringe drop boxes.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	3 new syringe drop boxes installed by fall 2017				3
Outcome					

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$9,981	\$0
Contractual Services	\$0	\$0	\$20,000	\$0
Materials & Supplies	\$0	\$0	\$19	\$0
Total GF/non-GF	\$0	\$0	\$30,000	\$0
Program Total:	\$0		\$30,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$371,470	\$575,201	\$483,201	\$633,048
Contractual Services	\$0	\$609,638	\$4,000	\$250,000
Materials & Supplies	\$756	\$66,392	\$9,914	\$73,595
Internal Services	\$0	\$148,099	\$34,370	\$120,356
Total GF/non-GF	\$372,226	\$1,399,330	\$531,485	\$1,076,999
Program Total:	\$1,771,556		\$1,608,484	
Program FTE	2.09	3.71	4.65	3.83

Program Revenues				
Indirect for Dept. Admin	\$32,601	\$0	\$21,824	\$0
Intergovernmental	\$0	\$1,255,509	\$0	\$911,840
Other / Miscellaneous	\$0	\$143,821	\$0	\$165,159
Total Revenue	\$32,601	\$1,399,330	\$21,824	\$1,076,999

Explanation of Revenues

\$ 560,107 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 165,159 - Care Oregon Incentive

\$ 351,733 - 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 2017: 40065A Mental Health & Addiction Services Administration

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
Program Expenses	2017	2017	2018	2018
Personnel	\$173,487	\$507,372	\$179,124	\$460,944
Materials & Supplies	\$0	\$4,576	\$0	\$7,862
Internal Services	\$0	\$188,563	\$0	\$165,111
Total GF/non-GF	\$173,487	\$700,511	\$179,124	\$633,917
Program Total:	\$873,998		\$813,041	
Program FTE	2.16	6.14	2.11	5.19

Program Revenues				
Indirect for Dept. Admin	\$38,634	\$0	\$34,879	\$0
Intergovernmental	\$0	\$700,511	\$0	\$633,917
Total Revenue	\$38,634	\$700,511	\$34,879	\$633,917

Explanation of Revenues

\$499,769 - Health Share of Oregon (Medicaid): Based on FY17 Medicaid Rates.

\$134,148 - 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 2017: 40067 Medical Records for MHASD

Department: Health Department **Program Contact:** Joan Rice
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40065, 40067
Program Characteristics:

Executive Summary

Quality Management (QM) assures quality of MHASD and contracted providers by: agency audits, investigations, and monitoring mental health contract performance. MHASD serves approximately 135,000 Multnomah Mental Health Oregon Health Plan (OHP) members, 52 mental health agencies and 72 residential/foster facilities. QM offer also includes the Decision Support Unit which is responsible for oversight and maintenance of the central Electronic Health Record system, reporting for the Division Multnomah Mental Health Plan billing support, as well as Adult Protective Services.

Program Summary

Quality Management protects and supports mentally ill adults and children in Multnomah County by providing specific services including: coordinating compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and Multnomah Mental Health contracts; measuring client outcomes; conducting Medicaid compliance audits for community mental health agencies; assuring compliance with grievance procedures; auditing and providing technical support to 52 mental health agencies; coordinating residential quality and tracking approximately 13,000 reportable residential adverse events annually; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; monitoring progress of providers found out of compliance with OARs; and investigating abuse allegations and providing protective services to approximately 250 mental health clients annually. These investigations serve to protect some of the most vulnerable individuals in our mental health system.

Additionally, QM includes the Decision Support Unit which is responsible for oversight/administration of the MHASD central Electronic Health Record (EHR) system, Multnomah Mental Health Plan Billing Support and reporting for the Division.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of clinical reviews/protective service investigations/incident reports reviewed	16,106	13,350	16,200	16,200
Outcome	Percent of protective service reports investigated (NEW)	43%	na/-	43%	43%
Output	Number of requests managed by Decision Support	8,740	6,650	9,000	9,000

Performance Measures Descriptions

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	2017	2017	2018	2018
Personnel	\$820,677	\$2,876,736	\$816,884	\$3,063,682
Contractual Services	\$0	\$623,003	\$0	\$2,940,240
Materials & Supplies	\$1,414	\$186,028	\$878	\$421,339
Internal Services	\$99,040	\$403,910	\$72,188	\$685,783
Total GF/non-GF	\$921,131	\$4,089,677	\$889,950	\$7,111,044
Program Total:	\$5,010,808		\$8,000,994	
Program FTE	7.30	25.60	7.04	25.79

Program Revenues				
Indirect for Dept. Admin	\$202,517	\$0	\$221,377	\$0
Intergovernmental	\$0	\$4,089,677	\$0	\$7,111,044
Total Revenue	\$202,517	\$4,089,677	\$221,377	\$7,111,044

Explanation of Revenues

\$ 6,136,589 - Health Share of Oregon (Medicaid): Based on FY17 Medicaid Rates.

\$ 974,455 - 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 2017: 40068 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, including a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week walk-in clinic.

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.

Utilization Review - This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis.

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 FY16, total number of clients served was 3,350. 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.

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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total Crisis System Contacts ¹	90,672	84,000	85,000	85,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	95.1%	96.1%	94%	96%

Performance Measures Descriptions

¹ Total crisis system contacts: Crisis Line: 79,551 (calls), Project Respond contacts: 3,350, CATC encounters: 2,854, ITT: 790, UWIC: 4,127.

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

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$998,684	\$1,165,930	\$1,047,559	\$1,308,847
Contractual Services	\$811,678	\$3,909,405	\$1,323,816	\$5,475,838
Materials & Supplies	\$0	\$18,054	\$487	\$30,923
Internal Services	\$0	\$430,156	\$59,198	\$341,086
Total GF/non-GF	\$1,810,362	\$5,523,545	\$2,431,060	\$7,156,694
Program Total:	\$7,333,907		\$9,587,754	
Program FTE	9.93	10.32	8.82	10.08

Program Revenues				
Indirect for Dept. Admin	\$73,307	\$0	\$68,432	\$0
Intergovernmental	\$0	\$5,508,329	\$0	\$7,156,694
Service Charges	\$0	\$15,216	\$0	\$0
Total Revenue	\$73,307	\$5,523,545	\$68,432	\$7,156,694

Explanation of Revenues

\$ 3,899,704 - Health Share of Oregon (Medicaid)

\$ 3,241,990 - State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

\$ 15,000 - Fee for Service Insurance Reimbursement Family Care

Significant Program Changes

Last Year this program was: FY 2017: 40069 Behavioral Health Crisis Services

In FY17, a new community based crisis resource, the Unity Center for Behavioral Health opened. It is too soon to know the impact, and how to 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.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40069A - Behavioral Health Crisis Services
Program Characteristics:

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY17 services include 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 FY16 was 90,672 . Due to State of Oregon budget reductions in Fiscal Year 2012 of \$1,584,090, this offer will keep current service capacity whole while a procurement of the crisis system services is completed.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services:

Multnomah County Mental Health Call Center (MHCC) – Multnomah County coordinates 24/7, 365 days/year emergency mental health services for all residents regardless of cultural background, financial need and insurance status. Staff provide crisis counseling, diversion and linkage to appropriate county contracted services, as well as behavioral health information and resources. The Call Center also dispatches 24/7 mobile mental health outreach. In FY16, the Call Center managed 79,551 calls.

Mobile Mental Health Outreach – Mobile outreach service is contracted with a community based organization and is available 24/7, 365 days/year. These community based teams are deployed by the MH Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to all county residents in crisis regardless of insurance status. In FY16, total number of clients served was 3,350.

Urgent Walk-In Clinic (UWIC) – This is a clinic facility that provides urgent, face to face behavioral health support on a walk-in basis. The clinic is contracted with a community-based organization, available from 7:30 a.m. to 10:30 p.m., Monday - Friday. The UWIC is the single county urgent mental health clinic available to indigent clients in crisis in Multnomah County who need immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Total number of clients served in FY16 was 4,127.

The procurement process will include stakeholder meetings to ensure that consumers, peers, first responders, behavioral and physical health service providers and the larger community have input on prioritizing crisis services that ensure all county residents receive the correct level of behavioral health support at the appropriate time.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total Crisis System Contacts	na/-	na/-	na/-	85,000
Outcome	% of walk-in clinic clients diverted from the ED	na/-	na/-	na/-	96%

Performance Measures Descriptions

This program offer will help the program maintain the Crisis Systems current service level and current outputs and outcomes.

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	2017	2017	2018	2018
Personnel	\$0	\$0	\$132,913	\$0
Contractual Services	\$0	\$0	\$498,630	\$0
Total GF/non-GF	\$0	\$0	\$631,543	\$0
Program Total:	\$0		\$631,543	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In 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
Program Expenses	2017	2017	2018	2018
Contractual Services	\$655,125	\$2,620,495	\$642,048	\$2,354,195
Internal Services	\$0	\$0	\$24	\$0
Total GF/non-GF	\$655,125	\$2,620,495	\$642,072	\$2,354,195
Program Total:	\$3,275,620		\$2,996,267	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,620,495	\$0	\$2,354,195
Total Revenue	\$0	\$2,620,495	\$0	\$2,354,195

Explanation of Revenues

\$2,354,195 - Health Share of Oregon (Medicaid): Based on FY17 Medicaid Rates.

Significant Program Changes

Last Year this program was: FY 2017: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

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.

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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of E-Holds for County residents ¹	3,553	3,702	3,495	3,500
Outcome	% of total E-Holds that did not go to Court hearing ²	90.7%	93.4%	90.2%	93%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment ²	92.1%	90.9%	91.7%	91%
Output	# of commitments monitored annually ³	385	380	372	380

Performance Measures Descriptions

- ¹ This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.
² Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.
³ # monitored reflects new & existing commitments of residents in acute care settings & secure placements.

Legal / Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,143,679	\$1,984,418	\$1,077,624	\$1,924,853
Contractual Services	\$151,000	\$581,503	\$20,000	\$683,195
Materials & Supplies	\$37,900	\$3,058	\$45	\$41,308
Internal Services	\$0	\$417,439	\$146,656	\$318,598
Total GF/non-GF	\$1,332,579	\$2,986,418	\$1,244,325	\$2,967,954
Program Total:	\$4,318,997		\$4,212,279	
Program FTE	9.00	16.50	9.00	15.50

Program Revenues				
Intergovernmental	\$0	\$2,986,418	\$0	\$2,967,954
Total Revenue	\$0	\$2,986,418	\$0	\$2,967,954

Explanation of Revenues

\$2,967,954 - 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 2017: 40072 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 supports 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. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, employment and volunteer opportunities and advocating for reasonable accommodations.

The World Health Organization in their Health Impact Assessment and the Robert Wood Johnson Foundation have both endorsed increased education and employment as determinants of good health. This program provides the opportunity for those with mental illness to pursue both educational and employment opportunities that can be factors in improved health outcomes for those experiencing mental health issues.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of active members	151	170	230	200
Outcome	Percent of members in paid employment positions	42.5%	40%	38%	40
Output	Average daily attendance (ADA)	24.3	25	30	30

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	2017	2017	2018	2018
Contractual Services	\$80,000	\$0	\$112,618	\$0
Total GF/non-GF	\$80,000	\$0	\$112,618	\$0
Program Total:	\$80,000		\$112,618	
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 2017: 40073 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 with 644 beds of 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 state Adult Mental Health Initiative (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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of New Residential Services Referrals ¹	461	400	416	400
Outcome	% of County Residential Services referrals placed ²	44%	40%	30%	35%

Performance Measures Descriptions

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

² OAR changes have impacted gatekeeping responsibilities of the County resulting in lower County placement percentages for in-county residential programs that are statewide resources.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue Contract with City of Portland Bureau of Housing and Community Development.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$485,760	\$694,823	\$376,077	\$820,453
Contractual Services	\$529,719	\$11,529,699	\$521,804	\$11,897,888
Materials & Supplies	\$7,949	\$5,965	\$3,165	\$10,408
Internal Services	\$143,991	\$38,109	\$145,078	\$55,008
Total GF/non-GF	\$1,167,419	\$12,268,596	\$1,046,124	\$12,783,757
Program Total:	\$13,436,015		\$13,829,881	
Program FTE	4.50	6.64	3.50	7.64

Program Revenues				
Indirect for Dept. Admin	\$14,384	\$0	\$15,023	\$0
Intergovernmental	\$0	\$12,268,596	\$0	\$12,783,757
Total Revenue	\$14,384	\$12,268,596	\$15,023	\$12,783,757

Explanation of Revenues

- \$ 183,162 - Healthshare of Oregon (Medicaid): Based on FY17 Medicaid Rates.
- \$ 231,700 - City of Portland, Bureau of Housing & Community Development
- \$ 33,543 - Washington County Older Adult Behavioral Health Coordination
- \$ 33,543 - Clackamas County Older Adult Behavioral Health Coordination
- \$ 12,301,809 - State Mental Health Grant based on 2015-2017 IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2017: 40074A 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) Renamed by the Oregon Health Authority (OHA) The Choice Model Program as of 7/1/16: 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. 665 individuals were served in FY16.

Program Summary

Mental Health and Addiction Services Division (MHASD) AMHI/Choice Model staff work with other MHASD units, OSH, OHA/Health Systems Division, 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/Choice Model 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 elements are quantified as Qualifying Events (QEs) in the Performance Measures.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Clients Served in AMHI	665	690	683	680
Outcome	Number of Qualifying Events ¹	532	575	525	525

Performance Measures Descriptions

¹ The contractual measure of performance includes total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living). Note: The Oregon Health Authority changed criteria parameters for Qualifying Events (QEs) to reflect newly established state goals for the program.

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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,007,312	\$0	\$1,049,409
Contractual Services	\$0	\$2,915,849	\$0	\$1,544,963
Materials & Supplies	\$0	\$5,130	\$0	\$8,467
Internal Services	\$0	\$225,231	\$0	\$240,916
Total GF/non-GF	\$0	\$4,153,522	\$0	\$2,843,755
Program Total:	\$4,153,522		\$2,843,755	
Program FTE	0.00	9.33	0.00	9.33

Program Revenues				
Indirect for Dept. Admin	\$52,328	\$0	\$47,852	\$0
Intergovernmental	\$0	\$2,790,559	\$0	\$2,843,755
Beginning Working Capital	\$0	\$1,431,591	\$0	\$0
Total Revenue	\$52,328	\$4,222,150	\$47,852	\$2,843,755

Explanation of Revenues

\$ 766,638 - Healthshare of Oregon (Medicaid): Based on FY17 Medicaid Rates.

\$ 2,077,117 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2015-2017 IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2017: 40075 Adult Mental Health Initiative (AMHI)

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$27,272,338	\$0	\$11,766,460
Total GF/non-GF	\$0	\$27,272,338	\$0	\$11,766,460
Program Total:	\$27,272,338		\$11,766,460	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$28,422,405	\$0	\$11,766,460
Total Revenue	\$0	\$28,422,405	\$0	\$11,766,460

Explanation of Revenues

\$ 11,766,460 - Healthshare of Oregon (Medicaid): Based on FY17 Medicaid Rates.

Significant Program Changes

Last Year this program was: FY 2017: 40076 Mental Health Services for Adults

This program offer is reduced by 15.06 FTE and \$1.9 million personnel expense, professional services, materials and supplies, and internal services for the management and administration of the Multnomah Behavioral Fund. The positions and related expenditures are budgeted in FY 2018 in Program Offer 40094-Medicaid Insurance Plan Administration and Operations.

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$1,113,897	\$146,368	\$1,169,766	\$0
Total GF/non-GF	\$1,113,897	\$146,368	\$1,169,766	\$0
Program Total:	\$1,260,265		\$1,169,766	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$146,368	\$0	\$0
Total Revenue	\$0	\$146,368	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40077 Mental Health Treatment & Medications for the Uninsured

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40077A-18
Program Characteristics: One-Time-Only Request

Executive Summary

This safety net program supports an array of services for more than 500 residents experiencing severe mental illness who are uninsured. The goal of the fund is to ensure that residents who have been incarcerated or hospitalized receive community-based treatment. This funding will support approximately 75 individuals.

Program Summary

The Mental Health and Addiction Services Division (MHASD) provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The Multnomah Treatment Fund provides recovery based services that prevent unnecessary hospitalization, incarceration, loss of housing, addiction relapse and engagement with Child Welfare. By providing intensive community-based treatment, consumers can continue to access natural supports that help prevent costly hospitalization, incarceration or loss of housing.

Services include individual and group therapy, case management, community outreach, housing assistance, medication management, dual diagnosis treatment, care coordination, and crisis intervention. Clients receiving services can be linked to other supports, including OHP benefits and health care through the county and contracted partners. Due to Medicaid eligibility requirements and limitations on Medicare services, some residents require this safety net program to receive access to needed services for recovery.

The Multnomah Treatment Fund protects consumers who need intensive treatment services to maintain stability in recovery. A reduction in funding would impact approximately 75 uninsured clients and place them at risk for incarceration and hospitalization. This one time offer for FY18 will allow MHASD to maintain current treatment service capacity while assessing the impact of changes at the state or federal level on the county's most vulnerable residents with persistent mental health issues.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total # of adults who received county-funded outpatient services or medication	588	550	648	550
Outcome	Hospitalizations Per 100 Uninsured Adults Served ¹	23.8	25	26.3	25

Performance Measures Descriptions

¹This measure represents the total number of hospitalizations for uninsured adults divided by the total number of uninsured adults served in outpatient settings or receiving medication paid for by Multnomah Treatment Funds (MTF).

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$150,000	\$0
Total GF/non-GF	\$0	\$0	\$150,000	\$0
Program Total:	\$0		\$150,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** 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 12-25 who demonstrate initial symptoms of psychosis, with the goal of developing a long-term recovery plan. EASA offers formal psychiatric treatment services, educational support, employment support and involves the young person's family in treatment. The program will provide services for approximately 160 referred persons.

Program Summary

The EASA team identifies young people experiencing the first episodes of psychosis and offers them a broad array of individualized treatment modalities 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, educational supports and peer support. These services are provided by a multidisciplinary team that includes a psychiatrist, a nurse, a supported employment specialist, 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 potential of long-term disabling consequences of psychosis.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total individuals enrolled in the EASA program receiving services	136	140	136	140
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	91%	75%	85%	80%
Output	Number of unduplicated individuals referred to the EASA program	198	170	203	170

Performance Measures Descriptions

¹ 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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,146,238	\$0	\$1,240,331
Contractual Services	\$0	\$330,200	\$0	\$185,960
Materials & Supplies	\$0	\$16,896	\$0	\$16,867
Internal Services	\$0	\$169,280	\$0	\$231,292
Total GF/non-GF	\$0	\$1,662,614	\$0	\$1,674,450
Program Total:	\$1,662,614		\$1,674,450	
Program FTE	0.00	10.32	0.00	11.04

Program Revenues				
Indirect for Dept. Admin	\$11,400	\$0	\$15,153	\$0
Intergovernmental	\$0	\$1,578,614	\$0	\$1,541,289
Service Charges	\$0	\$84,000	\$0	\$133,161
Total Revenue	\$11,400	\$1,662,614	\$15,153	\$1,674,450

Explanation of Revenues

\$ 193,667 - Health Share of Oregon (Medicaid): Based on FY17 Medicaid Rates.

\$ 133,161 - Fee For Service Insurance Receipts

\$ 11,760 - State Vocational Rehabilitation Award

\$ 1,335,862 - 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 2017: 40078 Early Assessment & Support Alliance

Department: Health Department **Program Contact:** David Hidalgo

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

Related Programs:
Program Characteristics:

Executive Summary

This program offer funds 1 FTE to perform mental health assessments of approximately 115 individuals receiving domestic violence-related services in Multnomah County, including at domestic violence shelters and the Gateway Center for Domestic Violence Services. Individuals receive additional mental health services such as; individual and group therapy, crisis intervention and case management.

Program Summary

Individuals who are receiving domestic violence-related services in Multnomah County receive on-site mental health assessments, including the four domestic violence shelters and the Gateway Center for Domestic Violence Services. The clinician who serves as a liaison between domestic violence, mental health, and additional providers travels to each of the shelters on a regular basis, and spends approximately two-thirds of the time at the Gateway Center. The clinician attends the appropriate domestic violence community meetings and events (such as the monthly Family Violence Coordinating Council meetings) and provides training to facilitate increased knowledge and understanding among the mental health and domestic violence providers. The clinician also carries a small caseload of uninsured consumers and provides evidence-based group services such as Seeking Safety and a domestic violence process group that supplements what is offered within the domestic violence settings.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of unique clients served annually ¹	115	152	122	122
Outcome	Percentage of clients reporting they are better able to make informed decisions.	99%	100%	100%	100%

Performance Measures Descriptions

¹ Reflects all MH services provided to unique individuals.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$67,000	\$0	\$67,000	\$0
Total GF/non-GF	\$67,000	\$0	\$67,000	\$0
Program Total:	\$67,000		\$67,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2017: 40079 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 and Treatment 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. The continuum of services for at risk children includes: Early Childhood Mental Health Prevention and Treatment Services at Head Start, Multnomah Early Childhood Program (MECP), Health Department Maternal Child and Family Services, and Child Abuse Mental Health Services at CARES NW provided by Multnomah County Direct Clinical Services. 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/group therapy, skill building and medication management. Care is coordinated with allied partners including Child Welfare, MECP, Head Start, Developmental Disabilities, Dept of Community Justice-Juvenile Services, Wraparound, School Based Mental Health and Physical Healthcare to ensure the best outcomes for children and youth. Prevention services to promote the development of healthy attachments and positive parenting practices are culturally responsive to ensure supports are accessible and relevant to all children and families served programs promote educational success and keep vulnerable children in home with their families, stable foster care, or with other long-term caregivers. Early Childhood Mental Health and Head Start programs provide prevention and treatment for 3,644 children, and address needs before a higher level of care is needed. As of 1/1/2016, culturally specific treatment services for Latino and African American children delivered to increase success at home and reduce the likelihood of expulsion from Head Start.

CARES NW, a child abuse mental health program, reduces the trauma of 1,042 vulnerable children and their families. In turn, this reduces 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. The service array aligns with goals of the School Aged Policy Frameworks and Early Learning Multnomah: school readiness, strengthening families, and promoting educational success for children at risk for or with mental illness.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total children receiving outpatient services ¹	4,222	4,671	4,179	4,200
Outcome	% of children demonstrating improvement in their global distress score ²	67.5%	82.5%	74.5%	75%
Output	Total children (0-6) receiving prevention services ³	3,644	5,600	3,600	3,600
Output	Numbers of children enrollment in early childhood culturally specific treatment services (NEW)	na/-	na/-	na/-	48

Performance Measures Descriptions

¹ Measure is # of unduplicated children and youth ages 0-20, with at least one reported mental health treatment encounter in any outpatient service. Multnomah Mental Health, and Multnomah Treatment Fund (MTF) claims data.

² ACORN is short/frequent survey for clients to rate symptoms. Global distress score is average score of all items on survey.

³ Reduced number served due to FTE change at MECP. FTE reallocated to provide culturally specific early childhood treatment services.

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
Program Expenses	2017	2017	2018	2018
Personnel	\$1,573,856	\$528,687	\$1,441,524	\$538,523
Contractual Services	\$111,432	\$11,286,577	\$142,340	\$1,539,347
Materials & Supplies	\$420	\$22,469	\$73	\$21,005
Internal Services	\$73,283	\$194,044	\$132,460	\$93,244
Total GF/non-GF	\$1,758,991	\$12,031,777	\$1,716,397	\$2,192,119
Program Total:	\$13,790,768		\$3,908,516	
Program FTE	13.20	4.30	11.95	4.30

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$9,360	\$0
Intergovernmental	\$0	\$12,051,778	\$0	\$2,143,447
Service Charges	\$111,432	\$121,244	\$111,432	\$48,672
Total Revenue	\$111,432	\$12,173,022	\$120,792	\$2,192,119

Explanation of Revenues

- \$ 1,518,347 - Health Share of Oregon (Medicaid): Based on FY17 Medicaid Rates.
- \$ 111,432 - Federally Qualified Health Centers Medicaid Wraparound Funds
- \$ 224,725 - Head Start Contracts
- \$ 48,672 - Fee For Services Insurance Receipt
- \$ 400,375 - 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 2017: 40080 Community Based MH Services for Children & Families

In FY 2017, MHASD Direct Clinical Services Early Childhood Team transitioned two mental health consultant prevention positions to provide early childhood culturally specific treatment services (African American and Spanish speaking population).

This program offer is reduced by 1.67 FTE and \$690,000 personnel expense, professional services, materials and supplies, and internal services for the management and administration of the Multnomah Behavioral Fund. The positions and related expenditures are budgeted in FY 2018 in Program Offer 40094-Medicaid Insurance Plan Administration and Operations.

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

Executive Summary

Youth Care Coordination provided through Multnomah Wraparound and Intensive Care Coordination (ICC) follow 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 for children in need of intensive mental health services including SCIP/SAIP, Psychiatric Residential Treatment Services, Psychiatric Day Treatment Services, Home Based Services, Crisis Stabilization (hospital diversion), Mental Health Respite and Care Coordination.

Program Summary

Multnomah Wraparound and ICC is funded by Oregon Health Plan via contract with Health Share of Oregon 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 200 children, youth and families are engaged in multi-system coordination at any given time.

Multnomah Wraparound and ICC address system issues by identifying trends and implementing a cross system strategic plan through a multi-tiered System of Care governance framework. The governance framework builds partnerships to facilitate planning, decision making and oversight. It also 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 ICC utilize Mental Health Treatment Services, flex funding, and community resources to meet the needs of families, monitors quality assurance, conducts utilization management, and evaluates service effectiveness. Multnomah Wraparound and ICC ensure policies and procedures are culturally competent and services are compatible with the families' cultural beliefs, practices, literacy skills and language.

Multnomah Wraparound and ICC screen approximately 270 children per year for intensive services and care coordination. Multnomah Wraparound facilitate 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 both formal and 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of unique children served in Youth Care Coordination ¹	390	390	390	390
Outcome	% of children who are meeting their goals on Wraparound service plan ²	71.6%	84%	78.3%	84%
Outcome	% of families completing a Wraparound WFI-EZ survey ³	9%	81%	30%	33%
Output	Number of unique children screened for Youth Care Coordination eligibility	258	270	235	270

Performance Measures Descriptions

¹ Measure updated to include all Youth Care Coordination enrollments (Wraparound and Intensive Care Coordination).

² Wrap-Track State Database (Fidelity EHR) Mean Total Satisfaction Score from Wraparound WFI-EZ.

³ Note: Reduction in survey responses reflect a mid-year correction which includes a person-centered completion process. New percentage in alignment with statewide return rates.

Legal / Contractual Obligation

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$2,500,310	\$0	\$2,562,349
Contractual Services	\$0	\$183,566	\$23,236	\$1,139,596
Materials & Supplies	\$0	\$15,967	\$0	\$10,248
Internal Services	\$0	\$620,484	\$0	\$677,316
Total GF/non-GF	\$0	\$3,320,327	\$23,236	\$4,389,509
Program Total:	\$3,320,327		\$4,412,745	
Program FTE	0.00	22.92	0.00	22.67

Program Revenues				
Indirect for Dept. Admin	\$235,919	\$0	\$242,578	\$0
Intergovernmental	\$0	\$3,320,327	\$0	\$4,389,509
Total Revenue	\$235,919	\$3,320,327	\$242,578	\$4,389,509

Explanation of Revenues

\$ 3,731,420 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 172,656 - Community Mental Health Block Grant

\$ 485,433 - 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 2017: 40081 Multnomah Wraparound

Outcome measures and tracking – At the direction of AMH, MOTS discontinued for Wraparound sites and the BERS/CPRS system was discontinued as of December 31st, 2016. AMH proposed the WFI-EZ as a primary fidelity tool. The low return rate of the WFI-EZ across the region prompted a mid-course correction on the data collection processes. Return rates improved significantly at the end of CY 2016 and is now in line with return rates around the state. CANS (Child and Adolescent Needs and Strengths – Praed Foundation) will be implemented as the primary outcome tool in 2017. CANS was piloted in Wraparound programs across the region in the fall 2016. A new version of the e-CANS (automated tracking) is planned for early 2017, with a tentative initial launch date across regional Wraparound sites of Spring 2017.

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 1,600 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 1600 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. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority. Cultural alignment with the students served, increases therapeutic alliance which assists with addressing challenges to school attendance, contributes to school completion which is a strong indicator for lifelong economic well being and improved health. 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 for all the needs that are identified. School Based Mental Health Consultants provided 1,700 hours of Prevention, Education and Outreach to over 6,000 students, school staff or families.

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.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total unduplicated children receiving mental health services	1,600	1,700	1,514	1,700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	57%	60%	60%	65%

Performance Measures Descriptions

¹ 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. The percentage is the number of clients reporting significantly improved or somewhat improved.

Legal / Contractual Obligation

Revenue contracts with school districts.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,036,565	\$1,558,914	\$1,133,908	\$1,565,720
Materials & Supplies	\$8,857	\$1,129	\$14,730	\$3,166
Internal Services	\$311,284	\$96,293	\$308,238	\$253,874
Total GF/non-GF	\$1,356,706	\$1,656,336	\$1,456,876	\$1,822,760
Program Total:	\$3,013,042		\$3,279,636	
Program FTE	9.04	13.14	9.39	12.83

Program Revenues				
Indirect for Dept. Admin	\$26,848	\$0	\$37,087	\$0
Intergovernmental	\$0	\$1,456,337	\$0	\$1,522,759
Service Charges	\$137,265	\$199,999	\$139,828	\$300,001
Total Revenue	\$164,113	\$1,656,336	\$176,915	\$1,822,760

Explanation of Revenues

- \$ 139,828 - Federally Qualified Health Center Medicaid Wraparound payments
- \$ 195,492 - Local Public Health Agency IGA with State of Oregon for School Based Clinics
- \$ 22,500 - Parkrose School District
- \$ 75,005 - Centennial School District
- \$ 300,001 - Fee for Service Insurance Receipts
- \$ 177,005 - Portland Public Schools
- \$ 1,052,757 - 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 2017: 40082 School Based Mental Health Services

Department: Health Department **Program Contact:** William Baney
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40082
Program Characteristics:

Executive Summary

This offer is an enhancement of case management and psychiatric consultation services. The Educational system needs help problem solving and identifying resources to increase attendance and reduce emotional/behavioral issues that interfere with educational goals. This program will provide assistance with coordinating services/supports, and advocating for students suffering from mental health issues. This service will work to ensure students seriously affected by mental illness are connected with the appropriate supports they need to remain in and perform successfully in school.

Program Summary

Mental health case management services is a crucial service, as many students who suffer with mental health issues have a complex array of needs. The School Based Mental Health program continues to recognize the ongoing need for culturally specific/responsive mental health services and supports. Cultural alignment with the students served, increases therapeutic alliance which assists with addressing challenges to school attendance, contributes to school completion which is a strong social determinant for lifelong economic well being and improved health. 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 for all the needs that are identified. Case management services will work to improve linkage with Education, SUN, Health/MH and culturally specific social services through regional/cluster type meetings and formalize this linkage through an MOU. Case Management will provide initial outreach to assess the needs of students and families. Case managers will use a strengths/needs assessment to develop targeted interventions that may or may not be mental health. The scope of case management services includes school attendance and social skills training, outreach/prevention efforts, summary information to schools for educational planning purposes, home visits and care coordination.

Case managers accept referrals from schools to make home/shelter visits to assess barriers to school participation: Barriers may include language, culture, food, housing, clothing, refugee or immigration status, learning disabilities, income, parental experience of education systems or mental health. The case manager would function as a point person to refer and assist with acquiring resources or connecting the family with the school and communicating with the school around barriers the family is experiencing.

The child psychiatric consultation services will work with the school districts to implement trainings that can be targeted to the population needs seen in the schools with a focus on the early childhood population.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total unduplicated children receiving case management services services				90
Outcome	Percentage served who have satisfactory or improved academic attendance				80%
Output	Number of psychiatric - mental health trainings provided to individual school districts				4

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$295,572	\$0
Total GF/non-GF	\$0	\$0	\$295,572	\$0
Program Total:	\$0		\$295,572	
Program FTE	0.00	0.00	3.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** 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. 785 people were trained in FY16.

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 FY17, we estimate that 160 community members will have been trained in ASIST.

In FY17, we estimate that 650 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY18, 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of individuals trained in Mental Health First Aid and ASIST ¹	785	775	775	650
Outcome	% of individuals who report greater understanding of mental illness.	90%	88%	88%	88%

Performance Measures Descriptions

¹ Reduction in number of individuals trained due to reduction in budget.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$93,400	\$0	\$98,036	\$0
Contractual Services	\$40,000	\$0	\$46,473	\$0
Materials & Supplies	\$21,295	\$0	\$21,000	\$0
Internal Services	\$16,371	\$0	\$23,894	\$0
Total GF/non-GF	\$171,066	\$0	\$189,403	\$0
Program Total:	\$171,066		\$189,403	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues**Significant Program Changes**Last Year this program was: FY 2017: 40083 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 897 indigent individuals received services in FY16.

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 decreases the need for crisis services, hospitalization and/or unnecessary involvement in the criminal justice system.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total culturally diverse individuals receiving services ¹	897	735	934	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.9	3.2	4.1	4.1

Performance Measures Descriptions

¹ This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. ² Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2015.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$1,567,513	\$0	\$1,618,420	\$0
Total GF/non-GF	\$1,567,513	\$0	\$1,618,420	\$0
Program Total:	\$1,567,513		\$1,618,420	
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 2017: 40084 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 program supports approx. 2,000 people per year and consists of outpatient and residential treatment for un- or under-insured adult residents; medication management; and recovery support services. With a program for homeless individuals with complex behavioral health problems such as severe addiction; and care coordination, to assist high utilizers of detox and hospitals in accessing better treatment options. Research shows every \$ invested in addiction treatment yields a cost offset of nearly \$11.00 in publicly supported services.

Program Summary

The Oregon Health Authority estimates 300,000 Oregonians have a substance use disorder that remains untreated, 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 or neglect even when people continue to struggle with their disease.

Treatment helps clients shift from ambivalence or 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 scheduling permits a client to work, go to school, attend job training, socialize in the community, and otherwise carry on a normal life. Residential treatment provides intensive and stabilizing services with clients living in the treatment center for at least part of their course of care, usually for two to six months. Clients needing this level of care often have multiple failures in outpatient treatment, often related to the severity and length of their addiction, as well as risk factors like chronic unemployment and housing problems. Recovery support facilitates ongoing clean and sober social activities for clients and their families and provides an avenue for recovering people to give back to the community.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number served in treatment (all levels of care)	2,450	1,856	1,990	1,856
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	48%	45%	48%	45%

Performance Measures Descriptions

Performance measures reflect the continuation towards more intensive services for a fewer number of individuals with higher-level needs, and an increase in recovery support services separate from treatment. Recently implemented County reporting methods and State MOTS data have led to continually adjusting estimates. ¹"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, historically at an approximate 45% rate.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and 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	2017	2017	2018	2018
Personnel	\$207,597	\$689,540	\$92,868	\$652,450
Contractual Services	\$2,536,792	\$11,294,700	\$2,327,386	\$7,062,008
Materials & Supplies	\$0	\$13,077	\$4,694	\$6,933
Internal Services	\$0	\$223,773	\$88,017	\$85,468
Total GF/non-GF	\$2,744,389	\$12,221,090	\$2,512,965	\$7,806,859
Program Total:	\$14,965,479		\$10,319,824	
Program FTE	1.50	6.35	0.65	5.70

Program Revenues				
Indirect for Dept. Admin	\$57,245	\$0	\$21,238	\$0
Intergovernmental	\$0	\$12,607,366	\$0	\$7,806,859
Total Revenue	\$57,245	\$12,607,366	\$21,238	\$7,806,859

Explanation of Revenues

- \$ 259,438 - Healthshare of Oregon (Medicaid): Based on FY17 Medicaid Rates
- \$ 773,300 - Local 2145 Beer and Wine Tax
- \$ 170,576 - TANF A&D67 Award
- \$ 56,000 - Stop ACT Grant
- \$ 499,998 - OHA Peer Delivered Services
- \$ 2,914,634 - SAPT Block Grant

Revenue below is from the State Mental Health grant based on 2015-2017 IGA with State of Oregon

- \$ 275,100 - State Mental Health Grant: Adult Substance Use Disorder Residential Treatment
- \$ 431,649 - State Mental Health Grant: Supported Capacity for Dependent Children
- \$ 381,534 - State Mental Health Grant: Peer Delivered Services

Significant Program Changes

Last Year this program was: FY 2017: 40085 Adult Addictions Treatment Continuum

In FY 2017 this program offer included 5.50 FTE and \$580,000 personnel expense, professional services, materials and supplies, and internal services for the management and administration of the Multnomah Behavioral Fund. The positions and related expenditures are budgeted in FY 2018 in Program Offer 40094-Medicaid Insurance Plan Administration and Operations.

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Law Enforcement Assisted Diversion (LEAD) is a new innovative pilot program developed to address low-level drug street crime in downtown Portland. The goal of LEAD is to improve community health and safety by using a harm reduction and assertive engagement model and coordinating with law enforcement.

Program Summary

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program that allows police officers to redirect low-level offenders engaged in drug activity to community-based services instead of jail and prosecution. This program focuses on low-level misdemeanor and felony drug possession crimes. LEAD is modeled after a similar program by the same name in Seattle, WA. The Seattle program has been thoroughly evaluated and found to reduce crime (and associated costs) and improve participant outcomes like employment, housing, and health. LEAD has also been identified as an effective strategy to reduce racial/ethnic disparities as individuals of color navigate between Substance Use Disorder (SUD) problems and legal involvement.

This diversion program is based on the collaboration between arresting officers with the Portland Police Bureau and Community-based case managers. The goal is to engage individuals during pre-arrest in efforts to provide support and resources for basis needs and SUD treatment versus coming into the criminal justice system.

LEAD eligibility is determined by the Portland Police Bureau Street Crimes Unit and Bicycle patrols in the downtown neighborhood of the City of Portland. There may be additional law enforcement assistance/referral with the TriMet Police Patrol, Multnomah County Sheriff's Office as well. Eligible individuals will then be connected with a LEAD intensive case manager. Case managers, based at a community provider will then be responsible for brokering all services needed or requested by eligible individuals. All determining factors, criteria for LEAD eligibility, data collection criteria, etc. are provided by the policy team for LEAD and adjusted as needed to adhere to the policy.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of referred eligible diverted participants who are screened	na/-	na/-	na/-	100%
Outcome	Participants with an assessed need and service plan will meet at least one primary need within 6 months	na/-	na/-	na/-	65%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$750,000	\$0
Total GF/non-GF	\$0	\$0	\$750,000	\$0
Program Total:	\$0		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** 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 2015-2016 data the county's community-based providers treated approximately 243 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 2015-2016, 209 gamblers enrolled in treatment. As noted, family participation is important, and 34 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 College, Volunteers of America InAct, Cascadia Behavioral Healthcare, OHSU, Empowerment Clinic and Voices of Problem Gambling Recovery (VPGR). Culturally specific, African American services are available in this network of providers. There is a current gap in available latino culturally specific gambling treatment in the Tri-County region, which Lewis and Clark College is currently in direct discussions with the State and Tri-Counties to remedy this system gap.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	243	360	350	350
Outcome	Gambler successful treatment completion rate ²	35.4%	50%	45%	50%

Performance Measures Descriptions

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

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$17,905	\$0	\$18,797
Contractual Services	\$0	\$770,000	\$0	\$778,708
Materials & Supplies	\$0	\$1,595	\$0	\$2,203
Internal Services	\$0	\$0	\$0	\$11,293
Total GF/non-GF	\$0	\$789,500	\$0	\$811,001
Program Total:	\$789,500		\$811,001	
Program FTE	0.00	0.15	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$789,500	\$0	\$811,001
Total Revenue	\$0	\$789,500	\$0	\$811,001

Explanation of Revenues

\$ 21,000 - State Mental Health Grant: Local Administration - Addictions Services based on 2015-2017 IGA with State of Oregon.

\$ 790,001 - 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 2017: 40086 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 addresses risk and protective factors for youth substance use that can lead to alcohol and drug abuse and addiction. These State-funded efforts include prevention education, positive youth development activities, community initiatives and support for schools and parents. The County also receives targeted federal funding to support a community coalition initiative to prevent substance abuse and underage drinking among youth 18 and under.

Program 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 structured after-school program for public housing residents is a long-standing collaboration with Home Forward, providing afternoon and evening services offering on-site homework help, socializing and skill-building activities to youth and families who live in public housing. The structured services at Home Forward housing sites also include tutoring, mentoring and family-support home visits, primarily serving children and youth between 5-14 years old. These activities promote school success, family bonding, improved parenting skills and youth life skills. By directly addressing community risk and protective factors, prevention reduces multiple problem behaviors and improves outcomes for children and families.

The Multnomah County prevention program builds partnerships with collaborative community partners and local prevention coalitions, using natural helpers, volunteer organizations, professionals and cultural mentors to promote developmental assets and academic achievement.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Youth served by substance abuse prevention services and programming ¹	277	275	275	275
Outcome	Youth attendees/participants with improved attitudinal, educational and/or behavioral outcomes ²	na/-	75%	75%	75%

Performance Measures Descriptions

¹ The FY18 output measure is based on previous program goals, to be revised as needed upon selection of subcontracted program provider.

² FY18 outcome measure is based on previous FY18 program goals, to be determined by prevention programming requested by participating schools, community organizations and other prevention partners. The FY16 Actual outcome measure is not applicable because its two outcomes are incompatible with the single new FY18 offer outcome.

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. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA, we are obligated to spend funds in accordance with regulations regarding State Service Elements A&D 70 (Prevention Services).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$110,599	\$0	\$113,853
Contractual Services	\$0	\$206,399	\$0	\$393,068
Materials & Supplies	\$0	\$4,970	\$0	\$4,850
Internal Services	\$0	\$2,783	\$0	\$11,977
Total GF/non-GF	\$0	\$324,751	\$0	\$523,748
Program Total:	\$324,751		\$523,748	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$324,751	\$0	\$523,748
Total Revenue	\$0	\$324,751	\$0	\$523,748

Explanation of Revenues

- \$ 282,145 - Oregon Healthy Authority. Federal SAPT block grant and State general funds.
- \$ 200,000 - OHA African American Behavioral Health Grant.
- \$ 41,603 - State Mental Health Grant - Prevention Services.

Significant Program Changes

Last Year this program was: FY 2017: 40087 Addiction Services Alcohol & Drug Prevention

The substance abuse prevention program has focused its services to help build prevention capacity and offer prevention programming to schools and communities. This brings the substance abuse prevention program and the Big Village coalition in closer alignment.

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 FY16; Community Court: 980, Forensic Diversion: 346, Mental Health Court: 87.

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 41 new participants in FY16.

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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	# of participants in Community Court	980	1,100	904	1,000
Outcome	% of participants in good standing or have successfully completed services	53%	60%	54%	55%
Output	# of participants engaged with Forensic Diversion	346	450	390	400
Outcome	% of participants engaged with Forensic Diversion	70%	70%	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
Program Expenses	2017	2017	2018	2018
Personnel	\$215,991	\$1,033,990	\$472,338	\$1,167,191
Contractual Services	\$291,999	\$208,022	\$0	\$1,157,322
Materials & Supplies	\$0	\$3,119	\$1,070	\$15,794
Internal Services	\$0	\$192,570	\$90,283	\$122,923
Total GF/non-GF	\$507,990	\$1,437,701	\$563,691	\$2,463,230
Program Total:	\$1,945,691		\$3,026,921	
Program FTE	2.00	9.20	4.00	11.00

Program Revenues				
Indirect for Dept. Admin	\$7,212	\$0	\$22,292	\$0
Intergovernmental	\$0	\$1,437,701	\$0	\$2,463,230
Total Revenue	\$7,212	\$1,437,701	\$22,292	\$2,463,230

Explanation of Revenues

\$ 384,998 - Multnomah Behavioral Health Treatment Court (MBHTC) federal grant from SAMHSA

\$ 2,078,232 - 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 2017: 40088 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

Alcohol and drug detoxification, or medically monitored withdrawal management, medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol and drug treatment and connects them to other services needed to resolve homelessness and health issues. There are approximately 2,400 admissions to detox services annually. Supportive Housing targets homeless addicted individuals who have completed detoxing from substances, providing additional engagement and stability to enhance outcomes of continued treatment.

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. Services are also provided in an integrated medical clinic with primary care and dual-diagnosis capability and include culturally specific considerations for African American and Latino populations. 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.

Supportive Housing (\$29/day) is an evidence-based, lower-cost resource when compared to either inpatient (up to \$900/day) or residential treatment (\$124/day), and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of admissions annually to detoxification ¹	2,559	2,400	2,564	2,400
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	90%
Output	Number of individuals receiving supportive housing ²	133	168	168	168

Performance Measures Descriptions

¹ An admission is a person completing the admission process. There can be multiple admissions per individual.

² Average length of stay in supportive housing is 14-15 weeks. Our outcome measures reflect the annual utilization rate (Measure 2) and estimated annual number of individuals housed (Measure 3).

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	2017	2017	2018	2018
Contractual Services	\$1,747,560	\$1,296,616	\$1,798,612	\$1,296,616
Total GF/non-GF	\$1,747,560	\$1,296,616	\$1,798,612	\$1,296,616
Program Total:	\$3,044,176		\$3,095,228	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,296,616	\$0	\$1,296,616
Total Revenue	\$0	\$1,296,616	\$0	\$1,296,616

Explanation of Revenues

\$ 1,226,409 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon.
\$ 70,207 - 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 2017: 40089 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. Annually approximately 90 families receive housing supports in family-focused recovery housing communities.

Program Summary

Youth alcohol and drug treatment focuses on the developmental issues of youth up to age 18, to intervene in and mitigate 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 un- and under-insured, and youth-focused recovery support services.

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 un- or under-insured 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 dual diagnosis needs.

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 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households that received rent assistance	75	75	75	75
Outcome	Exiting families that move into long-term permanent housing	52%	52%	52%	54%
Output	Number of families that received housing coordination services	94	105	90	90

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. Measures 1 & 3 have been adjusted to reflect accurately reflect expectations.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$205,000	\$795,779	\$211,709	\$640,709
Total GF/non-GF	\$205,000	\$795,779	\$211,709	\$640,709
Program Total:	\$1,000,779		\$852,418	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$795,779	\$0	\$640,709
Total Revenue	\$0	\$795,779	\$0	\$640,709

Explanation of Revenues

\$ 24,700 - Local 2145 Beer & Wine Tax

\$ 275,100 - SAPT Block Grant

\$ 340,909 - 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 2017: 40090 Family & Youth Addictions Treatment Continuum

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 Family Involvement Team (FIT) for Recovery program is a collaborative effort with Oregon Department of Human Services/Child Welfare, alcohol and drug treatment providers, social service agencies, and the Family Dependency Court. In FY16, the FIT for Recovery program connected 272 unique individuals with addictions treatment and provided enhanced services to assist clients to successfully complete treatment and maintain recovery.

Program Summary

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who may have a substance use disorder and be in need of treatment. Volunteers of America outreach workers, located at Multnomah County DHS offices, begin working with the families ensuring the parent and/or the parent and child are screened and ready to enter treatment.

Once in treatment, case managers at the treatment agencies provide the family with support services including case management, family therapy, and family recovery services to assist the parent/family in being successful in treatment and recovery. By accepting services, parents are demonstrating to the State that they recognize that drugs or alcohol are affecting their ability to parent.

FIT partners include: DHS Child Welfare, Family Dependency Court, Cascadia Behavioral Healthcare, CODA, Inc., Lifeworks NW, Central City Concern, Volunteers of America, Oregon and their Family Recovery Support/Miracles partnership, NARA, Inc., Empowerment Clinic, Miracles Club, Raphael House and Morrison Center.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of FIT Triage starts per year ¹	731	100	800	800
Outcome	Average monthly number of clients in treatment ²	272	200	250	200

Performance Measures Descriptions

¹ Measure changed to annual measure to more accurately capture total triages per year vs. FY17 "Average of FIT Triage starts per month", resulting in increased estimate.

² Due to changes in ASAM placement criteria, expansion of Peer Delivered Services, Coordination of Care, there has been an increase in individuals being referred to more levels of treatment at different access points.

Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$855,446	\$0	\$1,129,910
Total GF/non-GF	\$0	\$855,446	\$0	\$1,129,910
Program Total:	\$855,446		\$1,129,910	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$855,446	\$0	\$1,129,910
Total Revenue	\$0	\$855,446	\$0	\$1,129,910

Explanation of Revenues

\$ 1,129,910 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on 2015-2017 IGA with the State.

Significant Program Changes

Last Year this program was: FY 2017: 40091 Family Involvement Team

Legal / Contractual Obligation

Risk Accepting Entity contract with Health Share of Oregon CCO.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$2,205,184	\$0	\$2,697,791
Contractual Services	\$0	\$2,856,605	\$0	\$137,705
Materials & Supplies	\$0	\$3,471	\$0	\$2,721
Internal Services	\$0	\$724,413	\$0	\$635,608
Total GF/non-GF	\$0	\$5,789,673	\$0	\$3,473,825
Program Total:	\$5,789,673		\$3,473,825	
Program FTE	0.00	21.40	0.00	24.40

Program Revenues				
Indirect for Dept. Admin	\$163,672	\$0	\$253,478	\$0
Intergovernmental	\$0	\$4,043,457	\$0	\$3,473,825
Total Revenue	\$163,672	\$4,043,457	\$253,478	\$3,473,825

Explanation of Revenues

\$ 3,452,596 - Healthshare of Oregon (Medicaid): Based on FY17 Medicaid Rates

\$ 21,229 - 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:

The positions and expenditures in this program offer were budgeted in FY 2017 in Program Offer 40076-Mental Health Services for Adults, Program Offer 40080-Community Based MH Services for Children & Families and 40085 Adult Addictions Treatment Continuum in order to bring together the existing management and administration of the Multnomah Behavioral Fund.

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40050-40051
Program Characteristics:

Executive Summary

Corrections Health provides round-the-clock mental health support to over 1,100 detainees of the Multnomah County jails. Corrections Health nurses provides over 1,800 intake screenings to incoming detainees each month. Thirty percent of those incoming detainees had identified serious mental health issues, often with concurrent substance use concerns. This additional staffing will allow for more rapid mental health assessments at MCDC booking and reception.

Program Summary

In 2016, thirty percent of detainees had serious mental health issues, often with concurrent substance use concerns. This additional staffing will allow for more rapid mental health professional assessment, more efficient coordination of services, including provider assessment and medication prescription, and improved facilitation of discharge planning when appropriate.

This program offer adds mental health consultants, who in combination with existing staff, will provide 7 day/week mental health coverage at MCDC. This will fill in a current gap in the mid-shift (afternoon to evening) time to respond to mental health challenges entering the jail through transfers from other counties, Oregon State Hospital returns, and other booked detainees. The mental health consultants would facilitate discharge planning for those released on recognizance, facilitate housing in mental health units if appropriate and coordinate medication needs, working in conjunction with the nurses in the reception area. In addition, they would assist in identification and facilitation of provider assessment soon after booking, so that individuals with mental health needs would receive more efficient follow up and medication support.

An additional Nurse Practitioner will support both MCDC and Inverness Jail general clinics. Current staffing does not allow for Monday through Friday support at MCDC. This will also reduce the use of on-call staffing to cover for providers who are sick or on vacation.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Average # of Reception Screening (Entry Progress Forms) completed in a month				150
Outcome	% of screenings resulting in a referral to the mental health team per year				75%

Performance Measures Descriptions

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase 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	2017	2017	2018	2018
Personnel	\$0	\$0	\$335,868	\$0
Total GF/non-GF	\$0	\$0	\$335,868	\$0
Program Total:	\$0		\$335,868	
Program FTE	0.00	0.00	3.00	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 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 detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

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:

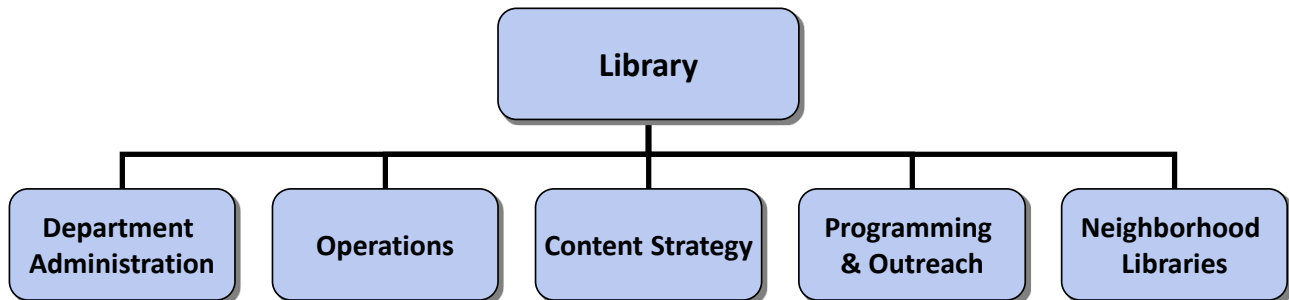
- Free access for all
- A trusted guide for learning
- The leading advocate for reading

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 FY 2018 Adopted budget is \$80,098,876, a \$3.7 million increase from the FY 2017 Adopted budget. Library operations are funded exclusively through the independent Multnomah County Library District, which was enacted by voters in 2012. Changes from FY 2017 include an extensive reorganization of program offers to transition the Central, Regional, and Neighborhood Libraries into geographically-based groups, and efforts to prepare for future capital needs.

The Library’s FY 2018 adopted expenditures of \$80.1 million represents a 5% increase over FY 2017. The Library has made no major programmatic changes in this budget. Notable budgetary changes include:

- Program offers for Operations Division Management (80012) and the new Contact Center (80005) have been broken out into standalone program offers. Both the department reorganization and the creation of the Contact Center were implemented in FY 2017.
- The Rockwood Makerspace (80004) has added a 0.50 FTE Library Assistant to better address demand for services.

The Library District will be in its fifth year of existence, and has maintained the original tax rate of \$1.18 per \$1,000 of assessed value. Lower than expected compression and higher than expected assessed value growth in Multnomah County resulted in revenues 1% higher than expected in FY 2018. 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 2016	FY 2017	FY 2017	FY 2018	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	527.50	536.40	535.20	539.70	4.50
Personnel Services	\$44,856,133	\$49,367,262	\$49,147,765	\$50,908,365	\$1,760,600
Contractual Services	2,138,077	1,963,916	2,044,605	1,691,163	(353,442)
Materials & Supplies	9,824,307	11,112,078	11,198,180	11,777,603	579,423
Internal Services	14,171,373	13,986,613	13,983,069	15,721,745	1,738,676
Capital Outlay	<u>48,611</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$71,038,501	\$76,429,869	\$76,373,619	\$80,098,876	\$3,725,257

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 and the continued support of its community, the library continues new and innovative work to advance its strategic priorities in service to every member of the community.

As Fiscal Year 2017 began, Multnomah County Library engaged over 114,000 young people in its Summer Reading Program, welcoming back thousands of young people and their families after the library ended the practice of assessing late fines for youth materials and accounts. The library undertook this effort with the support of the Library District Board, seeking to remove barriers and increase access during a critical time of learning and development for families in some of the highest poverty areas the library serves.

In addition, FY 2017 marked the beginning of a comprehensive capital planning process to envision library spaces in short and long-range terms to better serve the changing community. This effort included a broad community engagement effort to place the needs and aspirations of people and their communities first, with more than 3,500 individual engagements to inform and shape that effort. Later phases of the project include analysis of that feedback and development of a report to identify strategies and frameworks for future space planning and development, which will appear before the Library District Board this year.

The library created a new and simpler way for patrons to get help with information, account questions or any of the library's resources by launching a new Contact Center in FY 2017. The Contact Center reduces the number of phone transfers, offers faster connection to library resources and consolidates numerous points of entry, by phone, email, chat and the web.

The library continues to efforts to maintain safe and welcoming spaces. In FY 2017, the library added a new classification, Library Safety Officer, to provide coverage at five locations. These staff members received extensive training and are now integral staff members, providing support for patrons experiencing difficulty and for staff members enforcing behavior rules.

The library's FY 2018 budget proposal reorganizes seven divisions into five to better align workgroups, focus operational roles and better meet evolving patron needs. New divisions include Neighborhood Libraries (combines Central Library and Neighborhood Libraries); Programming and Outreach (combines Youth Services and Programming & Community Outreach); Content Strategy (combines Collections & Technical Services, Systemwide Access & Information Services, Marketing + Online Engagement program offer); Operations (combines several program offers). Systemwide Access & Information Services is disbanded and absorbed into Department Administration; Operations and Content Strategies divisions.

Diversity and Equity

Multnomah County Library is committed to the goals of equity, inclusion and sustaining a workforce that reflects the community it serves. FY 2017 marked the addition of the library’s first Equity and Inclusion Manager, reporting to the Director of Libraries. This new office will lead the library’s ongoing efforts to better serve its diverse community and support staff members in their work to provide culturally and linguistically relevant service.

In November, 2017, the library hosted its first Staff Day in three years. The daylong event focused on diversity, equity and inclusion. Visionary speakers and community voices led presentations and conversations with staff around a robust set of challenges and topics related to these issues. Through programs, activities and dialogue, staff members embraced new and challenging conversations that will help the library in this work and reflection.

The library increased its outreach in recruiting to a diverse pool of potential applicants in FY 2017. These activities included in-person recruitment efforts at American Library Association conferences in Orlando and Atlanta. The library added a new African American cultural competency to Access Services Assistant positions in numerous locations to reflect and serve the community. The library recruited for and filled the following positions in FY 2017: African American cultural competency Youth Librarian; African American cultural competency Library Assistant; Bilingual Spanish Central Librarian; Bilingual Spanish Youth Librarian (trainee); Bilingual Spanish Library Assistant; Bilingual Spanish Access Services Assistant; and Equity and Inclusion Manager.

As a founding member of the Digital Inclusion Network, the library filled the position of Digital Inclusion Fellow (funded in part by NTEN/Google).

Budget by Division

Division Name	FY 2018 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$1,819,702	\$1,819,702	10.00
Operations	0	8,183,499	8,183,499	58.95
Content Strategy	0	21,830,774	21,830,774	42.25
Programming & Outreach	0	5,731,966	5,731,966	37.00
Neighborhood Libraries	0	42,532,935	42,532,935	391.50
Total Library	\$0	\$80,098,876	\$80,098,876	539.70

Department Administration

Department Administration provides executive leadership and strategic vision for the library system; connects the community with library materials and services; and develops and leads proactive equity and inclusion initiatives.

The Director's Office works with elected leaders, stakeholders, residents and staff to ensure that library services meet the needs of Multnomah County residents; provides timely and helpful communication about the library to the public and library staff; develops policies and procedures to help people use library services; and ensures that the library provides relevant information and exceptional customer service to patrons.

Equity and Inclusion champions the library's effort to reflect and serve a diverse community through proactive equity and inclusion initiatives.

Significant Changes

Due to the FY 2018 reorganization, most of the operational program offers that were in this division have been transferred to the new Operations division. Those include: Business Services (80013); Facilities & Logistics (80014); Safety & Security (80015); Human Resources/Learning + Organizational Development/Systemwide Staffing (80017); and Volunteer Services/Title Wave Bookstore (80016). In addition, Marketing + Online Engagement (80019) has moved to the new Content Strategy division.

System Access and Information Services (80019-17) is absorbed into the Library Director's Office (80010) and Operations Division Management (80012).

Operations

Operations provides leadership and strategic vision for the operational support of the library system; 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.

Division Management works with stakeholders to ensure the efficient operation of Multnomah County Libraries; Business Services manages the library's finance and budget operations; Facilities and Logistics ensures the movement of books and materials among all 22 locations and coordinates buildings and grounds maintenance; Safety and Security works to provide safe, secure and welcoming facilities for patrons and staff; Human Resources/Learning + Organizational Development 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

Operations is a new division formed by moving most of the library's operational programs from the Department Administration division. The programs that have moved to this new division include Business Services (80013); Facilities & Logistics (80014); Safety & Security (80015); Volunteer Services/Title Wave Bookstore (80016); and Human Resources/Learning + Organizational Development/Systemwide Staffing (80017).

A new program offer, Operations Division Management (80012), has been created within this division to provide oversight and direction. This program offer also contains the library's research and evaluation function, which has been absorbed from System Access & Information Services (80019-17) and from the Library Director's Office (80010).

Content Strategy

Content Strategy provides coordinated selection, curation and development of physical and digital library materials, web, print and social media content, and technology in order to engage 28,000 patrons who visit the library in person or online each day. Highly functional library technology and an inviting online presence connect patrons to library locations, collections, digital resources, events, classes and services.

Collections & Technical Services buys, catalogs, digitizes, curates and processes print and digital resources to meet patron demand. It manages interlibrary loan, 2,500 periodical subscriptions and 120 databases and online resources.

The Marketing + Online Engagement creative team connects patrons to library services, resources, programs and collections through the website, mobile apps, social media, and email marketing.

IT Services leads development and support for the library's technology strategy, ensuring robust and sustainable IT for progressive service to a diverse community. IT Services supports staff computing and over 900 computers and mobile devices for public use. Wired and wireless networking provides public access to the library catalog, databases, downloadable books/media and websites for job searches, continuing education and government services.

Significant Changes

Content Strategy represents a reorganization of existing program offers for better strategic alignment and operational efficiency. This new division combines the former Collections & Technical Services division with the Marketing + Online Engagement and Information Technology Services program offers.

Information Technology Services (80018) has moved out of the System Access & Information Services Division, which has been discontinued for FY 2018. Marketing + Online Engagement (80019) has moved from the Department Administration division. The Collections & Technical Services division, which formerly included the Library Book Budget (80013-17) and Acquisition & Processing (80014-17) program offers, is now one program offer, Collections & Technical Services (80020) within the new Content Strategy division.

Programming & Outreach

The Programming & Outreach division represents several work units that provide robust services within libraries and throughout the community. Youth Services Management provides planning and oversight, ensuring adequately trained staff and developmentally appropriate practices and services. This includes Teen Services and the Summer Reading Program, which served over 114,000 youth in FY 2017. The Every Child Initiative supports kindergarten readiness and presented 6,400 storytimes to over 145,000 children and caregivers in FY 2016. School-Age Services works with school districts and afterschool programs to improve student success by encouraging pleasure reading, reaching over 26,000 students at 63 schools with the lowest reading scores in the county, and by providing curriculum support and instruction for classrooms as well as literacy-focused after-school programs.

Programming & Community Outreach (PCO) leads the library's programming, community outreach, public training, creative learning, Reader Services and partnership initiatives. In FY 2016 PCO planned and developed 4,200 high-quality events and classes where 48,600 people had the opportunity to learn something new and feel more connected to their community. Adult Outreach provides programs and services to older adults, new immigrants, adult learners, people with disabilities and people who are institutionalized or homeless. In FY 2016, Adult Outreach served more than 7,500 of the community's most vulnerable residents, reducing the sense of isolation for many.

Significant Changes

Two divisions that were formerly separate, Youth Services and Programming & Community Outreach, are being combined into a single division. Program offers include Youth Services Management (80021), School-Age Services (80006), Every Child Initiative (80007), Programming & Community Outreach (80008), and Adult Outreach (80009).

Neighborhood Libraries

Spread throughout Multnomah County, 19 neighborhood libraries are hubs of community engagement, learning and creativity. These libraries provide access to books, computers with Internet access, free programs, and meeting spaces for residents who visited these locations over 4.5 million times last year. The libraries range from historic buildings to landmark modern designs, and include "Portland's Crown Jewel," Central Library. Neighborhood libraries circulate books and other materials, offer educational and engaging programs for all ages, and provide free meeting space for community groups.

Together, these libraries give patrons access to almost 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 114,000 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.

Significant Changes

Two divisions that were formerly separate, Central Library and Neighborhood Libraries, are being combined into a single division. This reorganization will create an integrated approach to providing services, as well as increasing the opportunities for collaboration and operational efficiency.

The program offers in this division include Neighborhood Libraries Division Management, which combines the former Central Director's Office (80012-17) and Neighborhood Libraries Management (80016-17) program offers; Central Library (80001); and three program offers representing geographical areas: North County Libraries (80002); Inner/South County Libraries (80003); and Mid/East County Libraries (80004).

The new Contact Center (80005) is a systemwide service that will receive and manage 250,000 annual virtual patron contacts, including email, phone, chat and text. It opened in January 2017. Patrons now have one phone number and one online form to contact the library.

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 2018 General Fund	Other Funds	Total Cost	FTE
Department Administration					
80010	Library Director's Office	\$0	\$1,646,897	\$1,646,897	9.00
80011	Equity & Inclusion	0	172,805	172,805	1.00
Operations					
80012	Operations Division Management	0	440,024	440,024	3.00
80013	Business Services	0	1,099,413	1,099,413	6.50
80014	Facilities & Logistics	0	2,410,451	2,410,451	14.75
80015	Safety and Security	0	859,338	859,338	8.00
80016	Volunteer Svcs/Title Wave Bookstore	0	598,083	598,083	4.25
80017	Human Resources/Learning + Organizational Development/Systemwide Staffing	0	2,776,190	2,776,190	22.45
Content Strategy					
80018	IT Services	0	8,681,955	8,681,955	3.00
80019	Marketing + Online Engagement	0	1,174,940	1,174,940	7.50
80020	Collections & Technical Services	0	11,973,879	11,973,879	31.75
Programming & Outreach					
80006	School-Age Services	0	1,416,453	1,416,453	9.50
80007	Every Child Initiative	0	1,096,371	1,096,371	7.50
80008	Programming & Community Outreach	0	1,546,152	1,546,152	8.50
80009	Adult Outreach	0	946,350	946,350	8.25
80021	Youth Services Management	0	726,640	726,640	3.25
Neighborhood Libraries					
80001	Central Library	0	13,408,777	13,408,777	124.00
80002	North County Libraries	0	4,706,525	4,706,525	43.75
80003	Inner/South County Libraries	0	10,762,587	10,762,587	102.50
80004	Mid/East County Libraries	0	11,004,040	11,004,040	100.50
80005	Contact Center	0	1,203,906	1,203,906	14.00
80022	Neighborhood Libraries Division Management	0	<u>1,447,100</u>	<u>1,447,100</u>	<u>6.75</u>
Total Library		\$0	\$80,098,876	\$80,098,876	539.70

Department: Library **Program Contact:** David Ratliff
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer is for Central Library. Residents visited this library over 830,000 times last year and benefited from diverse learning, cultural, and recreational opportunities. Central Library serves the downtown core of the city of Portland along with visitors from the entirety of Multnomah County. Central Library also serves patrons throughout the county via email reference services provided by Central Library staff.

Program Summary

Central Library is a community facility where residents attend classes, programs, and forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to over 700,000 books and other items from this library. Patrons of Central Library checked out 2,171,174 physical and digital items last year. Central Library empowers new immigrants, small business owners, seniors, students and people experiencing homelessness by providing informational tools to develop life skills.

Children and young people participate in storytimes and Summer Reading at Central Library. Over 114,000 children participated in the 2016 Summer Reading program across the library system, and over 8,000 people attended youth programs at Central Library last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement, and other library programs. To support critical life skill development and digital literacy, Central Library staff conducted over 50 individualized patron appointments, a service that had a 99% satisfaction rating.

Central Library provides opportunities for diverse neighbors to interact and engender a sense of community. The library partners with other organizations to improve work and life skills through free public programs. Central Library offers space for library-organized and community-led events to discuss ideas and issues of public interest. Central Library offered 891 programs to over 12,500 participants last year. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. Central Library provides over 682,000 Internet sessions on library and patron devices including 158 library-provided public computing devices. More than 250 free computer classes and labs helped attendees develop life and job skills.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Books and items checked out or renewed (physical items only)	1,961,421	2,200,000	1,821,176	1,700,000
Outcome	% of patrons who found books and items they wanted	92%	92%	90%	90%
Output	E-books and other digital titles checked out	209,753	na/-	240,000	288,000

Performance Measures Descriptions

Output: Usage of physical items is decreasing as checkouts of e-books, streaming and downloadable titles increase. New measure for FY18: E-books and other digital titles checked out. Digital checkouts are a rapidly increasing portion of library usage.

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	2017	2017	2018	2018
Personnel	\$0	\$11,004,390	\$0	\$10,523,875
Contractual Services	\$0	\$164,467	\$0	\$126,000
Materials & Supplies	\$0	\$301,639	\$0	\$194,128
Internal Services	\$0	\$2,395,596	\$0	\$2,564,774
Total GF/non-GF	\$0	\$13,866,092	\$0	\$13,408,777
Program Total:	\$13,866,092		\$13,408,777	
Program FTE	0.00	134.75	0.00	124.00

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 (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80000 Central Library

Net increase of 1.00 FTE. The Central Director's Office (80012-17), which has now been reorganized as part of Neighborhood Libraries Division Management (80022), had 2.75 FTE: 1.75 FTE transfers to this Central Library program offer and 1.00 FTE transfers to Neighborhood Libraries Division Management (80022). An additional 0.75 FTE transfers from the Central Library to Collections & Technical Services (80020).

Department: Library **Program Contact:** David Ratliff
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer is for the libraries serving the northern area of the county: Kenton, North Portland, Northwest and St. Johns Libraries. Residents visited these libraries nearly 600,000 times last year and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve a large number of African American and Spanish-speaking patrons with culturally relevant services.

Program Summary

North County Libraries are community facilities where residents attend classes, programs, and community forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to over 161,000 books and other items at these libraries including Spanish materials. Patrons of North County Libraries checked out 2,242,497 physical and digital items last year.

Children and young people participate in storytimes, Summer Reading, and after school activities in these libraries. Over 114,000 children participated in the 2016 Summer Reading program across the library system, and 36,000 people attended youth programs at North County Libraries last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement and other programs. North County Libraries' language learning and educational programs improve employment opportunities and quality of life for those residents with low English proficiency and limited resources. To support critical life skill development and digital literacy, North County Libraries' staff conducted over 180 individualized patron appointments, a service that had a 99% satisfaction rating.

North County Libraries provide opportunities for neighbors to interact through a variety of programs. North County Libraries' volunteers from youth to seniors contributed over 7,400 hours of service last year, and community groups used the meeting rooms 250 times. Libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoy over 200 bilingual programs and events each year at North County Libraries. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. North County Libraries provided over 118,000 Internet sessions on 142 library public computing devices last year. Attendees at 345 free computer classes and labs developed life and job skills.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Books and items checked out or renewed (physical items only)	2,024,845	2,252,011	1,918,594	1,815,000
Outcome	% of patrons who found books and items they wanted	92%	92%	90%	90%
Output	E-books and other digital titles checked out	217,652	na/-	260,000	312,000

Performance Measures Descriptions

Output: Usage of physical items is decreasing as checkouts of e-books, streaming and downloadable titles increase. New measure for FY18: E-books and other digital titles checked out. Digital checkouts are a rapidly increasing portion of library usage.

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	2017	2017	2018	2018
Personnel	\$0	\$3,852,052	\$0	\$3,823,555
Contractual Services	\$0	\$4,700	\$0	\$4,700
Materials & Supplies	\$0	\$82,528	\$0	\$76,863
Internal Services	\$0	\$753,238	\$0	\$801,407
Total GF/non-GF	\$0	\$4,692,518	\$0	\$4,706,525
Program Total:	\$4,692,518		\$4,706,525	
Program FTE	0.00	44.25	0.00	43.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80002 Neighborhood Libraries

This program offer reflects the reorganization of the two FY 17 program offers, Regional Libraries (80001-17) and Neighborhood Libraries (80002-17), into three program offers: North County Libraries (80002), Inner/South County Libraries (80003), and Mid/East County Libraries (80004). There is no change in FTE for the North County Libraries program.

Department: Library **Program Contact:** Rita Jimenez
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer is for the libraries serving the southern and inner areas of the county: Albina, Belmont, Capitol Hill, Hillsdale, Hollywood, Sellwood, and Woodstock Libraries. Last year residents visited these libraries nearly 1.6 million times and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve a diverse array of county residents including seniors, Chinese-speaking, and Somali-speaking residents.

Program Summary

Inner/South County Libraries are community facilities where residents attend classes, programs, and community forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to over 418,000 items at these libraries including Chinese and Somali materials. Patrons of Inner/South County Libraries checked out 7,787,776 physical and digital items last year.

Children and young people participate in storytimes, Summer Reading, and after school activities in these libraries. Over 114,000 children participated in the 2016 Summer Reading program across the library system, and 81,000 people attended youth programs at Inner/South County Libraries last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement, and other library programs. Inner/South County Libraries' language learning and educational programs improve employment opportunities and quality of life for those residents with low English proficiency and limited resources. To support critical life skill development and digital literacy, Inner/South County Libraries' staff conducted 260 individualized patron appointments, a service that had a 99% satisfaction rating.

Inner/South County Libraries provide opportunities for neighbors to interact through a variety of programs. Inner/South County Libraries volunteers from youth to seniors contributed over 16,000 hours of service last year, and community groups used the meeting rooms 850 times. Libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoy over 75 bilingual programs and events each year at Inner/South County Libraries. Libraries provide opportunities and resources for lifelong learning by supplying free access to computers and high-speed wireless Internet. Inner/South County Libraries hosted over 216,000 Internet sessions on 232 library public computing devices last year. Attendees at 161 free computer classes and labs developed life and job skills.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Books and items checked out or renewed (physical items only)	7,070,418	7,863,642	6,722,519	6,300,000
Outcome	% of patrons who found books and items they wanted	90%	92%	90%	90%
Output	E-books and other digital titles checked out	717,358	na/-	860,000	1,032,000

Performance Measures Descriptions

Output: Usage of physical items is decreasing as checkouts of e-books, streaming and downloadable titles increase. New measure for FY18: E-books and other digital titles checked out. Digital checkouts are a rapidly increasing portion of library usage.

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	2017	2017	2018	2018
Personnel	\$0	\$8,757,457	\$0	\$9,025,840
Contractual Services	\$0	\$12,800	\$0	\$12,200
Materials & Supplies	\$0	\$163,898	\$0	\$187,845
Internal Services	\$0	\$1,433,081	\$0	\$1,536,702
Total GF/non-GF	\$0	\$10,367,236	\$0	\$10,762,587
Program Total:	\$10,367,236		\$10,762,587	
Program FTE	0.00	103.00	0.00	102.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80001 Regional Libraries

This program offer reflects the reorganization of the two FY 17 program offers, Regional Libraries (80001-17) and Neighborhood Libraries (80002-17), into three program offers: North County Libraries (80002), Inner/South County Libraries (80003), and Mid/East County Libraries (80004). There is no change in FTE for the Inner/South County Libraries program.

Department: Library **Program Contact:** Rita Jimenez
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer is for the libraries that serve the middle and eastern areas of the county: Fairview, Gregory Heights, Gresham, Holgate, Midland and Rockwood Libraries. Last year residents visited these libraries nearly 1.6 million times and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve the most culturally and ethnically diverse part of the county, as well as the area with the highest concentration of poverty.

Program Summary

Mid/East County Libraries are community facilities where residents attend classes, programs, and community forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to over 463,000 books and other items at these libraries including Spanish, Vietnamese, Chinese and Russian materials. Patrons of Mid/East County Libraries checked out 4,910,562 physical and digital items last year.

Children and young people participate in storytimes, Summer Reading, and after school activities in these libraries. Over 114,000 children participated in the 2016 Summer Reading program across the library system, and 80,000 people attended youth programs at Mid/East Libraries last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Residents develop critical life skills through job training resources, book groups, opportunities for civic engagement and other programs. Mid/East Libraries' language learning and educational programs improve employment opportunities and quality of life for those residents with low English proficiency and limited resources. To support critical life skill development and digital literacy, Mid/East Libraries' staff conducted over 800 individualized patron appointments, a service that had a 99% satisfaction rating.

Mid/East County Libraries provide opportunities for neighbors to interact through a variety of programs. Mid/East County Libraries volunteers from youth to seniors contributed over 21,000 hours of service last year, and community groups used the meeting rooms more than 950 times. Libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoy over 1,600 bilingual programs and events each year at Mid/East County Libraries. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless Internet. Mid/East County Libraries provided over 276,000 Internet sessions on 322 library public computing devices last year. Attendees at 673 free computer classes and labs developed life and job skills.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Books and items checked out or renewed (physical items only)	4,391,651	4,884,347	4,105,834	3,830,000
Outcome	% of patrons who found books and items they wanted	91%	92%	90%	90%
Outcome	E-books and other digital titles checked out	518,911	na/-	620,000	744,000

Performance Measures Descriptions

Output: Usage of physical items is decreasing as checkouts of e-books, streaming and downloadable titles increase. New measure for FY18: E-books and other digital titles checked out. Digital checkouts are a rapidly increasing portion of library usage.

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	2017	2017	2018	2018
Personnel	\$0	\$8,474,183	\$0	\$8,787,596
Contractual Services	\$0	\$25,900	\$0	\$15,100
Materials & Supplies	\$0	\$159,731	\$0	\$170,970
Internal Services	\$0	\$1,870,983	\$0	\$2,030,374
Total GF/non-GF	\$0	\$10,530,797	\$0	\$11,004,040
Program Total:	\$10,530,797		\$11,004,040	
Program FTE	0.00	100.00	0.00	100.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80002 Neighborhood Libraries

This program offer reflects the reorganization of the two FY 17 program offers, Regional Libraries (80001-17) and Neighborhood Libraries (80002-17), into three program offers: North County Libraries (80002), Inner/South County Libraries (80003), and Mid/East County Libraries (80004). There is a net increase of 0.50 FTE (new position) for the Mid/East County Libraries program.

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	2017	2017	2018	2018
Personnel	\$0	\$201,059	\$0	\$1,155,782
Contractual Services	\$0	\$0	\$0	\$3,000
Materials & Supplies	\$0	\$50,000	\$0	\$14,034
Internal Services	\$0	\$0	\$0	\$31,090
Total GF/non-GF	\$0	\$251,059	\$0	\$1,203,906
Program Total:	\$251,059		\$1,203,906	
Program FTE	0.00	2.00	0.00	14.00

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 (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was:

This is a new program offer with 14.0 FTE. During FY 2017, 12.0 FTE vacant positions from Central Library (80000-17) and Neighborhood Libraries (80002-17) were reclassified and moved to System Access & Information Services (80019-17) through a budget modification, joining the 2.0 positions already budgeted for the Contact Center. The total of 14.0 FTE are now transferring from 80019-17 to this new program offer and 80019-17 is discontinued in FY 2018.

Department: Library **Program Contact:** Mandy Tuthill
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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Youth served in Books 2 U & School Corps (duplicated)	61,423	73,500	58,500	58,500
Outcome	% of students whose research skills increase after School Corps presentation	97%	90%	90%	90%
Quality	% of teachers indicating that they will ask for School Corps services again	100%	95%	95%	95%
Outcome	% of teachers who report Books 2 U helps their students develop a desire and motivation to read	100%	na/-	95%	95%

Performance Measures Descriptions

New measure for FY18: % of teachers who report Books 2 U helps their students develop a desire and motivation to read. Data source is the annual Books 2 U survey led by NPC Research.

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	2017	2017	2018	2018
Personnel	\$0	\$1,011,803	\$0	\$1,089,488
Contractual Services	\$0	\$7,500	\$0	\$4,000
Materials & Supplies	\$0	\$258,322	\$0	\$281,151
Internal Services	\$0	\$37,970	\$0	\$41,814
Total GF/non-GF	\$0	\$1,315,595	\$0	\$1,416,453
Program Total:	\$1,315,595		\$1,416,453	
Program FTE	0.00	9.00	0.00	9.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for Books 2 U and other school-age programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80003 School-Age Services

Net increase of 0.50 (new position); 1.75 FTE Library 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	The number of parents, caregivers, and adults served in Every Child Initiative outreach	20,181	14,000	16,000	16,000
Outcome	% of participants who show an increase in five reading and literacy activities	86%	85%	85%	85%
Output	Number of books circulated in Every Child Initiative	1,658,524	1,600,000	1,650,000	1,650,000

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

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$795,719	\$0	\$805,095
Contractual Services	\$0	\$18,000	\$0	\$15,000
Materials & Supplies	\$0	\$227,751	\$0	\$234,867
Internal Services	\$0	\$39,271	\$0	\$41,409
Total GF/non-GF	\$0	\$1,080,741	\$0	\$1,096,371
Program Total:	\$1,080,741		\$1,096,371	
Program FTE	0.00	7.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for Every Child A Reader program and other early literacy programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80004 Every Child Initiative

No significant changes.

1.50 FTE 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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$934,407	\$0	\$980,973
Contractual Services	\$0	\$248,500	\$0	\$269,500
Materials & Supplies	\$0	\$258,500	\$0	\$265,800
Internal Services	\$0	\$29,498	\$0	\$29,879
Total GF/non-GF	\$0	\$1,470,905	\$0	\$1,546,152
Program Total:	\$1,470,905		\$1,546,152	
Program FTE	0.00	8.50	0.00	8.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for Everybody Reads and other programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80005 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	2017	2017	2018	2018
Personnel	\$0	\$833,368	\$0	\$875,759
Materials & Supplies	\$0	\$29,500	\$0	\$32,500
Internal Services	\$0	\$32,815	\$0	\$38,091
Total GF/non-GF	\$0	\$895,683	\$0	\$946,350
Program Total:	\$895,683		\$946,350	
Program FTE	0.00	8.25	0.00	8.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80006 Adult Outreach

No significant changes.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,497,452	\$0	\$1,297,294
Contractual Services	\$0	\$360,600	\$0	\$163,100
Materials & Supplies	\$0	\$125,665	\$0	\$134,740
Internal Services	\$0	\$71,819	\$0	\$51,763
Total GF/non-GF	\$0	\$2,055,536	\$0	\$1,646,897
Program Total:	\$2,055,536		\$1,646,897	
Program FTE	0.00	10.00	0.00	9.00

Program Revenues				
Intergovernmental	\$0	\$76,338,619	\$0	\$80,063,876
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Total Revenue	\$0	\$76,373,619	\$0	\$80,098,876

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending revenue 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 2017: 80007 Library Director's Office

Net increase of 2.00 FTE due to adding 5.00 FTE from System Access & Information Services (80019-17); transferring 2.00 FTE to Operations Division Management (80012); and transferring 1.00 FTE to Neighborhood Libraries Division Management (80022).

Department: Library

Program Contact: Sonja Ervin

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Under the direction of the Library Director, the Equity and Inclusion manager leads the development and implementation of proactive diversity, equity, and inclusion initiatives. The development of a library equity plan will ensure that equity is the foundation of and embedded throughout the Library's strategic efforts, specifically supporting the library's strategic priority to reflect and serve a diverse community.

Program Summary

This offer funds a senior-level position devoted to championing the library's diversity efforts and engaging staff to build a welcoming and inclusive culture at the library for employees and patrons. The manager provides advice, guidance, and support to the library's Executive Management Team on diversity, inclusion and equity issues related to staff and patrons.

This program will develop and lead a sustainable process to implement and continuously assess and adapt the library's goals related to diversity and inclusiveness. This will include creating and implementing metrics, monitoring, and reporting systems to effectively benchmark organizational progress. Part of the work will be to identify barriers and develop strategies to facilitate better service to an increasingly diverse community.

The position will serve as the library's representative on the county's Equity Council, as well as create and oversee a library equity and inclusion committee. The manager will build effective collaborations with internal and external partners to leverage resources, advance business needs and carry out organizational initiatives. The manager will also advise and assist with patron issues when there is an issue with cultural sensitivity.

This program will develop training for front-line staff and managers on how to effectively work with the library's diverse staff and patrons in a culturally responsive manner. Some of the goals will be to foster a common vocabulary and understanding around diversity, inclusion and equity.

The manager will partner with HR and hiring managers to ensure diversity and inclusion are embedded in recruitment, hiring, retention, performance management, leadership development and all other aspects of human capital management.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Retention rate for employees of color	na/-	95%	96%	95%
Outcome	% of staff who agree that people in their work unit are accepting of different races, cultures, and backgrounds	95%	94%	95%	94%

Performance Measures Descriptions

Outcome: Percentage of Library respondents who "agree" or "strongly agree" with the statement "People in my work unit are accepting of different races, cultures, and backgrounds" on the Countywide Employee Survey. (FY16 Actual represents the latest survey results from 2015). Output: measure was new for FY17.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$122,085	\$0	\$145,121
Contractual Services	\$0	\$0	\$0	\$10,000
Materials & Supplies	\$0	\$10,600	\$0	\$13,780
Internal Services	\$0	\$3,503	\$0	\$3,904
Total GF/non-GF	\$0	\$136,188	\$0	\$172,805
Program Total:	\$136,188		\$172,805	
Program FTE	0.00	1.00	0.00	1.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80021 Diversity Initiative

No significant changes.

Department: Library

Program Contact: Don Allgeier

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Operations Division Management oversees the Business Services, Facilities & Logistics, Safety & Security, Volunteer Services, and Human Resources programs. The Operations Division Management program includes a unit that provides research and evaluation for Multnomah County Library. This division supports the financial, physical, and human operations of Multnomah County Library.

Program Summary

Operations Division Management provides oversight and accountability for the internal services of Multnomah County Library. This program is responsible for the coordination of program managers in the Human Resources, Facilities & Logistics, Security & Safety, and Business Services work units. This division partners with Multnomah County Facilities, Human Resources, and Finance to ensure the efficient operation of the library system.

Operations Division Management encompasses an evaluation unit, as well. This unit provides analysis to support management decision-making and coordinates data collection for the organization.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of program evaluation and research projects completed	na/-	na/-	na/-	3
Outcome	Library Manager overall satisfaction with Operations Division Support	na/-	na/-	na/-	90%

Performance Measures Descriptions

New program offer for FY18.

Performance measures are in development, so current year data is not yet available.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$122,920	\$0	\$419,479
Contractual Services	\$0	\$0	\$0	\$3,000
Materials & Supplies	\$0	\$0	\$0	\$6,261
Internal Services	\$0	\$0	\$0	\$11,284
Total GF/non-GF	\$0	\$122,920	\$0	\$440,024
Program Total:	\$122,920		\$440,024	
Program FTE	0.00	1.00	0.00	3.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was:

This is a new program offer. The 3.00 FTE were transferred from the Library Director's Office (80010) and System Access & Information Services (80019-17).

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$906,668	\$0	\$963,664
Contractual Services	\$0	\$19,380	\$0	\$13,600
Materials & Supplies	\$0	\$83,076	\$0	\$75,120
Internal Services	\$0	\$168,274	\$0	\$47,029
Total GF/non-GF	\$0	\$1,177,398	\$0	\$1,099,413
Program Total:	\$1,177,398		\$1,099,413	
Program FTE	0.00	6.00	0.00	6.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80009 Business Services

Net increase of 0.25 FTE (new).

Department: Library

Program Contact: Lisa Canavan

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Logistics ensures that library books and materials move quickly and accurately among all 22 library locations, including 19 libraries, Library Administration, the Isom Building and the Title Wave Used Bookstore. Library Facilities coordinates the maintenance of the buildings and grounds in an effort to maintain safe, secure and welcoming facilities.

Program Summary

Logistics operates the centralized Sort Center and delivery operations that move library materials to and among library locations, enabling residents to have quick access throughout Multnomah County. This program operates a seven-day-per-week delivery system that provides delivery to 45 service points each weekday, delivering and receiving all library books and materials, interoffice mail, U.S. mail, library supplies and bank deposits.

Library Facilities provides central coordination and direction of repair and maintenance activities among county facilities staff, telecommunications, contractors and vendors for 22 library locations. This program serves all library staff and the public as expert resources on ADA-compliant building access, ergonomics, and workflow management, and assists the Safety and Security Manager with safety management as well as security policy development and implementation.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Crates of books, mail and supplies moved annually	242,938	254,000	244,000	240,000
Outcome	Staff satisfaction with delivery system	99.3%	95%	95%	95%

Performance Measures Descriptions

Output: A crate is the library's unit of measurement for transporting library materials, mail, supplies and other items.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,179,664	\$0	\$1,251,105
Contractual Services	\$0	\$2,000	\$0	\$2,000
Materials & Supplies	\$0	\$50,366	\$0	\$59,348
Internal Services	\$0	\$1,048,621	\$0	\$1,097,998
Total GF/non-GF	\$0	\$2,280,651	\$0	\$2,410,451
Program Total:	\$2,280,651		\$2,410,451	
Program FTE	0.00	14.75	0.00	14.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80018 Facilities & Logistics

No significant changes.

Department: Library

Program Contact: Chris Linn

Program Offer Type: Support

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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of safety & security trainings offered	na/-	50	30	36
Outcome	Percentage of staff that agree that safety & security training courses met their stated objective.	na/-	85%	100%	95%

Performance Measures Descriptions

Measures were new for 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	2017	2017	2018	2018
Personnel	\$0	\$527,826	\$0	\$699,496
Contractual Services	\$0	\$100,000	\$0	\$10,000
Materials & Supplies	\$0	\$23,200	\$0	\$125,800
Internal Services	\$0	\$113,834	\$0	\$24,042
Total GF/non-GF	\$0	\$764,860	\$0	\$859,338
Program Total:	\$764,860		\$859,338	
Program FTE	0.00	6.00	0.00	8.00

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 (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80020 Safety and Security

Net increase of 1.00 FTE (new position).

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 2,000 people who contribute their time and talents to Multnomah County Library each year. Volunteers are active across the library system, including the 19 neighborhood libraries, the Isom Operations Center, and the Title Wave Used Bookstore, as well as various outreach programs. The Title Wave Used Bookstore generates revenue for the library through the sale of discarded books and other materials. Opened in 1988, the Title Wave Used Bookstore 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, volunteer policies and recognition of 2,000 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 50 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 nearly 66,000 hours of time to the library.

The Title Wave Used Bookstore recycles and sells discarded library books and materials to the community. The store is open 40 hours per week and is staffed by 65 monthly volunteers who are supported by one paid staff person. Because the used books are sold at reasonable prices, many of the Title Wave Used Bookstore's regular customers are teachers/media specialists buying books for their classrooms and libraries. Many home-school families buy books for educational purposes as well. Last year, the Title Wave Used Bookstore generated nearly \$175,000 in revenue.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Hours contributed by volunteers	65,500	67,000	66,000	66,000
Outcome	% of student volunteers who report using their volunteer service for school/community requirement	34%	42%	35%	36%

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.

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	2017	2017	2018	2018
Personnel	\$0	\$501,392	\$0	\$520,903
Contractual Services	\$0	\$11,400	\$0	\$13,000
Materials & Supplies	\$0	\$42,809	\$0	\$46,634
Internal Services	\$0	\$16,842	\$0	\$17,546
Total GF/non-GF	\$0	\$572,443	\$0	\$598,083
Program Total:	\$572,443		\$598,083	
Program FTE	0.00	4.25	0.00	4.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80010 Volunteer Svcs/Title Wave Book Store

No significant changes.

Department: Library **Program Contact:** Shelly Kent

Program Offer Type: Administration **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Learning + Organizational Development/Systemwide Assistance Team (HR/L+OD/SWAT) promotes resource management of highly qualified staff through the employment life cycle, including recruiting, hiring and retaining. HR/L+OD consults with employees and managers; provides technical assistance, time entry and staff training/development; and plans for future workforce needs. SWAT provides flexible staffing coverage through the use of regular and on-call staff. The Administrative Support unit provides clerical and special project support and administrative reception support.

Program Summary

Human Resources/Learning + Organizational Development/Systemwide Assistance Team (HR/L+OD/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/L+OD/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/L+OD/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/L+OD 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 internal phone number for the library system while also completing clerical tasks and projects for management and program staff.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of library staff who agree that they receive sufficient training and education to do their jobs effectively	92%	90%	92%	92%
Outcome	% of library staff who agree that they can make a difference by working here	91%	90%	91%	91%

Performance Measures Descriptions

Both measures: Results from library respondents to Countywide Employee Survey, which is conducted every other year. (FY 16 Actual represents the latest survey results from 2015.)

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	2017	2017	2018	2018
Personnel	\$0	\$2,409,961	\$0	\$2,507,659
Contractual Services	\$0	\$37,000	\$0	\$30,000
Materials & Supplies	\$0	\$173,060	\$0	\$160,049
Internal Services	\$0	\$70,029	\$0	\$78,482
Total GF/non-GF	\$0	\$2,690,050	\$0	\$2,776,190
Program Total:	\$2,690,050		\$2,776,190	
Program FTE	0.00	22.45	0.00	22.45

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 (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80011 Human Resources/Learning Systems/System Wide Staffing

Net increase of 1.0 FTE (transfer from System Access & Information Services, 80019-17).

Department: Library

Program Contact: Jon Worona

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

IT Services provides leadership and development resources for the library's technology vision and digital strategy, ensuring that the library has robust and sustainable information technology that supports innovative and progressive service to Multnomah County's diverse community. IT Services maintains computers, mobile devices, and equipment for public and staff use, wired and wireless networks across all library locations, applications integration, development, security, and support for patron learning, creation and staff productivity.

Program Summary

IT Services works with partners inside and outside the library to plan, define and develop leading edge technology solutions that will align with patron and staff needs and support the library's strategic priorities.

IT Services maintains more than 900 public computers and mobile devices, related software and servers, high-speed Internet access and a wireless network in library facilities for use by the general public. Library users can search the catalog of books and other materials, view and manage their library accounts, download e-books, stream audio and video content, use research databases and other electronic resources, and access the Internet for educational, business and personal use. Children and adults use library computers and tablets to do personal and business research, complete homework assignments, apply for jobs, find recreational reading, communicate with government agencies, manage their library accounts and participate in the social web.

Public computers also provide office automation software, such as word processing, to accomplish personal, business or school work. The library has computers and software in training rooms, teen after-school homework lounges, and for checkout to be used in-house with the library's public wireless network. Many public computer users have no access to a computer or the Internet at home, so the library is their only window to the world of 21st century technology, communication and information.

IT Services also maintains more than 600 computers, related equipment and software for library staff, supporting general office computing and library systems such as the library catalog, patron database, circulation system, materials acquisition system, website, provision of electronic resources, and other internal operations.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of public computers	868	930	930	930
Outcome	% of time wired public internet computers are in use	67%	70%	62%	60%
Output	Number of wi-fi sessions	1,340,627	1,300,000	1,500,000	1,700,000

Performance Measures Descriptions

Output: Additional loaner laptops were added.

Outcome: This measure is trending downward due to increased wireless access in all library locations and the addition of loaner laptops.

2nd Output: The library's public wi-fi network is accessed by people using their own devices as well as those using library loaner laptops and tablets: library wi-fi is an important service to bridge the digital divide.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$622,632	\$0	\$521,168
Contractual Services	\$0	\$100,000	\$0	\$112,000
Materials & Supplies	\$0	\$857,645	\$0	\$940,116
Internal Services	\$0	\$5,725,076	\$0	\$7,108,671
Total GF/non-GF	\$0	\$7,305,353	\$0	\$8,681,955
Program Total:	\$7,305,353		\$8,681,955	
Program FTE	0.00	3.00	0.00	3.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80017 IT Services

Increase in this offer's budget is partly due to the addition of the library's allocation for the Enterprise Resource Planning (ERP) project.

Department: Library
Program Offer Type: Support

Program Contact: Jeremy Graybill
Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Marketing + Online Engagement connects the community to library services, resources, programs and collections. As the library's in-house creative and digital strategies team, the section serves the public by maintaining the web portal to library services; creating helpful, effective and compelling informational and promotional materials; analyzing and deploying emerging digital strategies; and developing and leveraging the library's brand into more powerful connections with the community.

Program Summary

Marketing + Online Engagement provides essential services to the library and the more than 26,000 patrons who use it each day, either online or in person. The section employs integrated strategies to create lasting, meaningful relationships with the community; oversees the library's public website, online presence in social media, email marketing and other channels to create rewarding and beneficial online experiences and value; oversees the library's brand and identity; develops strategies to promote library use; creates mechanisms to gather patron feedback and input; maintains the library's mobile app; and provides critical guidance and input into systemwide strategic decisions.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Active cardholders	257,412	265,000	260,000	260,000
Outcome	% of customers satisfied with library marketing and information	91%	90%	88%	90%

Performance Measures Descriptions

Output: Active cardholders are those who have used their library card to check out materials or use the library's computers in the past fiscal year.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$866,653	\$0	\$901,034
Contractual Services	\$0	\$81,995	\$0	\$57,600
Materials & Supplies	\$0	\$152,205	\$0	\$188,275
Internal Services	\$0	\$26,154	\$0	\$28,031
Total GF/non-GF	\$0	\$1,127,007	\$0	\$1,174,940
Program Total:	\$1,127,007		\$1,174,940	
Program FTE	0.00	7.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for enhancements to the Library's mobile app functions, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80008 Marketing + Online Engagement

No significant changes.

Department: Library
Program Offer Type: Support

Program Contact: Javier Gutierrez
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Collections & Technical Services staff select, purchase, catalog and process new books, DVDs, audiobooks, e-books, streaming audio/video and other material added to the library materials collection in order to meet the informational, recreational and cultural needs of Multnomah County residents. This section manages the materials budget, interlibrary loan and digital curation.

Program Summary

Collections & Technical Services staff enable patrons access to a wide variety of books and media, both in print and electronic form.

Selection staff decide what materials to buy using professional reviews, patron suggestions, staff input and established criteria. Their purchasing decisions reflect the diverse interests and needs of Multnomah County residents. Acquisitions staff place orders with vendors, receive shipments, approve invoices for payment, and monitor the various funds that make up the library materials budget.

Cataloging staff create bibliographic description records, create metadata schema and assign classification numbers to enable discovery in the online catalog. Cataloging/Processing staff prepare each item for shelving and checkout. This includes applying barcodes, repackaging materials and creating inventory records.

Approximately 30 percent of the materials budget is allocated for new books in English for children, teens and adults. Over four percent is allotted for materials in five "We Speak Your Language" collections (Spanish, Chinese, Vietnamese, Russian and Somali). The remaining funds are budgeted for other formats, including eight percent on media (DVDs, music and audiobook CDs), 40 percent on electronic resources (e-books, downloadable audiobooks, streaming music and video, online periodicals, full-text databases and electronic reference sources) and three percent on print periodicals.

Effective management of the library materials collection allows residents to enjoy recreational reading, research specific topics, stay current on local, national and global events, and continue to learn at any stage of life.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of items added to the collection	435,250	400,000	400,000	400,000
Outcome	% of patrons who found books and items they wanted	91%	92%	90%	90%
Output	Number of new titles added to the library collection	168,414	125,000	150,000	150,000
Outcome	Turnover rate	10.7	10.5	10.5	10.5

Performance Measures Descriptions

Output measures: Number of items is the total number of copies added including duplicate copies of the same title; number of new titles represents each unique title added.

2nd Outcome: Turnover rate is a measure of how heavily the library collection is used (defined as circulation/holdings). MCL's rate is the 3rd highest in the country for libraries serving 500,000 people or more. (Source: Public Library Data Service Statistical Report).

Legal / Contractual Obligation

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Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$3,040,665	\$0	\$3,089,836
Contractual Services	\$0	\$773,103	\$0	\$777,263
Materials & Supplies	\$0	\$7,755,059	\$0	\$8,014,292
Internal Services	\$0	\$89,042	\$0	\$92,488
Total GF/non-GF	\$0	\$11,657,869	\$0	\$11,973,879
Program Total:	\$11,657,869		\$11,973,879	
Program FTE	0.00	32.00	0.00	31.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for books and library materials and for the John Wilson Special Collection, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80014 Library Books-Acquisition & Processing

This program offer combines Library Book Budget (80013-17) and Library Books-Acquisition & Processing (80014-17); net increase of 0.75 FTE (transfer from Central Library, 80001).

Department: Library

Program Contact: Katie O'Dell

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

Youth Services Management ensures that library staff receive training to work with children and teens, birth through age 17; creates and nurtures high-level literacy partnerships; offers reading promotion initiatives; and sets overall direction for services to this age group and their adult caregivers.

Program Summary

Youth Services Management provides systemwide service through four main elements: staff training; youth reading initiatives; coordination, partnerships and advocacy; and program development and evaluation.

The office plans systemwide services; develops and evaluates programs; oversees development and education for staff; advocates in the community for increased use of libraries by children and teens and their parents and caregivers; and explores and engages in community partnerships to increase youth library use, support other organizations' literacy objectives, and improve students' reading scores.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of children and teens countywide who have library cards	50%	50%	50%	50%
Outcome	Staff who report improved/reinforced skills after Youth Services training	90%	90%	90%	90%
Output	% of card-holding children and teens who used their library card within the past year	60%	60%	60%	60%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$420,773	\$0	\$452,819
Contractual Services	\$0	\$20,500	\$0	\$9,500
Materials & Supplies	\$0	\$270,380	\$0	\$250,030
Internal Services	\$0	\$24,633	\$0	\$14,291
Total GF/non-GF	\$0	\$736,286	\$0	\$726,640
Program Total:	\$736,286		\$726,640	
Program FTE	0.00	3.25	0.00	3.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Pending amendment for revenue from The Library Foundation for Summer Reading, the Teen Author Lecture, and other youth programs, which will be received as Library District revenue and disbursed through the District's intergovernmental service reimbursement.

Significant Program Changes

Last Year this program was: FY 2017: 80015 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
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$1,064,636	\$0	\$1,070,824
Contractual Services	\$0	\$56,760	\$0	\$40,600
Materials & Supplies	\$0	\$122,246	\$0	\$305,000
Internal Services	\$0	\$32,790	\$0	\$30,676
Total GF/non-GF	\$0	\$1,276,432	\$0	\$1,447,100
Program Total:	\$1,276,432		\$1,447,100	
Program FTE	0.00	6.75	0.00	6.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.35%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.65%).

Significant Program Changes

Last Year this program was: FY 2017: 80016 Neighborhood Libraries Management

This program offer combines the former Neighborhood Libraries Management program offer (80016-17) with the Central Director's Office (80012-17), reflecting the merging of Central Library and the Neighborhood Libraries into one division.

Net FTE increase of 2.00 due to the Central Library Director and the Deputy Director positions transferring to this program offer from 80012-17 and 80010, respectively.

Department Overview

The Nondepartmental budget accounts for 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 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 public. The 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 the community. 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; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

Joint Office of Homeless Services

The Joint Office of Homeless Services (JOHS) administers contracts for homeless services, manages systems of care, oversees system reporting and evaluation, conducts homeless street counts and one night shelter counts, and writes 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 helping an unprecedented number of people prevent and end their homelessness.

In FY 2017, the City of Portland and the County consolidated resources and services under the Joint Office, guided by the shared values and common agenda of the A Home for Everyone partners, to maximize the impact from a systems perspective. The Office joined homeless services staff from the Portland Housing Bureau and Department of County Human Services and is hosted at the County, reporting directly to the County Chair. The Office receives 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.

Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The FY 2018 budget is \$171,590,161, which is an increase of \$19.2 million over FY 2017. These figures exclude the Joint Office of Homeless Services, which is detailed on the following page.

The \$19.2 million increase is due to the following substantial changes:

- \$7.2 million increase in Convention Center Fund (10025).
- \$14.7 million increase in Capital Debt Retirement Fund (10026).
- \$1.2 million increase in PERS Pension Bond Sinking Fund (10028).
- \$1.4 million total increase in State Mandated Expenses (10021), Pass-Through Payments to East County Cities (10022), and the County School Fund (10024).
- In FY 2017, final payments were made to the GO Bond Sinking Fund (10027-17), resulting in the elimination of that \$6.0 million obligation.

The General Fund has increased by \$1,187,195, with the following highlights:

\$618,110 of expanded ongoing General Fund programs:

- Communications Office (10007) - 2.00 FTE \$264,854
- SummerWorks - Minimum Wage Increase (10029B) \$353,256

\$455,000 of new, one-time-only General Fund programs:

- Air Qual. Survey/Environmental Summit (10018A/10018B) \$55,000
- SummerWorks - Additional 100 Slots (10029C) \$275,000
- SummerWorks - High Risk Youth (10029D) \$125,000

Budget Trends	FY 2016	FY 2017	FY 2017	FY 2018	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	100.48	103.08	103.08	104.28	1.20
Personnel Services	\$14,012,257	\$14,464,346	\$14,759,537	\$15,393,733	\$584,196
Contractual Services	50,285,656	80,397,519	82,038,285	90,920,897	8,882,612
Materials & Supplies	1,325,328	1,327,041	1,354,123	1,411,851	57,728
Internal Services	7,983,381	9,101,576	9,287,322	8,950,789	(336,533)
Debt Service	43,210,190	0	0	40,000	40,000
Capital Outlay	0	44,047,456	44,946,384	54,872,891	9,926,507
Total Costs	\$116,816,812	\$149,337,938	\$152,385,651	\$171,590,161	\$19,154,510

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

Budget Overview - Joint Office of Homeless Service

The FY 2017 budget included the creation of the Joint Office of Homeless Services, which consolidated City of Portland and Multnomah County homelessness-related resources into a single entity. The FY 2018 Joint Office of Homeless Services budget is \$58.2 million, which represents a \$13.3 million increase over FY 2017. The County contributes \$25.0 million, or 43% of the total. The remainder is funded by the City of Portland General Fund (\$27.4 million) and Federal and State revenues (\$5.7 million).

The year-over-year increase in funding is due to the following:

- \$4.7 million in Tax Title Affordable Housing (10057) funding was previously budgeted in the Department of County Management.
- \$7.0 million increase in City and County General Funds.

In FY 2017, the office maximized available funding and programmatic savings to address unmet community needs whenever possible. For example, dedicated funding did not exist for emergency winter shelters, but unprecedented and extreme winter weather demanded a coordinated response to keep safe the most vulnerable members of our community. To align funding levels with FY 2017 service levels, including emergency shelter capacity, the City and County added the following programs totaling \$3.5 million:

- Gresham Women’s/DV Shelter (10052C) \$950,000
- Family Shelter Expansion (10052E) \$500,000
- Shelter Capacity Preservation Women/DV (10052K) \$380,000
- Winter Shelter/Severe Weather (10052I) \$1,643,000
- Family Shelter Youth Activities (10052M) \$100,000

The Joint Office of Homeless Services also added the following new programs:

- Local Long Term Rental Vouchers (10053L) \$350,000
- Diversion - Eviction Pilot (10055B) \$400,000
- PSH Coordinated Entry/Annual Count (10051B) \$200,000

** Initial consolidation of the homelessness system of care left some County commitments in the Department of County Human Services. All ongoing additional commitments to the Joint Office are split 50/50 between the City and the County.*

Budget Trends	FY 2016	FY 2017	FY 2017	FY 2018	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	N/A	13.00	13.00	15.00	2.00
Personnel Services	N/A	\$1,565,614	\$1,597,565	\$1,897,161	\$299,596
Contractual Services	N/A	42,129,200	42,988,980	55,259,677	12,270,697
Materials & Supplies	N/A	40,352	41,175	127,827	86,652
Internal Services	N/A	241,533	246,462	881,425	634,963
Debt Service	N/A	0	0	0	0
Capital Outlay	N/A	0	0	0	0
Total Costs	N/A	\$43,976,698	\$44,874,182	\$58,166,090	\$13,291,908

Successes

The **Office of Government Relations'** work in the Legislature resulted in \$20 million for the new courthouse and passage of HB 4093 creating a \$5 surcharge on county traffic and parking tickets to support the courthouse.

The **Office of Diversity and Equity** developed countywide non-discrimination, language, cultural access, and transgender/gender expansive policies. ODE also managed 10 Employee Resource Groups and the Youth Commission made up of people ages 13-21. This year, 85% were youth of color, 30% LGBTQ and 60% low income youth representing every school district in Multnomah County. ODE coordinates the College to County Mentorship program, which to date has placed 93 internships in departments.

The **County Auditor's Office** recommendation implementation rate increased to 92% implemented or in-progress over the past five years. Audits of ongoing projects, including construction of the Health Department Headquarters and the County Courthouse planning phase, were presented in February 2017. The office is auditing the development of the new joint service delivery system for homeless persons, to be reported in FY 2017.

The **Local Public Safety Coordinating Council** (LPSCC) joined the White House Data-Driven Justice Initiative, to use data to identify and break the cycle of incarceration. LPSCC also completed the Comprehensive Gang Assessment Implementation Plan and successfully led the State of Oregon to reduce the number of people sentenced to prison.

Sustainability has been involved in reducing carbon emissions. In 2014, total carbon emissions in the County were 21% below 1990 levels. Multnomah County continues to significantly outperform national emissions, which are up 7% over 1990. Since 1990, the County has welcomed 33% more people and 24% more jobs while emissions have fallen 41% on a per person basis demonstrating you can achieve emission reductions and grow the economy.

The **County Attorney's Office** was significantly involved in the building, acquisition and disposition of multiple County projects and facilities like the completion of the Sellwood Bridge and County Courthouse. The office targeted efforts to ensure consistent application of county contracting and procurement policies by clarifying compliance requirements.

The **Communications Office** led the public engagement during several unprecedented community crises including the detection of air toxins in Portland; hazardous levels of lead in school water systems; and more than 30 days of severe weather. Followers on Facebook, Twitter and Instagram climbed steadily throughout the year, reaching successive peaks first during public health crises, then the election, and finally the severe weather.

A Home of Everyone recommended significant expansions of housing placement, homelessness prevention and emergency shelter. The **Joint Office of Homeless Services** through investments from the City of Portland and Multnomah County has opened over 600 additional beds of emergency shelter, serving nearly 4,000 people in emergency shelter a 26% increase. Second quarter FY 2017 outcomes suggest the office will meet system goals for expanded housing placement and homelessness prevention.

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. ODE focuses on ensuring equal opportunity and fair treatment, advancing an inclusive and diverse workplace, uplifting underrepresented voices with and for systems and policy change, and ingraining equity into daily practice. ODE is responsible for managing and meeting obligations for civil rights, including Affirmative Action and Equal Employment Opportunity compliance, providing training and consultation on the Equity and Empowerment Lens, and develops countywide policies in line with the goal of everyone in Multnomah County experiencing safety, trust and belonging.

The Office of Sustainability, with a “triple bottom line” approach looking at the intersections of environmental, economic, and social impacts of practice, has developed and analyzed policies that affect low income communities of color, and included strong workforce equity components in its Commercial Property Assessed Clean Energy program, and Climate Action Plan.

Government Relations develops and advances a policy agenda that reflects analysis of equity impacts and supports investments that will impact disparities in communities that Multnomah County serves.

The Local Public Safety Coordinating Committee (LPSCC) is focusing on racial and ethnic disparities in the justice system through data collection and programmatic models and strengthening partnerships that will lead to reducing racial and ethnic disparities in criminal justice outcomes.

The County Attorney plays an important role in advancing equity through legal analysis of policy and ensures consistent application of county contracting and procurement policies by clarifying compliance requirements.

The Emergency Management Equity Coordinator has applied the Equity and Empowerment Lens to emergency response plans and continues to build capacity in communities to increase resilience in the response to natural disasters and other emergencies.

The Auditor’s Office has conducted audits on pay equity and other analysis that focuses attention on where disparities exist.

The Communications Office is raising awareness and developed messaging around equity across the community. The Office developed a “Multco Global” webpage, assisted with the Language and Cultural Access Policy Guidance, and works to develop responses to issues of concern for our diverse employees and constituents.

The Joint Office works to implement the A Home for Everyone vision that: “No one should be homeless – everyone needs a safe, stable place to call home.” In reaching that vision, the JOHS follows the AHFE principle of promoting racial and ethnic justice. To eliminate the disproportionate rates of homelessness among many communities of color, the JOHS uses strategies to achieve equity in both access and outcomes in all areas of housing and services. These strategies include culturally specific services, using a racial equity lens across all program investments and dedicated funds to eliminate disparities by race and ethnicity.

Nondepartmental

fy2018 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 2018 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,635,511	0	\$1,635,511	9.00
10001	BCC District 1	642,069	0	642,069	4.00
10002	BCC District 2	642,069	0	642,069	4.30
10003	BCC District 3	642,069	0	642,069	4.00
10004	BCC District 4	642,069	0	642,069	4.00
10005	Auditor's Office	1,643,629	0	1,643,629	8.68
10006	Tax Supervising and Conservation Commission	344,365	0	344,365	2.00
10007	Communications Office	1,537,519	0	1,537,519	11.00
10008	County Attorney's Office	0	5,497,825	5,497,825	25.80
10009A	Local Public Safety Coordinating Council	694,860	686,849	1,381,709	3.00
10009B	HB3194 Justice Reinvestment	0	623,324	623,324	0.00
10010	Office of Community Involvement	252,154	0	252,154	2.00
10011	Office of the Board Clerk	988,601	0	988,601	2.00
10012	Office of Emergency Management	1,600,394	273,671	1,874,065	8.00
10016	Government Relations Office	1,028,586	0	1,028,586	5.00
10017A	Office of Diversity and Equity	883,264	0	883,264	4.80
10017B	Multnomah Youth Commission Support	110,792	0	110,792	1.00
10018A	Office of Sustainability	706,756	118,639	825,395	5.00
10018B	Environmental Justice Summit	15,000	0	15,000	0.00
10020	Regional Arts & Culture Council	300,000	0	300,000	0.00
10021	State Mandated Expenses	6,349,556	414,224	6,763,780	0.00
10022	Pass-Through Payments to East County Cities	8,831,429	0	8,831,429	0.00
10023	OHS Local Option Levy	0	3,072,786	3,072,786	0.00
10024	County School Fund	0	80,300	80,300	0.00
10025	Convention Center Fund	0	49,392,254	49,392,254	0.00
10026	Capital Debt Retirement Fund	0	32,323,014	32,323,014	0.00
10028	PERS Pension Bond Sinking Fund	0	92,431,104	92,431,104	0.00
10029A	SummerWorks Internship Program	50,000	1,250,000	1,300,000	0.70

Nondepartmental

fy2018 adopted budget

Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Nondepartmental (cont.)					
10029B	SummerWorks - Minimum Wage Increase	353,256	0	353,256	0.00
10029C	SummerWorks Additional 100 Slots	275,000	0	275,000	0.00
10029D	SummerWorks - High-Risk Youth	<u>125,000</u>	<u>0</u>	<u>125,000</u>	<u>0.00</u>
Total Nondepartmental		\$30,293,948	\$186,163,990	\$216,457,938	\$104.28

Joint Office of Homeless Services

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 2018 General Fund	Other Funds	Total Cost	FTE
10050	Joint Office of Homeless Services Administration & Operations	\$1,222,872	\$960,612	\$2,183,484	14.00
10051A	System Support, Access, & Coordination	348,030	835,560	1,183,590	0.00
10051B	PSH Coordinated Entry & Annual Point in Time Count	100,000	100,000	200,000	1.00
Safety off the Streets					
10052A	Adult Shelter	1,191,301	5,478,097	6,669,398	0.00
10052B	Women's Shelter	270,483	2,246,060	2,516,543	0.00
10052C	Gresham Women's/DV Shelter Preservation	475,000	475,000	950,000	0.00
10052D	Family Shelter	574,840	518,597	1,093,437	0.00
10052E	Family Shelter Expansion	250,000	250,000	500,000	0.00
10052F	Domestic Violence Shelter	754,220	245,397	999,617	0.00
10052G	Youth Shelter	1,601,710	228,250	1,829,960	0.00
10052H	UNITY/SPMI Shelter	325,000	325,000	650,000	0.00
10052I	Winter Shelter/Severe Weather	821,500	821,500	1,643,000	0.00
10052K	Shelter Capacity Preservation for Women/DV	190,000	190,000	380,000	0.00
10052M	Family Shelter Youth Activities	100,000	0	100,000	0.00
Housing Placement and Retention					
10053A	Adults Only Households	886,570	4,559,366	5,445,936	0.00
10053B	Women	0	882,410	882,410	0.00
10053C	Homeless Families (Part I)	2,441,870	958,370	3,400,240	0.00

Nondepartmental

fy2018 adopted budget

Prog. #	Program Name	FY 2018 General Fund	Other Funds	Total Cost	FTE
Housing Placement and Retention (cont.)					
10053D	Homeless Families (Part II)	1,374,330	0	1,374,330	0.00
10053E	Domestic Violence (Part I)	992,758	780,984	1,773,742	0.00
10053F	Domestic Violence (Part II)	636,610	0	636,610	0.00
10053G	Medical/Aging	900	851,310	852,210	0.00
10053H	Youth (Part I)	1,546,423	1,467,977	3,014,400	0.00
10053I	Youth (Part II)	854,760	0	854,760	0.00
10053J	Veterans	84,220	767,984	852,204	0.00
10053L	Local Long Term Rental Vouchers	175,000	175,000	350,000	0.00
Supportive Housing					
10054A	Adults Only Households	1,155,540	4,385,740	5,541,280	0.00
10054B	Mental Health/Medical Supportive Housing	800,000	3,668,029	4,468,029	0.00
Diversion					
10055A	Diversion	471,970	1,004,070	1,476,040	0.00
10055B	Eviction Pilot	200,000	200,000	400,000	0.00
Employment					
10056A	Employment Programs (Part I)	255,620	749,990	1,005,610	0.00
10056B	Employment Programs (Part II)	255,620	0	255,620	0.00
10057	Tax Title Affordable Housing	<u>4,683,640</u>	<u>0</u>	<u>4,683,640</u>	<u>0.00</u>
Total Joint Office		\$25,040,787	\$33,125,303	\$58,166,090	15.00

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 2018 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	\$91,976,083	\$60,933,425	\$152,909,508	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	\$498,419,672	\$0	\$498,419,672	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>				

Department: Nondepartmental **Program Contact:** Deborah Kafoury
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Chair is the Chief Executive Officer of Multnomah County. With both legislative and executive responsibilities, the Chair works closely with the Board of County Commissioners to set the policy direction of Multnomah County and implements that direction as mandated by the Home Rule Charter. All departments and non-departmental offices report to the Chair, including the Office of Diversity and Equity, Office of Sustainability, Communications Office, Board Clerk's Office and Government Relations.

Program Summary

The Chair oversees a \$1.88 billion budget and more than 6,000 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 has long championed issues supporting the most vulnerable in our community such as preventing and ending homelessness, creating stability for families, and providing healthcare to underserved populations. She has also led successful plans to replace the Sellwood Bridge, replace the Central County Courthouse and invest in vital county infrastructure.

In Fiscal Year 2018, Chair Kafoury will focus on the following priorities:

1. Continue historic investments in housing and homeless services and prevention.
2. Strengthen the mental health and addictions systems and close gaps in service.
3. Make our criminal justice system more fair by addressing racial and ethnic disparities.
4. Invest in early education and afterschool programs, helping children across the county succeed.
5. Protect our clean air and clean water from polluters.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Ensure broad community input by conducting community listening sessions	6	8	8	8
Outcome	Respond to all constituent emails, phone calls, & meeting requests timely & resolve constituent concerns	100%	100%	100%	100%
Output	Respond to recommendations from Home for Everyone Committee on Housing and Homelessness	100%	100%	100%	100%
Output	Complete next steps on the Central Courthouse & Health Department HQ planning, design & construction	N/A	100%	100%	100%

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
Program Expenses	2017	2017	2018	2018
Personnel	\$1,268,264	\$0	\$1,304,021	\$0
Contractual Services	\$25,000	\$0	\$25,000	\$0
Materials & Supplies	\$64,900	\$0	\$68,885	\$0
Internal Services	\$230,774	\$0	\$237,605	\$0
Total GF/non-GF	\$1,588,938	\$0	\$1,635,511	\$0
Program Total:	\$1,588,938		\$1,635,511	
Program FTE	9.00	0.00	9.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10000 Chair's Office

Department: Nondepartmental **Program Contact:** Sharon Meieran
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Meieran serves 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. Her responsibilities include adopting a balanced budget, setting policy priorities and responding to the needs and concerns of her district. She works to make Multnomah County a place where everyone can thrive, through creation and support of programs that allow residents to be safe, healthy and live with dignity.

Program Summary

Commissioner Meieran is advocating for our most vulnerable residents by working on issues such as housing and homelessness, improving access to and quality of mental health services, and public safety reform and reinvestment. She will prioritize programs that provide meaningful and effective services to Multnomah County residents, and will ensure these programs have clear and measurable goals, and that these goals are met. She will also be a strong advocate for effective policies and programs at the state and federal levels.

She will participate in the FY 2018 budget process and will advocate for strategies that address the root causes of intergenerational cycles of poverty. These strategies will address the needs of our most vulnerable residents and focus on the intersection of housing and homelessness, health care, and public safety. Commissioner Meieran will spearhead efforts to improve mental health and addictions services, focusing on peer support, integration with housing, and connection to health care and other supportive wrap-around services. She will look for opportunities to continue to address domestic violence and the needs of veterans, and she will focus on reproductive health equity as well as public health interventions that improve the health and wellbeing of the whole community. She will actively seek opportunities to improve our resilience in an emergency, including through partnerships with others in the region. Commissioner Meieran will emphasize the need to enact policies that reverse the disparities and racial injustices disproportionately faced by people of color, and she will seek to end gender discrimination and the persistent wage gap.

Finally, Commissioner Meieran will oversee and collaborate with her colleagues on major construction projects in her district, including the Health Department Headquarters Project. She will closely monitor and provide feedback regarding the Burnside Bridge Lifeline Feasibility Study.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Respond to constituent emails, phone calls and meeting requests timely and resolve constituent concerns	N/A	N/A	N/A	100%
Outcome	Meet all benchmarks for Health Department HQ construction during fiscal year.	N/A	N/A	N/A	100%
Output	Conduct or partner on twice quarterly outreach events.	N/A	N/A	N/A	8 events
Output	Provide testimony and meet directly with state and federal legislators for priority issues.	N/A	N/A	N/A	8 meetings

Performance Measures Descriptions

Timely response is within 10 days.
 Outreach events, at least four events focusing on mental health care in Multnomah County.
 Priorities for legislative testimony are issues on the County's legislative agenda, including housing and homelessness, health care, mental health care, public health, eliminating domestic violence and reproductive rights and justice.

Legal / Contractual Obligation

The Multnomah 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	2017	2017	2018	2018
Personnel	\$473,662	\$0	\$482,467	\$0
Contractual Services	\$16,000	\$0	\$10,380	\$0
Materials & Supplies	\$45,044	\$0	\$59,395	\$0
Internal Services	\$85,122	\$0	\$89,827	\$0
Total GF/non-GF	\$619,828	\$0	\$642,069	\$0
Program Total:	\$619,828		\$642,069	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10001 BCC District 1

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. She is also active in representing the County on regional business and Government Partnerships, engaged with key stakeholders in the academic community and the system of community-based non-profits.

Program Summary

Commissioner Smith works to ensure that County services are oriented to protect the most vulnerable community members accessing public health, mental health and homelessness programs; promoting public safety through policing services, County jails, Community Justice 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 a continuing connection to Multnomah County values, its mission, goals, objectives and outcomes.

Community engagement, transparent and open governments are core values in the District 2 Office. 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. Highlights for FY 2017 included the following activity: 1) (\$1.2 million budgeted for the SummerWorks Program, leveraging over \$300,000 in partnership resources with the City of Portland and Worksystems, Inc.); 2) Funding for Disparity Reduction in Communities of Color, also known as the Promise Neighborhood Initiative \$2,000,000; 3) In collaboration with Comcast/Xfinity and the Department of County Human Services, addressing the issue of the "computer divide"; 4) Conducted senior town halls in the County to educate seniors about the dangers of elder financial fraud and abuse; and highlighting service delivery discussions addressing the needs of seniors residing in Multnomah County. Priorities for FY 2018 will include: maintaining Multnomah County's commitment to summer youth employment through SummerWorks; engaging in key Regional Policy activity through the Regional Disaster Preparedness Organization (RDPO), Workforce Investment Board, and the Metro Policy Advisory Committee (MPAC), focusing on Childhood Obesity, partnership in a 2018 Girls Summit, highlighting issues of importance for young women, healthcare, educational development and awareness, mentorship opportunities and job creation. District 2 will also focus attention 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 2018 Disparity Reduction in Communities of Color Initiative (Promise Neighborhood Initiative), and ensuring the mechanism for enrolling and maintaining vulnerable populations, including elders, adults, children and families in the Affordable Care Act functioning well in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Respond to constituent inquiries, emails and information requests.	130	130	150	200
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks Program	\$150,000	\$150,000	\$300,000	\$500,000
Output	Participate in Regional Disaster Planning Organization and Emergency Preparedness Activity	12	12	12	12
Output	Conduct quarterly town hall meetings in District 2	4	8	12	12

Performance Measures Descriptions

The Commissioner's office will continue involvement in regional planning and advisory committee activity such as the Regional Disaster Planning Organization, focusing on emergency preparedness, in support of Multnomah County planning efforts that seek to improve the transportation, quality of life and economic fortunes of County residents and local businesses, especially vulnerable populations identified as elders, adults, children, families, differently abled and communities of color.

Legal / Contractual Obligation

The Multnomah County 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	2017	2017	2018	2018
Personnel	\$476,641	\$0	\$515,160	\$0
Contractual Services	\$13,605	\$0	\$11,600	\$0
Materials & Supplies	\$38,288	\$0	\$18,321	\$0
Internal Services	\$91,294	\$0	\$96,988	\$0
Total GF/non-GF	\$619,828	\$0	\$642,069	\$0
Program Total:	\$619,828		\$642,069	
Program FTE	4.30	0.00	4.30	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 2017: 10002A BCC District 2

Department: Nondepartmental **Program Contact:** Jessica Vega Pederson
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County Commissioner Jessica Vega Pederson is one of five elected officials who form the governing body of Multnomah County. She represents District 3, comprising most of SE Portland. Commissioner Vega Pederson focuses on serving her constituents and the needs of East Portland while embracing the county's mission, vision and values of equity, sustainability, inclusivity, social justice, health, public safety, integrity and innovation. To learn more please visit <https://multco.us/commissioner-vega-pederson>.

Program Summary

By many accounts, the local economy is booming. The metro region has added roughly 165,000 new jobs in the last 6 years, 2.5 times more than the other six Oregon metropolitan regions combined. Household income in the city of Portland grew by 19% over the same time period, the second highest growth rate among U.S. cities. This tremendous growth pushed the city from being the 17th wealthiest in the U.S. to the 8th wealthiest. Yet that prosperity has not been evenly shared. Households with annual incomes of more than \$100,000 saw their incomes grow by 50%, while households with annual incomes of less than \$35,000 saw income decline by 20%.

Commissioner Vega Pederson's East Portland district contains neighborhoods where the poverty rate is close to 25%. The district is also one of the most diverse, composed of several communities of color, as well as immigrant and refugee communities. As such, there is a high need for critical government services, but the area has been historically underserved. East Portland has fewer sidewalks, parks, and other civic amenities than other areas of Portland and less transit access.

As the lone locally elected official designated with representing this part of the community, one of the Commissioner's top priorities is to find solutions to the disparities and inequities affecting District 3. Among the challenges that disproportionately affect low-income communities and communities of color are: the lack of affordable housing, involvement in the criminal justice system, limited access to reproductive healthcare, and the need for affordable and accessible early childhood education. Commissioner Vega Pederson will work to mitigate these inequities by continuing to partner with community-based organizations and directing resources to the areas and communities that have been traditionally underserved.

The Commissioner is also committed to improving pedestrian safety. Her district contains two-thirds of the city of Portland's high-crash intersections. She represents the county on several transportation committees and co-chairs the Earthquake Ready Burnside Bridge feasibility project, which aims to improve the region's earthquake preparedness. The Commissioner is also committed to building sustainable communities. She is the county's liaison to the Advisory Committee on Sustainability and Innovation, as well as the liaison to the Multnomah County Library Board.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	State and Federal advocacy for transportation, homelessness and housing and environmental protection	N/A	N/A	8	8
Outcome	Earthquake Ready Burnside Bridge Feasibility Study.	N/A	N/A	60%	100%
Outcome	Multnomah County Downtown Courthouse financing and construction.	N/A	N/A	60%	100%
Output	Community engagement and constituent outreach via neighborhood meetings and community events.	N/A	N/A	12	12

Performance Measures Descriptions

1) Advocate for County priorities before state and federal lawmakers. 2) Co-chair the Earthquake Ready Burnside Bridge policy advisory committee through its formation and present the feasibility study to the Board of Commissioners in September of 2018. 3) Help obtain the final round of \$92.6 million in matching funds for the new central courthouse. 4) The Commissioner and her office will attend community events and neighborhood meetings in her district to better understand the issues facing her constituents and inform her policy and budgetary priorities.

Legal / Contractual Obligation

The Multnomah 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	2017	2017	2018	2018
Personnel	\$497,138	\$0	\$506,420	\$0
Contractual Services	\$5,000	\$0	\$5,000	\$0
Materials & Supplies	\$37,692	\$0	\$39,711	\$0
Internal Services	\$79,998	\$0	\$90,938	\$0
Total GF/non-GF	\$619,828	\$0	\$642,069	\$0
Program Total:	\$619,828		\$642,069	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

This is a General Fund Program.

Significant Program Changes

Last Year this program was: FY 2017: 10003 BCC District 3

Department: Nondepartmental **Program Contact:** Lori Stegmann
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Lori Stegmann is one of five elected members that comprise the governing body of Multnomah County, representing District 4 in East County. As a member of the board of County commissioners, Commissioner Stegmann is responsible for adopting a balanced budget, setting policy, and effectively representing her district. Commissioner Stegmann is committed to engaging the community, operating in an open and transparent manner, and responding to the needs of constituents in a timely manner. For more information, please visit: <https://multco.us/commissioner-stegmann>

Program Summary

In FY 2018, Commissioner Stegmann will focus on supporting place-based efforts to reduce the impacts of poverty and negative systemic interactions for all residents of East Multnomah County. To this end, specific policy portfolios will address disparities for communities of color and residents involved in the justice system, opportunities for economic development and workforce collaborations, increased access to health and human services provided through the County, and effective, ongoing conversations with East County communities.

Commissioner Stegmann will chair the East Multnomah County Transportation Committee, co-chair the jail population focus subcommittee of the Local Public Safety Coordinating Council, and remain as Multnomah County's lead for the East County Caring Community. In addition, the Commissioner will serve as a board liaison for the Regional Arts and Culture Council, Mt. Hood Cable Regulatory Commission, Multnomah County's Audit Committee, the East Multnomah Economic Alliance, and as the board alternate for the Joint Policy Committee on Transportation.

District 4 will establish a 100% success rate to ensure responsiveness to all County departments and programs, as well as constituents from East Multnomah County. Engaging intentionally in conversations to make informed decisions and achieve collaborative consensus is a priority for Commissioner Stegmann and her team.

Commissioner Stegmann is committed to implementing the Equity and Empowerment Lens in all policy discussions and actively discuss how decisions may disproportionately impact communities who are underrepresented in those discussions.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of East County community partners engaged	N/A	N/A	N/A	1,500
Outcome	Ongoing responsiveness to all County departments	N/A	N/A	N/A	100%
Output	Number of meetings convened in East County	N/A	N/A	N/A	25
Outcome	Ongoing responsiveness to all District 4 constituents	N/A	N/A	N/A	100%

Performance Measures Descriptions

1) Measured by unduplicated number of individuals involved in topic-specific meetings, gathered through mailing lists and sign in sheets. 2) Measured by percentage of department meetings, briefings and communication requested and completed. 3) Measured by number of meetings hosted or led by Commissioner Stegmann and her staff. 4) Measured by percentage of communications and response provided to constituents of Multnomah County District 4.

Legal / Contractual Obligation

The Multnomah 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	2017	2017	2018	2018
Personnel	\$480,002	\$0	\$507,026	\$0
Contractual Services	\$5,000	\$0	\$5,100	\$0
Materials & Supplies	\$47,450	\$0	\$38,956	\$0
Internal Services	\$87,376	\$0	\$90,987	\$0
Total GF/non-GF	\$619,828	\$0	\$642,069	\$0
Program Total:	\$619,828		\$642,069	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10004 BCC District 4

Department: Nondepartmental **Program Contact:** Steve March
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Auditor's Office promotes efficient, effective, equitable and accountable government. Per County Charter, the elected Auditor conducts independent, objective performance audits and special studies of the County. Audits examine program performance, service outcomes, management processes, and general operations. Our work provide the public and county officials with a means of assessing the quality, effectiveness, and value of county services and identifies opportunities for improvement.

Program Summary

Audit reports and special studies are the primary product of the Auditor's Office and provide both internal and public accountability. Audits supply analyses and recommendations for improvement to county management and leaders, inform the public about how tax dollars are spent, and ensures that county operations are independently reviewed and held accountable. The Auditor's Office maintains a Good Government Hotline to report fraud, waste or abuse, and also provides a means for HIPAA/privacy reporting.

Audits released since the beginning of 2016 include: DCHS-ADVSD Public Guardian Program; DCHS-ADVSD OPI Services billing & contracts; DCS-Animal Services Finances; DCS-Anima; Services operations; Large Contracts follow-up; and our annual reports on Audit Survey Results, and the Good Government Hotline. Before the end of FY 2017, we will be releasing reports on Capital Construction Planning on both the new Multnomah County Courthouse and the Health Department Headquarters; Internal Services; the Homeless Services system; County Ethical Culture survey; Human Resources; and the Health Department.

Per the County Charter, the Auditor will appoint a 2018 Salary Commission in December 2017 and they will meet to set the salaries for the Chair, Commissioners, Sheriff & the District Attorney's supplement. Under the Charter, the Auditor's salary is set at 80% of the salary of a Circuit Court Judge. The Auditor's Office also facilitates the Audit Committee to manage the external financial audits required under Oregon State Law. All of our reports can be found at: <https://multco.us/auditor>.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of reports issued (Audit Reports + Good Govt Hotline)	6+2	9	9+2	9+2
Outcome	Recommendation implementation rate - within 5 years	91%	90%	92%	90%

Performance Measures Descriptions

The Output Measure includes audits & reports-to-management, plus two annual reports, one on the Good Government Hotline, and one on the Audit Survey, which assesses audits & recommendations over five-years. The Outcome Measure reports the percentage of audit recommendations that are either completed or in-progress over the rolling five-year period.

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	2017	2017	2018	2018
Personnel	\$1,224,248	\$0	\$1,276,941	\$0
Contractual Services	\$177,000	\$0	\$155,500	\$0
Materials & Supplies	\$27,640	\$0	\$31,382	\$0
Internal Services	\$161,567	\$0	\$179,806	\$0
Total GF/non-GF	\$1,590,455	\$0	\$1,643,629	\$0
Program Total:	\$1,590,455		\$1,643,629	
Program FTE	8.78	0.00	8.68	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 2017: 10005 Auditor's Office

To meet constraint, the Auditor reduced 0.10 FTE, reduced Professional Services to reflect a payment for the triennial Peer Review in FY 2017 (and will be budgeted again in FY 2019), and also reduced the audit contract cost to reflect this year's audit (it will be higher in the FY 2019, per the contract). Total Professional Services reduction \$21,500.

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	2017	2017	2018	2018
Personnel	\$304,915	\$0	\$322,375	\$0
Contractual Services	\$5,000	\$0	\$4,766	\$0
Materials & Supplies	\$21,600	\$0	\$15,300	\$0
Internal Services	\$2,820	\$0	\$1,924	\$0
Total GF/non-GF	\$334,335	\$0	\$344,365	\$0
Program Total:	\$334,335		\$344,365	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

The Commission has no direct revenue sources. Funding to support the Commission is derived from two sources: Member districts (\$274,935 for FY 2017) and the state's County Assessment Function Funding Assistance (CAFFA) Grant (\$56,616) for FY 2017). The County also provides office space for the Commission (valued at \$35,602 for FY 2018).

Member districts contribute on a pro-rated share per a statutory formula (ORS 294.632). FY 2017 contributions ranged from \$250 to \$137,467.

Significant Program Changes

Last Year this program was: FY 2017: 10006 Tax Supervising and Conservation Commission

Department: Nondepartmental **Program Contact:** Julie Sullivan-Springhetti
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Communications Office is the bridge that connects people in Multnomah County to their government. The Office provides accurate, timely and responsive information on county services, employees and initiatives. Staff chronicle, curate and disseminate the work of the Board of County Commissioners and county departments. The Communications Office enables citizens to express their needs and ideas by conducting public engagement, providing access to public records and working effectively with media.

Program Summary

The Communications Office creates a central, coordinated voice that builds public trust through professionalism, timeliness and transparency. Through research, writing, photography, video and audio recordings, and culturally-specific approaches, staff create accessible materials to engage and inform the public. They operate as a virtual news outlet on county developments, covering board meetings, public events and profiling employees and clients. Staff create content and/or maintain 18 websites and the County's main social media accounts (Facebook, Twitter, etc.). The Office responds to all media and public records requests. They provide emergency health and safety communications for the public and employees 24/7. They develop position statements, op-eds, news releases, board presentations and legislative testimony. Using strategic communications, the Communications staff proactively anticipate issues and advise elected and department leaders and staff on critical concerns. They provide crisis communications for all departments, develop public education campaigns and convene public meetings. They promote employee expertise and skill through media training and help create a cohesive organization through the weekly Wednesday Wire newsletter sent to all county staff. With more than 100 languages spoken by Multnomah County residents, translation services are vital to ensure the delivery of services, care, and emergency information. Materials are developed specific to audiences and communities to promote understanding, assure equity and leverage culturally specific media.

Key objectives for 2018:

- Increase the awareness of, and access to, county services through increased output, branding, and coordinated county-wide content and outreach.
- Reach underserved communities by increasing materials, outreach and media relations to those populations.
- Protect and strengthen the integrity of government and governing by creating accurate, timely news of record.
- Increase professionalism and trust through style and production standards and media training for staff and leadership.
- Promote Multnomah County's unique role as a regional and statewide government leader through relations with partner agencies.
- Bring departments' communications professionals together to share best practices and leverage communications on county-wide initiatives.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of news stories generated by the office in all media -- TV, print, radio, County website and blogs	1,120	1,100	1,125	1,250
Outcome	Number of multi-media videos/projects produced by the office	50	80	50	52
Output	Number of Twitter users for the county	21,806	22,000	22,250	23,000
Output	Number of FaceBook followers for the county	2,846	2,500	2,750	3,000

Performance Measures Descriptions

The performance measure 1 captures traditional media, while 3 and 4 capture social media reach. The multi-media projects capture the number of videos produced and figures have been adjusted based on the capacity of one full-time staff member dedicated to video.

Legal / Contractual Obligation

Meet the spirit and intent of Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$1,092,086	\$0	\$1,339,594	\$0
Contractual Services	\$500	\$0	\$25,500	\$0
Materials & Supplies	\$12,100	\$0	\$21,500	\$0
Internal Services	\$118,155	\$0	\$150,925	\$0
Total GF/non-GF	\$1,222,841	\$0	\$1,537,519	\$0
Program Total:	\$1,222,841		\$1,537,519	
Program FTE	9.00	0.00	11.00	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 2017: 10007 Communications Office

The offer includes a new communications coordinator position to manage communications for the new Joint Office of Homeless Services and A Home for Everyone. This is a significant portfolio that includes the work of the Joint Office, and issues around housing, homeless services, emergency shelter and the extensive non-profit provider partnership that delivers shelter, employment and support services. The 2018 offer also includes increasing a .5 graphic designer and a .5 photographer each to full-time. Photos and graphic design are central pillars of all County Communications web and print content. These images appear across county websites, departments, print and web materials, to communicate visually. They are routinely used by all media outlets.

Legal / Contractual Obligation

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$4,478,406	\$0	\$4,632,000
Contractual Services	\$0	\$25,000	\$0	\$35,000
Materials & Supplies	\$0	\$173,770	\$0	\$250,000
Internal Services	\$0	\$521,217	\$0	\$580,825
Total GF/non-GF	\$0	\$5,198,393	\$0	\$5,497,825
Program Total:	\$5,198,393		\$5,497,825	
Program FTE	0.00	25.80	0.00	25.80

Program Revenues				
Other / Miscellaneous	\$0	\$5,198,393	\$0	\$5,497,825
Total Revenue	\$0	\$5,198,393	\$0	\$5,497,825

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 2017: 10008 County Attorney's Office

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 Chair Deborah Kafoury and City of Portland Mayor Ted Wheeler.

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. Examples include: 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). It also oversees the operation of Decision Support System-Justice (DSSJ), the County's public safety data warehouse, which is a repository for all public safety related data.

In its FY 2010 adopted budget, Multnomah County's Board of Commissioners formally transferred responsibility for the administration of DSSJ to the County's Local Public Safety Coordinating Council (LPSCC), which agreed to oversee the development and maintenance of DSSJ and ensure data accuracy and security through a Policy Committee.

In FY 2018, 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 (grant funded), and a full-time Executive Assistant, who provides organizational and communications support.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of LPSCC Executive Committee and Subcommittee Meetings	86	68	85	90
Outcome	Average percentage of statutorily mandated LPSCC representatives present at Executive Committee meeting	62	75	70	70
Output	Number of policy recommendations made to County Commissioners	8	10	10	10

Performance Measures Descriptions

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	2017	2017	2018	2018
Personnel	\$0	\$478,194	\$0	\$512,770
Contractual Services	\$0	\$15,000	\$0	\$47,316
Materials & Supplies	\$0	\$74,042	\$0	\$62,132
Internal Services	\$656,622	\$132,634	\$694,860	\$64,631
Total GF/non-GF	\$656,622	\$699,870	\$694,860	\$686,849
Program Total:	\$1,356,492		\$1,381,709	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$532,675	\$0	\$523,517
Other / Miscellaneous	\$0	\$15,000	\$0	\$163,332
Beginning Working Capital	\$0	\$152,195	\$0	\$0
Total Revenue	\$0	\$699,870	\$0	\$686,849

Explanation of Revenues

\$694,860 is General Fund specifically designated to pay for the DSSJ system.

\$523,517 is funded by the State Department of Corrections through SB 1145. This amount is determined by the State of Oregon, and final amounts will be determined in June, 2017. Therefore, this funding could be at-risk.

\$163,332 will be carried over from the MacArthur Foundation for participation in the Safety and Justice Challenge.

Significant Program Changes

Last Year this program was: FY 2017: 10009A Local Public Safety Coordinating Council

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	2017	2017	2018	2018
Contractual Services	\$0	\$614,017	\$0	\$623,324
Internal Services	\$0	\$105,512	\$0	\$0
Total GF/non-GF	\$0	\$719,529	\$0	\$623,324
Program Total:	\$719,529		\$623,324	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$495,035	\$0	\$423,074
Beginning Working Capital	\$0	\$224,494	\$0	\$200,250
Total Revenue	\$0	\$719,529	\$0	\$623,324

Explanation of Revenues

State HB 3194 CJC revenue \$423,074. Beginning Working Capital from unspent contracts from FY 2017 \$200,250.

Significant Program Changes

Last Year this program was: FY 2017: 10009B LPSCC - HB3194 Justice Reinvestment

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	2017	2017	2018	2018
Personnel	\$185,545	\$0	\$190,114	\$0
Contractual Services	\$1,500	\$0	\$1,530	\$0
Materials & Supplies	\$13,351	\$0	\$15,165	\$0
Internal Services	\$42,593	\$0	\$45,345	\$0
Total GF/non-GF	\$242,989	\$0	\$252,154	\$0
Program Total:	\$242,989		\$252,154	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10010A Citizen Involvement Committee

In early 2017, the CIC and OCI changed the word in their operating titles from “citizen” to “community” to better reflect the goals and values of their work.

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 Clerk 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 Clerk 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 Clerk 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total number of Board related documents processed		6,000	6,000	7,539
Outcome	Files shared with Archives		4,000	4,000	5,000

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	2017	2017	2018	2018
Personnel	\$288,591	\$0	\$285,904	\$0
Contractual Services	\$105,000	\$0	\$30,000	\$0
Materials & Supplies	\$289,500	\$0	\$294,400	\$0
Internal Services	\$362,132	\$0	\$378,297	\$0
Total GF/non-GF	\$1,045,223	\$0	\$988,601	\$0
Program Total:	\$1,045,223		\$988,601	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10011 Office of the Board Clerk

Fiscal year 2017 included \$75,000 of one-time-only General Funds to support the National Organization of Black County Officials annual conference, due to the possibility of Multnomah County being a selected site.

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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 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	2017	2017	2018	2018
Personnel	\$880,800	\$173,183	\$880,695	\$263,502
Contractual Services	\$96,293	\$65,000	\$133,700	\$0
Materials & Supplies	\$132,345	\$0	\$125,500	\$3,081
Internal Services	\$377,145	\$4,574	\$460,499	\$7,088
Total GF/non-GF	\$1,486,583	\$242,757	\$1,600,394	\$273,671
Program Total:	\$1,729,340		\$1,874,065	
Program FTE	6.50	1.50	6.00	2.00

Program Revenues				
Intergovernmental	\$0	\$242,757	\$0	\$273,671
Total Revenue	\$0	\$242,757	\$0	\$273,671

Explanation of Revenues

MCEM receives \$273,671 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

Significant Program Changes

Last Year this program was: FY 2017: 10012A Office of Emergency Management

This program combines 10012A and 10012B from FY 2017.

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 legislative agenda set by the Board of Commissioners and facilitates interdepartmental cooperation on intergovernmental efforts.

The Director manages budget and compliance issues, manages federal government relations, 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Develop and pass a comprehensive legislative 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	20	20	26	24

Performance Measures Descriptions

The adoption of the legislative agenda 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.

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	2017	2017	2018	2018
Personnel	\$782,012	\$0	\$817,016	\$0
Contractual Services	\$118,000	\$0	\$114,000	\$0
Materials & Supplies	\$25,950	\$0	\$25,250	\$0
Internal Services	\$69,865	\$0	\$72,320	\$0
Total GF/non-GF	\$995,827	\$0	\$1,028,586	\$0
Program Total:	\$995,827		\$1,028,586	
Program FTE	5.00	0.00	5.00	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 2017: 10016 Government Relations Office

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 develops empowering tools for internal and external communities.

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 and complement equity and social justice work throughout the County. Projects and resources include: Civil Rights policy development and compliance, Workforce Equity , policy analysis, Equity and Empowerment Lens technical assistance and consultation, research and best practices for data collection and analysis, 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.

ODE also works with community based stakeholders to identify critical issues of importance with the goal of lifting up underrepresented voices for systems and policy change.

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 10 Employee Resource Groups and the 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Employee Resource Groups	10	10	10	10
Outcome	Number of Equity and Empowerment Lens applications, technical assistance, training and consultation	8	12	36	24
Output	Data Dashboards, data reports, compliance reports submitted	12	15	6	6
Output	Development of unique data metrics related to racial equity	N/A	5	5	n/a

Performance Measures Descriptions

ODE revised program measures to reflect new focus on evaluation practices and measures and less focus on creating new dashboards. ODE continues to maintain countywide dashboard on employee demographics, updated semi-annually. The outcome 2 measure significantly increased with staffing realignment and increased focus and demand for equity consultation across departments. ODE is responsible for Affirmative Action, Equal Employment, and other federal compliance reports for the County.

Legal / Contractual Obligation

Title II, Title VI administration for the County
Affirmative Action, Equal Employment Opportunity
Administers discrimination complaint/grievance processes

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$673,491	\$0	\$701,838	\$0
Contractual Services	\$25,000	\$0	\$20,000	\$0
Materials & Supplies	\$51,631	\$0	\$47,073	\$0
Internal Services	\$105,655	\$0	\$114,353	\$0
Total GF/non-GF	\$855,777	\$0	\$883,264	\$0
Program Total:	\$855,777		\$883,264	
Program FTE	4.50	0.00	4.80	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 2017: 10017A Office of Diversity and Equity

This program included a 1.00 FTE budgeted as one-time-only in FY 2017. That position was requested as a scale up offer on 10017B.

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 MYC advises and makes recommendations on policies and programs that impact youth in Multnomah County by engaging with all levels of the organization through committee work, Elected Official Liaison Program, and training and technical assistance for community organizations and government agencies. Through a youth development program and youth policy body, MYC uses authentic youth engagement practices and tools to build the capacity of youth to participate in high-level policy advocacy to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities as they develop into healthy, productive adults. The MYC works 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 Against Violence project mini-grants. These projects aim to empower youth to take lead and work together to address issues most important to their communities, while highlighting and sharing ideas and experiences regarding violence, and building youth-led solutions. All MYC work is guided by "Our Bill of Rights: Children + Youth", the nation's first bill of rights written by and for youth. The MYC is made up of a diverse group of youth dedicated to equity and justice, developing into a nationally recognized youth development program that incorporates participatory action research, policy creation and advocacy, and Youth-Adult Partnership as its foundational underpinnings.

The Office of Diversity and Equity provides leadership and resources for advancing organizational equity and inclusion change efforts. ODE works in collaboration with departments and offices and serves and as 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Youth Commission Meetings held	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	2017	2017	2018	2018
Personnel	\$108,053	\$0	\$110,792	\$0
Materials & Supplies	\$0	\$10,000	\$0	\$0
Total GF/non-GF	\$108,053	\$10,000	\$110,792	\$0
Program Total:	\$118,053		\$110,792	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$10,000	\$0	\$0
Total Revenue	\$0	\$10,000	\$0	\$0

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10017B Multnomah Youth Commission Support

Reduced funding from Penney Foundation (\$10,000).

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 works 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 2018 include, implementation of the Climate Action Plan, implementation of the Commercial Building Property Assessed Clean Energy program (PropertyFit), 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 79 County specific 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, promoting more efficient building energy codes and developing a low emissions fleet strategy.

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. A new priority will be to work with the Board and community partners to develop and help to implement an environmental justice policy for the County.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Servings of fresh, culturally appropriate produce donated, by pounds and types of food grown.	111,055	115,000	111,055	100,000
Outcome	Decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	21%	15%	21%	22%
Output	Number of volunteer hours contributed to Office of Sustainability events or programs.	1,375	1,500	1,375	1,000

Performance Measures Descriptions

1) Donation of healthy, culturally appropriate food from the CROPS program, as identified by our community partners. Decrease due to the planned move of the farm to a new location. 2) 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. 3) 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
Program Expenses	2017	2017	2018	2018
Personnel	\$543,310	\$0	\$571,465	\$13,433
Contractual Services	\$5,500	\$0	\$45,500	\$65,206
Materials & Supplies	\$21,000	\$0	\$23,985	\$0
Internal Services	\$59,217	\$0	\$65,806	\$0
Capital Outlay	\$0	\$0	\$0	\$40,000
Total GF/non-GF	\$629,027	\$0	\$706,756	\$118,639
Program Total:	\$629,027		\$825,395	
Program FTE	5.00	0.00	5.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$78,639
Other / Miscellaneous	\$0	\$0	\$0	\$40,000
Total Revenue	\$0	\$0	\$0	\$118,639

Explanation of Revenues

For FY 2018, new grant revenues from the East Multnomah Soil & Water Conservation District for year one of a three year Green Gresham/Healthy Gresham project \$78,639.

Private donation for the purchase of a farm tractor \$20,000.

\$40,000 of one-time-only General Fund to partner with the City of Portland in evaluating Regional Air Quality Options.

Significant Program Changes

Last Year this program was: FY 2017: 10018A Office of Sustainability

In FY 2018 the Office of Sustainability will focus on the implementation of PropertyFit (CPACE). Specifically the focus is on integrating the recently authorized seismic resilience component into the energy efficiency and renewable energy financing aspects of the program. Program ramp up will also be a focus. Pending grant funding, the Office will launch a tree planting project in the City of Gresham in partnership with the City and Friends of Trees. Tree planting will focus on underserved neighborhoods, including Rockwood and Wilkes East. Finally, a focus will be transitioning the community farm to a new permanent home on the Edgefield property, and continue to deepen partnerships in County programs and the community.

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 program offer funds an Environmental Justice Summit hosted by Multnomah County. The Summit will bring together local leaders to learn and explore the principals of environmental justice and to also help chart how these principles become a part of the decision-making process in Multnomah County and beyond. The summit will prioritize participation from organizations representing environmental justice communities and individuals who are people of color, and low-income communities, tribal communities, and other communities traditionally underrepresented in public processes.

Program Summary

Environmental justice is equal protection from environmental and health hazards, and meaningful public participation in decisions that affect the environment in which people live, work, learn, practice spirituality and play. "Environmental justice communities" include minority and low-income communities, tribal communities, and other communities traditionally underrepresented in public processes.

When Multnomah County and other public agencies make decisions that affect our environment it is critical that low-income and minority populations are not disproportionately affected. Moreover, environmental justice communities must have a meaningful seat at the table when decisions are made that will have an impact on their communities. The principles of environmental justice align with the County's mission to protect the most vulnerable in our communities and its approach to sustainability, based on achieving social, economic, and environmental justice.

The Environmental Justice Summit will be an opportunity for local leaders to learn and explore the principals of environmental justice and to also help chart how these principles become a part of the decision-making process in Multnomah County. The summit will prioritize participation from organizations representing environmental justice communities and individuals who are people of color, and low-income communities, tribal communities, and other communities traditionally underrepresented in public processes. The Summit will also coincide with the Board of County Commissioners considering a resolution stating the County's commitment to environmental justice and outlining how that commitment will impact decision making at the County.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Estimated local leaders participating in the environmental justice summit	N/A	N/A	N/A	75
Outcome	Pass a Board resolution stating the County's principals and commitment to environmental justice	N/A	N/A	N/A	1

Performance Measures Descriptions

In this inaugural year of the Environmental Justice Summit, the goal will be to host a summit for local leaders to learn and explore the principals of environmental justice and to also help chart how these principles become a part of the decision-making process in Multnomah County. In addition, the Board will vote on a resolution stating the County's commitment to environmental justice and outlining how that commitment will impact decision making at the County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$15,000	\$0
Total GF/non-GF	\$0	\$0	\$15,000	\$0
Program Total:	\$0		\$15,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: 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 2018 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Dollars leveraged from other sources	\$9,974,900	\$9,000,000	\$9,470,000	\$9,500,000
Outcome	Multnomah County children engaged in creative learning	8,449	8,000	9,053	9,500
Output	Individuals served by RACC-funded projects and programs	3.1 Million	3.3 Million	3.3 Million	3.5 Million
Outcome	Improvement in reading and math scores	2.5 times	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	2017	2017	2018	2018
Contractual Services	\$300,000	\$0	\$300,000	\$0
Total GF/non-GF	\$300,000	\$0	\$300,000	\$0
Program Total:	\$300,000		\$300,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a General Fund program.

Significant Program Changes

Last Year this program was: FY 2017: 10020 Regional Arts & Culture Council

With increased funding from Multnomah County in FY 2016, 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 \$4.1 million to 137 nonprofit organizations and 113 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) Work for Art raised \$912,000 in the 10th annual campaign that ended June 30, 2016.

Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms."

(1) The county in which a circuit court is located or holds court shall:

(a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.

(b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

(2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$1,000,000	\$0	\$1,000,000	\$0
Materials & Supplies	\$175,760	\$0	\$244,415	\$0
Internal Services	\$4,768,461	\$392,089	\$5,105,141	\$414,224
Total GF/non-GF	\$5,944,221	\$392,089	\$6,349,556	\$414,224
Program Total:	\$6,336,310		\$6,763,780	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$995,000	\$0	\$995,000	\$0
Total Revenue	\$995,000	\$0	\$995,000	\$0

Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County. The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs are \$392,089 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 2017: 10021 State Mandated Expenses

Due to changes in the Departments of County Assets space allocation model, the mothball costs for Wapato are estimated to decrease by more than \$135,000. The State Courts are occupying new space at Walnut Park for a multi-year project to scan records and eventually eliminate the need for hard copy storage space. New costs in that facility are \$141,000. FY 2018 includes one-time only-costs of moving the State Courts (\$55,400) and TSCC (\$9,300) out of the current location.

Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$8,317,112	\$0	\$8,831,429	\$0
Total GF/non-GF	\$8,317,112	\$0	\$8,831,429	\$0
Program Total:	\$8,317,112		\$8,831,429	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$202,667	\$0	\$289,805	\$0
Total Revenue	\$202,667	\$0	\$289,805	\$0

Explanation of Revenues

The BIT pass-through is 25% of the first 0.6% of BIT collections.
Community Service Fee is 25% of the taxes abated under the Strategic Investment Program.

Significant Program Changes

Last Year this program was: FY 2017: 10022 Pass-Through Payments to East County Cities

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; 2) Multnomah County (\$335k per year, 1999-2003) as a participant in the county library levy; and 3) Multnomah County special purpose levy 26-118 in November 2010 that provides for levy support at the rate of \$0.05 per thousand of assessed value and renewal of the second five-year period at the same rate.

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 \$160,000 per year from the levy proceeds. The levy allocates the balance, estimated at \$2,657,160 in FY 2016/2017, 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 July 2011 levy funding went into effect and will continue to be open 32 hour a week during the duration of the second levy and will continue to serve additional patrons. Due to the levy funding, the increased public programs have reached more Oregonians than ever and will continue to focus on programs to reach all corners of Oregon with the passage of the second levy. The levy provided funds to preserve, maintain and display its vast number of collections and the passage of the second levy will continue OHS' ability to enhance collections care and display more of Oregon's treasures.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Multnomah County citizens admitted free of charge.	24,894	22,800	25,000	25,000
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	208	227	215	230
Quality	Care of Collections through additional curator/registrar	3	1	1	1

Performance Measures Descriptions

In 2016, the traveling exhibit Chinese American: Exclusion/Inclusion and Beyond the Gate: A Tale of Portlands Historic Chinatowns exhibits opened to rave reviews, which has helped increase Multnomah County residence visits by 135% since 2011. The exhibit has also developed a partnership between the Chinese American community and OHS with the Chinese New Year Dragon Dance events and programs starting from China Town to OHS.

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 \$160,000 per year from the levy proceeds.

Board Resolution 2016-010 renewed the local OHS option levy another five years beginning in fiscal year 2017.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$2,596,778	\$0	\$3,065,286
Internal Services	\$0	\$7,500	\$0	\$7,500
Total GF/non-GF	\$0	\$2,604,278	\$0	\$3,072,786
Program Total:	\$2,604,278		\$3,072,786	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$2,584,788	\$0	\$3,053,536
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$16,490	\$0	\$16,250
Total Revenue	\$0	\$2,604,278	\$0	\$3,072,786

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 2017: 10023 OHS Local Option Levy

Board Resolution 2016-010 renewed the local OHS option levy another five years beginning in FY 2017. This levy will end in FY 2021.

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 2018.

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 in FY 2016.

The law was not reauthorized for FY 2017, and timber payments will be governed by the 1908 Act as amended. If reauthorization occurs before September 30th, 2018, FY 2017 funds could be paid retroactively. The law has not been reauthorized for FY 2018, and our assumption is that it will not be reauthorized in the future.

The remaining revenue is from the County's 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

Legal / Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$80,300	\$0	\$80,300
Total GF/non-GF	\$0	\$80,300	\$0	\$80,300
Program Total:	\$80,300		\$80,300	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$20,000	\$0	\$20,000
Taxes	\$0	\$60,000	\$0	\$60,000
Interest	\$0	\$100	\$0	\$100
Beginning Working Capital	\$0	\$200	\$0	\$200
Total Revenue	\$0	\$80,300	\$0	\$80,300

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 2017: 10024 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 \$980-\$1180 during a three-day stay in the region. A report prepared in 2016 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 \$1 billion 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	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	\$ (In Millions) Impact of Convention Center Visitors to County Economy	729	570	740	760
Outcome	# of Employees in Travel/Tourism Industry (Est.)	7,500	5,600	7,600	7,800

Performance Measures Descriptions

The Oregon Convention Center (OCC) generates significant economic activity to metropolitan Portland and the State. Multnomah County accounts for more than 2/3rds of tourism related activity. Travel/tourism accounts for approximately 10% of metropolitan area employment.

Metro provides data analysis on total annual spending in millions of dollars (output) which is estimated to support the total number of people employed (outcome) in the travel/tourism industry.

Legal / Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated.

There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$42,177,226	\$0	\$49,392,254
Total GF/non-GF	\$0	\$42,177,226	\$0	\$49,392,254
Program Total:	\$42,177,226		\$49,392,254	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$42,158,789	\$0	\$49,346,365
Interest	\$0	\$5,000	\$0	\$7,500
Beginning Working Capital	\$0	\$13,437	\$0	\$38,389
Total Revenue	\$0	\$42,177,226	\$0	\$49,392,254

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 2017: 10025 Convention Center Fund

Hotel/Motel occupancy and rental vehicle usage continues to see steady growth in FY 2017 resulting in continued tax revenue growth. 7% TLT/MVT combined growth is expected in FY 2017 and 9% in FY 2018.

Legal / Contractual Obligation

Principal and interest on the full faith and credit obligations and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$3,000	\$0	\$3,000
Debt Service	\$0	\$17,580,217	\$0	\$32,306,810
Unappropriated & Contingency	\$0	\$1,107,376	\$0	\$13,204
Total GF/non-GF	\$0	\$18,690,593	\$0	\$32,323,014
Program Total:	\$18,690,593		\$32,323,014	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$298,985	\$0	\$298,664
Other / Miscellaneous	\$0	\$16,694,182	\$0	\$22,841,411
Financing Sources	\$0	\$0	\$0	\$8,068,986
Interest	\$0	\$10,000	\$0	\$10,000
Beginning Working Capital	\$0	\$1,687,426	\$0	\$1,103,953
Total Revenue	\$0	\$18,690,593	\$0	\$32,323,014

Explanation of Revenues

Debt service payments are collected from departments through internal service reimbursements and passed through to the Capital Debt Retirement Fund.

- County Court surcharge on certain civil court fees will support County Courthouse Capital Construction Project.

Significant Program Changes

Last Year this program was: FY 2017: 10026 Capital Debt Retirement Fund

-Full Faith and Credit Series 2010A (\$9.8 million) debt obligation will fully mature on 6/1/2017

-GO Refunding Bond Series 2010 (\$45 million) fully matured on 10/1/2016

-\$16.5 million was added for principal and interest for the new debt issue expected for early fiscal year 2018

Legal / Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$25,001,000	\$0	\$25,010,450
Debt Service	\$0	\$21,343,067	\$0	\$22,566,081
Unappropriated & Contingency	\$0	\$71,551,849	\$0	\$44,854,573
Total GF/non-GF	\$0	\$117,895,916	\$0	\$92,431,104
Program Total:	\$117,895,916		\$92,431,104	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$28,128,480	\$0	\$22,441,259
Interest	\$0	\$386,287	\$0	\$589,900
Beginning Working Capital	\$0	\$89,381,149	\$0	\$69,399,945
Total Revenue	\$0	\$117,895,916	\$0	\$92,431,104

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2018, departments will pay 6.25% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: FY 2017: 10028 PERS Pension Bond Sinking Fund

In FY 2017 the County established a PERS Side Account (amount \$25 million) with Oregon PERS. Existing bond fund reserves are being used to fund side account. The side account helps the County address rising PERS costs by providing PERS rate relief. A second \$25 million payment will be made into side account in FY 2018. Rate relief is estimated to be between 0.7% to 2.25% of payroll.

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$104,512	\$50,000	\$110,200
Contractual Services	\$39,000	\$1,072,500	\$0	\$1,111,500
Materials & Supplies	\$50,000	\$27,060	\$0	\$27,400
Internal Services	\$0	\$0	\$0	\$900
Total GF/non-GF	\$89,000	\$1,204,072	\$50,000	\$1,250,000
Program Total:	\$1,293,072		\$1,300,000	
Program FTE	0.00	0.70	0.00	0.70

Program Revenues				
Beginning Working Capital	\$0	\$0	\$50,000	\$0
Total Revenue	\$0	\$0	\$50,000	\$0

Explanation of Revenues

This program is paid for with ongoing Video Lottery resources.
 \$50,000 of OTO General Funds to support temporary support and additional program supplies.

Significant Program Changes

Last Year this program was: FY 2017: 10029A SummerWorks Internship Program

For FY 2018, the two program offers from FY 2017 (10029A-17 and 10029B-17) are combined as 10029A-18. This program offer is related to 10029B-18 SummerWorks Expanded Services.

Legal / Contractual Obligation

Enacted by the 2016 Oregon Legislature, Senate Bill 1532 establishes a series of annual minimum wage rate increases beginning July 1, 2016 through July 1, 2022. Beginning July 1, 2023, the minimum wage rate will be indexed to inflation based on the Consumer Price Index (CPI), a figure published by the United States Bureau of Labor Statistics.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$353,256	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$353,256	\$0
Program Total:	\$0		\$353,256	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

General Fund

Significant Program Changes

Last Year this program was:

New program offer.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$275,000	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$275,000	\$0
Program Total:	\$0		\$275,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

General Fund

Significant Program Changes

Last Year this program was:

In FY 2017 this program increased to 500 slots, from 250 slots in FY 2016. The slot projection would increase by 100 in FY 2018. This request reflects minimum wage increases, staffing cost for internal services and planning, as well as a nominal supplies budget.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$125,000	\$0
Total GF/non-GF	\$0	\$0	\$125,000	\$0
Program Total:	\$0		\$125,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

General fund

Significant Program Changes

Last Year this program was:

New program offer.

Legal / Contractual Obligation

The Joint Office of Homeless Services is authorized by a five year Intergovernmental Agreement between Multnomah County and the City of Portland executed on June 23, 2016.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$830,693	\$766,872	\$1,112,363	\$690,830
Contractual Services	\$160,000	\$0	\$24,600	\$0
Materials & Supplies	\$14,200	\$23,922	\$85,909	\$35,886
Internal Services	\$122,300	\$124,162	\$0	\$233,896
Total GF/non-GF	\$1,127,193	\$914,956	\$1,222,872	\$960,612
Program Total:	\$2,042,149		\$2,183,484	
Program FTE	6.76	6.24	8.15	5.85

Program Revenues				
Intergovernmental	\$0	\$873,226	\$0	\$960,612
Total Revenue	\$0	\$873,226	\$0	\$960,612

Explanation of Revenues

City of Portland General Fund revenues - \$250,918
 HUD Continuum of Care Planning Grant (COC Planning) - \$559,771
 State Homeless Assistance Plan (SHAP) - \$37,754
 State Emergency Housing Assistance (EHA) - \$44,687
 Housing Opportunities for People with Aids (HOPWA) - \$32,760
 State Emergency Solutions Grants (ESG) pass thru from the City of Portland - \$34,722
 Video Lottery Funds - \$16,620

Significant Program Changes

Last Year this program was: FY 2017: 10060A Joint Office Administration and Operations

This program combines FY 2017 programs 10030 A Home for Everyone and 10060A Administration & Operations. After assessing the data/evaluation needs of the office in the first year of operations determined the need for a 1.00 FTE.

*\$191,170 General Fund is budgeted in the Department of County Human Services program 25002B to ensure continuity in contract and grant administration throughout the transitional period of establishing the JOHS. The County continues leveraging the administrative resources of DCHS to support JOHS to fund 2.00 FTE to provide financial grant accounting & 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

Improving system coordination and access is one of the core strategies of A Home for Everyone. This program funds an array of support services needed to make homeless services easier to access and more effective. These services support systems of care across populations as well as specific sub-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. These services include:

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 telephone, online and print information and referral. Equitable and efficient access to services also requires coordinated entry systems tailored to specific populations.

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 communities Rent Well program and certain client education programs.

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 effort to end homelessness as a whole and for specific populations. Examples include the Housing Partnership Program and the Landlord Recruitment Team.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Shelter and housing service requests*	N/A	25,000	36,500*	25,000
Outcome	Caller/client satisfaction**	N/A	4	4.38	4
Outcome	Completed Homeless Family System of Care Assessments	N/A	700	950	700

Performance Measures Descriptions

*May be duplicated. Reviewing the FY 2017 data to determine the impact of severe weather.

**Client/caller satisfaction is measured on a 5-point scale for a sample of clients/callers through in-person, phone, or electronic assessments. Data from 211Info is an average from the first two quarters.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$470,414	\$783,110	\$348,030	\$835,560
Total GF/non-GF	\$470,414	\$783,110	\$348,030	\$835,560
Program Total:	\$1,253,524		\$1,183,590	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$835,560
Total Revenue	\$0	\$0	\$0	\$835,560

Explanation of Revenues

City of Portland General Fund \$835,560

Significant Program Changes

Last Year this program was: FY 2017: 10060B Joint Office System Support Services

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Improving coordination and access to services is a core commitment of A Home for Everyone (AHFE). Coordinated Access is also a HUD Continuum of Care requirement. The Coordinated Access for Adults system is in its pilot phase and will expand in 2017 to incorporate over 1,000 HUD-funded Permanent Supportive Housing units. This program provides necessary staff capacity for the new system. It also supports an annual point-in-time count of sheltered and unsheltered people experiencing homelessness as recommended by the AHFE Executive Committee.

Program Summary

This program offer would fund 1.00 FTE to provide HUD Continuum of Care (CoC) system coordination with a focus on Coordinated Access and the Annual Point-In-Time Count, along with additional resources needed to support these efforts.

(1) Coordinated Access: Multnomah County has distinct Coordinated Access systems in place for four populations: households fleeing domestic violence, unaccompanied youth, adults accompanied by children, and adults without children. The Coordinated Access for Adults system is in a pilot phase and will expand to include all CoC-funded Permanent Supportive Housing (PSH) by summer 2017. This new system will create a single and more equitably accessible intake, assessment and referral process, and allow us to prioritize limited PSH resources for the most vulnerable households in our community. The system will focus on serving chronically homeless adults with disabling conditions. The FTE funded by this program will provide support to this system including the development of training and communication tools; centralized wait list management; matching households on the prioritized wait list to appropriate housing resources; technical assistance to participating providers; data collection and monitoring; and response to inquiries related to system rules, processes and procedures.

(2) Point-In-Time Count: In order to receive funding, HUD requires all communities to conduct an annual point-in-time count of people sleeping in homeless shelters and a biennial point-in-time count of people sleeping in places not meant for human habitation (i.e. tents, cars, abandoned buildings, etc.). The A Home for Everyone Executive Committee has recommended that we shift to an annual point-in-time count of both sheltered and unsheltered people experiencing homelessness in order to better track and understand the evolving need in our community and be more responsive and effective in allocating resources. The sheltered and unsheltered count is a community-wide effort involving approximately 20 partner organizations, coordinated outreach, 100 volunteers, 180 outreach sites, and approximately 200 hours of administrative support. The funding requested here will provide the support necessary to undertake an annual count including administrative duties, communication, partner coordination, volunteer recruitment and management, and data entry and evaluation.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Organizations receiving coordinated access support & technical assistance*	N/A	N/A	N/A	16
Outcome	Annual Point in Time Count	N/A	N/A	N/A	1

Performance Measures Descriptions

*This is the number of organizations that manage one or more CoC-funded Permanent Supportive Housing projects that will be incorporated into the Coordinated Access for Adults system in FY 2017.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Personnel	\$0	\$0	\$93,968	\$0
Contractual Services	\$0	\$0	\$0	\$100,000
Materials & Supplies	\$0	\$0	\$6,032	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$100,000
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$100,000
Total Revenue	\$0	\$0	\$0	\$100,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$100,000
 City of Portland General Fund - \$100,000

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

A Home for Everyone has prioritized the expansion of emergency shelter for all populations, but the largest unmet need continues to be for adult households without children. 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 will fund these critical safety services for 2,700 adults (including Veterans) in the coming year.

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 shelters 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. This program offer includes the following:

Night shelter: Overnight shelter programs for single adults and couples (including Veteran-specific programming). Shelters are low-barrier and some, such as the Willamette Center, operate 24/7. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials/supplies, and on-site services.

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 function as resource centers, bringing together numerous partners at one location to offer an array of services, including employment, health care, and education.

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 event. This program includes the base funding that is contracted to a nonprofit agency to open severe weather shelter on an as-needed basis during the course of the year.

Emergency assistance: This program also funds an array of services associated with ensuring basic safety, including staffing, flexible funding for material needs, and extended information and referral services during winter months.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round emergency shelter beds*	205	530	530	530
Outcome	Unduplicated individuals served in year-round beds**	1,044	1,872	1,872	2,700

Performance Measures Descriptions

*FY 2016 Actual doesn't include Hansen/Willamette Resource Center or capacity added to Veteran's shelter new in FY 2017. **FY17 Purchased/Estimate reflects new capacity came on part way through the year. The multiplier 5.0956 (based on 2015 HUD Annual Homeless Assessment Report data) was used and indicates average # people served by 1 shelter bed over course of year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$4,876,742	\$8,558,322	\$1,191,301	\$4,920,381
Internal Services	\$0	\$0	\$0	\$557,716
Total GF/non-GF	\$4,876,742	\$8,558,322	\$1,191,301	\$5,478,097
Program Total:	\$13,435,064		\$6,669,398	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$5,211,574
Total Revenue	\$0	\$0	\$0	\$5,211,574

Explanation of Revenues

City of Portland General Fund - \$4,785,922
 Emergency Solutions Grant - \$425,582
 Multnomah County Video Lottery Funds - \$1,398,022

Significant Program Changes

Last Year this program was: FY 2017: 10061A Safety Off the Streets - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A – Safety off the Streets – Adult Households.

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 (AHFE) has prioritized shelter, in particular for highly vulnerable populations, including adult women. Between 2013 and 2015, the number of adult women experiencing homelessness in Multnomah County grew by 15% (from 1,089 to 1,161 on a given night). This led to a commitment from the AHFE Executive Committee to prioritize increased shelter and housing resources for this population. This program supports 240 long-established beds of year-round emergency shelter that will serve more than 1,200 single women next year.

Program Summary

While not a solution to homelessness, emergency shelter is vital to protecting the basic health and safety of individuals while they are experiencing homelessness. This program funds 240 long-established emergency shelter beds for single women. The shelters are low-barrier and some, such as the Gresham Women's Shelter, operate 24/7. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials and supplies, and on-site services.

In addition to providing a safe place to stay, these shelters are critical locations for women to learn about and access the services they need to find permanent housing, acquire an income, and receive health-related services. Services are delivered through contractors that adhere to A Home for Everyone's Community Guidelines for shelter, which includes delivering services in accordance with the principles of assertive engagement and trauma-informed care.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round emergency shelter beds	240	240	240	240
Outcome	People served in year-round emergency shelter beds**	1,223	1,223	1,223	1,223

Performance Measures Descriptions

*The multiplier 5.0956 (based on 2015 HUD Annual Homeless Assessment Report data) was used and indicates average # people served by 1 shelter bed over course of year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$180,670	\$2,246,060
Internal Services	\$0	\$0	\$89,813	\$0
Total GF/non-GF	\$0	\$0	\$270,483	\$2,246,060
Program Total:	\$0		\$2,516,543	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,246,060
Total Revenue	\$0	\$0	\$0	\$2,246,060

Explanation of Revenues

City of Portland General Fund \$2,246,060

Significant Program Changes

Last Year this program was: FY 2017: 10061A Safety Off the Streets - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A– Safety off the Streets – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$475,000	\$475,000
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$475,000	\$475,000
Program Total:	\$0		\$950,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$475,000
Total Revenue	\$0	\$0	\$0	\$475,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$475,000
 City of Portland General Fund - \$475,000

Significant Program Changes

Last Year this program was:

In response to the homelessness crisis, the State of Oregon’s Legislature responded by making an additional \$10 million available mid-biennium to local jurisdictions. This funding was appropriated after the County adopted the FY 2017 budget. The one-time-only state funding of \$880,000 of Emergency Housing Assistance (EHA) and State Homeless Assistance Program (SHAP) to expand local shelter capacity. That funding was not renewed in the Governor’s FY 17-19 budget.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 10052E
Program Characteristics:

Executive Summary

Through A Home for Everyone, the community has recognized that, while not a solution to homelessness, expanding shelter is vital to the safety of homeless families and other vulnerable populations. This offer supports 130 beds of low-barrier family shelter in East Multnomah County and 25 beds in downtown Portland. In combination with program 10052E, the sustained capacity grows to 205 beds, and, through overflow, we will be able to maintain our community's commitment to not turning any family away from shelter.

Program Summary

This program provides year round, 24/7 access to shelter for homeless families. Shelter is offered on both the east and west side of the county. Families accessing shelter may come through coordinated entry or show up 24/7 at the East Multnomah County location. Once in shelter, families receive a range of on-site services, including services geared to children.

Through the Homeless Family System of Care (HFSC) coordinated entry process, families in shelter are assessed for Mobile Housing and Diversion resources.

Since opening in February, the East Multnomah County shelter has maintained a no turn away policy and services are expanded as needed by opening up overflow. Over the past year, however, the demand for family shelter has grown and the housing market has slowed the transition of families out of shelter. The original funding model that assumed that no turn away would require 130 beds, with occasional overflow, is no longer adequate. In fact, the number of people using the family shelter has routinely reached 200 and gone as high as 260 with overflow. Among people using the shelter system last year, 52% were children and 55% were from communities of color.

As a result, while this program offer will sustain the originally budgeted 130 beds of capacity, with occasional overflow, it is not sufficient to retain our commitment to no turn-away shelter for families. Only with the additional shelter resources requested in program 10052E will we be able to maintain expanded family shelter capacity sufficient to meet the ongoing level of demand.

The shelter system leverages federal, state and local resources as well as faith-based and non-profit partnerships. These relationships leverage activities for children living in the shelter, culturally-specific services and neighborhood improvement in East County. There is also a rich history of volunteerism in the shelters.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round emergency shelter beds*	155	155	155	155
Outcome	Number of unduplicated individuals served	640	500	700	500
Output	Number of bed nights	46,685	45,000	45,000	45,000

Performance Measures Descriptions

*The number of people using the family shelter has reached as high as 260 using overflow capacity strategies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$574,840	\$518,597
Total GF/non-GF	\$0	\$0	\$574,840	\$518,597
Program Total:	\$0		\$1,093,437	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$518,597
Total Revenue	\$0	\$0	\$0	\$518,597

Explanation of Revenues

State of Oregon Emergency Housing Assistance (EHA) - \$310,442
 State of Oregon Emergency Shelter - \$113,771
 State Homeless Assistance Program - \$94,384

Significant Program Changes

Last Year this program was: FY 2017: 10061A Safety Off the Streets - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A– Safety off the Streets – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$250,000	\$250,000
Total GF/non-GF	\$0	\$0	\$250,000	\$250,000
Program Total:	\$0		\$500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$250,000
Total Revenue	\$0	\$0	\$0	\$250,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$250,000
 City of Portland General Fund - \$250,000

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

A Home for Everyone has prioritized expanding shelter for vulnerable populations. Domestic violence shelters provide immediate safety and offer crisis intervention support to survivors and children fleeing domestic violence or experiencing homelessness as a result of a recent incident of intimate partner violence. These shelters provide 90 year-round beds and are accessed by 350 survivors annually, 78% identifying as people of color.

Program Summary

Domestic violence is a significant contributing factor to homelessness and housing instability. Nearly four in ten women who experience domestic violence will become homeless as a result of said violence. Additionally, leaving an abusive relationship is often the most dangerous time, and survivors are frequently navigating multiple complex systems, such as child welfare, the civil legal system, and immigration. Access to a confidential emergency shelter and trauma-informed, survivor-driven services are critical for survivors seeking to establish safety for themselves and their children.

This program offer supports 90 domestic violence confidential shelter beds and crisis intervention services that are vital to protecting the health and safety of individuals and children fleeing domestic violence. Funds support shelter operation costs, staffing, limited client assistance, and wrap-around shelter support services at four domestic violence emergency shelters. Services include one-on-one advocacy, intensive domestic violence support, safety planning, provision of basic needs, co-advocacy within the Multnomah County domestic violence continuum service providers, and information and referrals to community-based services and housing programs.

This program offer supports two shelter models: facility-based emergency shelter and master-leased units. The three facility-based confidential shelters offer 24-hour security and staff seven days a week within the residential facilities. The shelter utilizing four scattered site master-leased units provides safety and wrap-around crisis intervention services for survivors. Additionally, scattered site units allow multigenerational and/or larger families directly impacted by domestic violence to access services within a safe shelter. All four shelters offer a 60-day length of stay with the possibility for extension and jointly serve 90 individuals per night. To ensure survivors and their children who are in the greatest danger are prioritized for these confidential shelter beds, all of the shelters use a coordinated triage system and a common, locally-developed screening tool (Safety and Stabilization Assessment) to articulate survivors' needs and work together to match survivors with available shelter space.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round confidential emergency shelter beds	75	90	90	90
Outcome	People receiving emergency shelter services*	324	300	300	350

Performance Measures Descriptions

*Individuals are typically exited from emergency shelter after a 60-day stay, but shelters sometimes offer extension if there are safety concerns or if a housing intervention is available. An extension for shelter stays serves as a safe bridge to housing; this may result in different outcome numbers given the impact of the current housing crisis.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$754,220	\$245,397
Total GF/non-GF	\$0	\$0	\$754,220	\$245,397
Program Total:	\$0		\$999,617	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$245,397
Total Revenue	\$0	\$0	\$0	\$245,397

Explanation of Revenues

State Homeless Assistance Program (SHAP) \$245,397

Significant Program Changes

Last Year this program was: FY 2017: 10061A Safety Off the Streets - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A– Safety off the Streets – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Reinforcing our community value that no one should be forced to sleep outside, this program continues funding the Homeless Youth Continuum's Access Center that provides low-barrier, immediate access to crisis and 60 beds of short-term shelter options for 700 youth annually, day programs, and 24 hour coordinated access to screening, crisis and basic needs services for at least 1200 youth in Multnomah County each year. Through the Access Center, shelter and day programs, linkages are provided to a continuum of services and supports to the youth population.

Program Summary

The Homeless Youth Continuum (HYC) is a highly collaborative and coordinated system comprised of four non-profit agencies, including a culturally specific agency, that provides a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment, pregnant and parenting supports, and health services to over 1,000 homeless youth up to age 25 annually.

Homeless youth are particularly vulnerable as they attempt to survive on the streets. Over 40% of homeless youth have prior involvement in DHS or the Juvenile Justice system, and a significant number have experienced complex trauma. Ensuring a 24-hour safety net for these youth is critical to addressing basic needs and providing linkage to longer term care options within the Continuum.

The Access Center is co-located with the shelter programs and provides centralized screening via mobile and stationary staff, who make eligibility determinations and refer youth to HYC programs or other appropriate systems of care. Shelter is provided through a downtown-located facility with capacity for 60 people, except in the winter when capacity increases to 70. All youth residing in shelter have access to meals, hygiene, information/ referral, and assertive engagement (case management) services. Approximately 700 youth accessed shelter services in FY16.

Day Programs are sited at two locations and offer meals, hygiene, access to computers, transportation, assessment for service needs, and provide opportunities for further engagement in system services. An average of 120 youth participate in Day Programs on a daily basis.

The HYC service model is based on an assertive engagement practice that follows the principles of Positive Youth Development, and ensures services are client directed, strength-based, non-judgmental and offer relational continuity. Services are integrated with public safety and other service systems, ensuring joint planning and coordination in addressing the needs of this population.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth screened via the Access Center	705	700	700	700
Outcome	Number of Youth provided with Safety Services	1,275	1,000	1,250	1,200
Output	Number of shelter bed nights	23,250	23,400	23,400	23,400
Outcome	Number of Youth accessing shelter	677	700	700	700

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$1,601,710	\$228,250
Total GF/non-GF	\$0	\$0	\$1,601,710	\$228,250
Program Total:	\$0		\$1,829,960	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$228,250
Total Revenue	\$0	\$0	\$0	\$228,250

Explanation of Revenues

City of Portland General Fund \$228,250

Significant Program Changes

Last Year this program was: FY 2017: 10061A Safety Off the Streets - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A– Safety off the Streets – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Health Care Workgroup of A Home for Everyone prioritized the creation of a continuum of housing options for people discharging from the Unity Center, the new 24-hour behavioral and mental health facility for people experiencing a mental health crisis in the Portland metro area. This program supports short-term emergency shelter for homeless individuals discharging from the Unity Center or regularly accessing crisis mental health services in the community. This shelter capacity is being implemented in cooperation with the Health Department.

Program Summary

This program offer funds 40 short-term shelter beds for individuals discharging from the Unity Center or regularly accessing crisis mental health services in the community. Connecting these individuals to a supportive shelter environment, while not a solution to homelessness, will provide a safe space to remain stable and get connected to essential services.

Shelter space and programming will be trauma-informed and designed to meet the needs of the population. Funds will pay the operating expenses for shelter including rent, maintenance, staffing, materials/supplies, and on-site services. Individuals staying at the shelter will receive support services that will allow them to remain stable and transition to appropriate permanent housing opportunities. Services will be delivered through a contractor that adheres to A Home for Everyone's Community Guidelines for shelter, which includes delivering services in accordance with the principles of assertive engagement and trauma-informed care.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round safety off the street beds*	N/A	N/A	30	30
Outcome	People served in year-round safety off the street beds**	N/A	N/A	N/A	153

Performance Measures Descriptions

*In the current year, people discharged from Unity Center are being served by motel vouchers because a site-based shelter has not yet been secured. **FY17 Estimate is left blank because this capacity came on part-way through the year. FY18 Offer is calculated using the multiplier 5.0956 (based on 2015 HUD Annual Homeless Assessment Report data), which reflects the average # of people served by 1 shelter bed over course of a year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$325,000	\$325,000
Total GF/non-GF	\$0	\$0	\$325,000	\$325,000
Program Total:	\$0		\$650,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$325,000
Total Revenue	\$0	\$0	\$0	\$325,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$325,000
 City of Portland General Fund - \$325,000

Significant Program Changes

Last Year this program was: FY 2017: 10061B Safety Off the Streets - Expanded Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Safety off the Streets in FY 2018. The history for FY 2017 program offers 10061A–Safety off the Streets Existing Services and 10061B – Safety off the Streets Expansion is shown in FY 2018 program offer 10052A– Safety off the Streets – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Even with significant expansion of year-round emergency shelter, this year demonstrated the urgent continued need for expanded winter and severe weather shelter capacity. Using available one-time funding, we have temporarily added 180 beds of winter shelter for adults, expanded winter shelter for Veterans, families, and youth, and added severe weather beds in Gresham. This program provides that capacity for next winter, adds another 100 beds of temporary shelter, and adds 70 beds of severe weather shelter capacity in Gresham.

Program Summary

This Program Offer continues winter shelter and severe weather capacity.

Temporary/Winter Shelter: Even with a significant expansion of year-round emergency shelter for adults and families with children, this year has demonstrated the urgent need – especially during the inclement weather months – to have additional temporary shelter capacity for our most vulnerable populations. Using available one-time funding, JOHS this year has opened the equivalent of approximately 305 winter shelter beds for adults, youth, Veterans and families. These beds have all been fully utilized. This program offer will allow similar capacity to be created next winter, and add another 100 beds of temporary (6 month) shelter capacity.

Severe Weather Shelter – East County: During severe weather incidents, we have further expanded shelter capacity on an as-needed basis to ensure that no one is turned away from shelter; in January publicly supported severe weather capacity reached over 600 beds. The majority of the funding for severe weather shelter is secured through Program Offer 10052A. However, this winter has demonstrated the need to have a reliable funded system of severe weather in East Multnomah County/Gresham. This program offer will fund 70 beds of severe weather capacity in Gresham through a contracted non-profit partner.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Winter shelter beds	N/A	N/A	N/A	405
Outcome	Warming centers available to all community members during severe weather	N/A	N/A	N/A	100%

Performance Measures Descriptions

Temporary winter shelter was not funded in the FY 2017 budget; due to the unprecedented severity the winter season, the County, City, community and business partners provided strong community support to open both temporary emergency shelter beds and create warming centers for more than 750 people.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$821,500	\$821,500
Total GF/non-GF	\$0	\$0	\$821,500	\$821,500
Program Total:	\$0		\$1,643,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$821,500
Total Revenue	\$0	\$0	\$0	\$821,500

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$821,500
 City of Portland General Fund - \$821,500

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: Backfill State/Federal/Grant

Executive Summary

In response to HUD's directive de-prioritizing most forms of transitional housing, in FY 2018, HUD funding for four shelter/transitional housing projects will be reallocated to instead fund new permanent housing projects. Because shelter, in particular for women and survivors of domestic violence, remains a local priority, this program offer provides funding to preserve the 58 beds of local shelter/transitional housing capacity for single women and women and children fleeing domestic violence that will otherwise be lost as a result of the reallocation.

Program Summary

HUD incentivizes Continuums of Care (CoCs) to reallocate funding from transitional housing renewal projects to permanent housing projects through the annual CoC Program Competition. In 2016, A Home for Everyone (AHFE) staff reached out to all transitional housing projects in our CoC to encourage reallocation. As approved by the AHFE Coordinating Board, four transitional housing projects decided to reallocate funding to new permanent housing projects, and all four of these reallocated projects were fully funded by HUD for FY 2018. The result is expanded local permanent housing capacity, but also reduced shelter/transitional housing capacity starting in July 2017.

Emergency shelter for domestic violence-impacted women and children: this program offer provides funding for 30 beds of dorm and single room occupancy (SRO)-style emergency shelter for single women and women with children fleeing domestic violence. These beds are at a facility operated by a domestic violence provider that is part of the Multnomah County Domestic Violence Service Continuum. Women staying at the shelter receive supportive services to secure safe and permanent housing, and increase their safety, stability and self-sufficiency.

Emergency shelter for single women: This program offer provides funding for 28 beds of dorm and SRO-style emergency shelter for single women. These beds are at a facility operated by an adult system provider that is part of the Coordinated Access for Adults system. Women staying at the shelter receive wraparound services and develop a case plan focused on rapid transition into permanent housing and increasing participant income.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Year-round emergency shelter beds	N/A	N/A	N/A	58
Outcome	Number of unduplicated individuals served*	N/A	N/A	N/A	277

Performance Measures Descriptions

*The number of people served is calculated using multipliers based on 2015 HUD Annual Homeless Assessment Report data. The multiplier for emergency shelters serving individuals is 5.0956 and the multiplier for emergency shelters serving families is 4.4742 – these multipliers reflect the average number of people served by one shelter bed over the course of a year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$190,000	\$190,000
Total GF/non-GF	\$0	\$0	\$190,000	\$190,000
Program Total:	\$0		\$380,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$190,000
Total Revenue	\$0	\$0	\$0	\$190,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$190,000
 City of Portland General Fund - \$190,000

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

All children deserve to have a safe and engaging childhood. As the housing crisis in our community has worsened, children are spending more time in family shelters than ever before. Family Shelter Youth Activities provides opportunities for fun, safe activities for children, both in and out of the school environment, to relieve some of the stress of living at shelter and ensure that children continue to be successful in school.

Program Summary

Families are often spending 4 months or more in shelter during the housing crisis. There is a dearth of activities for children to participate in when they are not in school. Shelters and their neighbors are reporting increased behavioral problems, and nearby schools feel ill-equipped to handle the needs of children who are lacking a stable home. This program offer will offer a suite of activities and services to engage youth in positive behaviors, decrease stress and improve educational outcomes.

This offer will create a contracted youth activities staff person at the main Family Shelter. The Youth Activities position will create healthy and engaging activities in the shelter for times when kids are not in school, including evenings, spring break and summer break. The Activities person will also work with schools to ensure access for kids living in the shelter to participate in SUN activities. The Activities staff will also coordinate with shelter staff to ensure that the support and services that families are receiving in the shelter will be in line with the needs identified.

A part-time Activity Leader will support weekly gym nights, support youth activities and help with youth supervision; and a part time assistant to increase capacity at Glenfair, where many of the kids attend school.

The offer will also provide a part-time early childhood activity coordinator to engage the high number of youth under age 5 living at the shelter.

These positions will work in tandem with shelter staff and SUN school staff to develop a comprehensive set of support services for youth in shelter including: activities, tutoring and educational supports, outings and access to existing services at SUN schools and other youth services locations such as Boys and Girls Clubs. The offer also provides support for transportation and supplies.

Program will leverage a parenting educator who will provide workshops for parents at shelter to help introduce them to resources, and provide individual parent coaching.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of youth served each month.	N/A	N/A	N/A	75
Outcome	Parents who receive Individual Parent Coaching	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	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

General Fund.

Significant Program Changes

Last Year this program was:

New program offer.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$7,218,294	\$10,081,264	\$886,570	\$4,559,366
Materials & Supplies	\$0	\$3,053	\$0	\$0
Total GF/non-GF	\$7,218,294	\$10,084,317	\$886,570	\$4,559,366
Program Total:	\$17,302,611		\$5,445,936	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,559,366
Total Revenue	\$0	\$0	\$0	\$4,559,366

Explanation of Revenues

City of Portland General Fund -\$4,304,720
 City of Portland pass thru Emergency Solution Grant - \$254,646

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

To respond to observed increases in homelessness among women, A Home for Everyone (AHFE) prioritized targeted housing placement and retention strategies to significantly reduce homelessness among women. This program supports existing programming developed and coordinated through AHFE, targeting limited duration rental assistance, mobile housing placement and retention support staffing, and culturally-specific services to create housing stability for approximately 90 women per year.

Program Summary

In the 2015 Point in Time Count, 566 adult women were entirely unsheltered on one night in Multnomah County. They were one of the fastest growing subpopulations within the overall homeless population. In response to this significant and growing unmet need, A Home for Everyone's Executive Committee set a priority to increase prevention, housing placement, and shelter resources targeted toward reducing unsheltered homelessness among adult women. As with other groups, the 2015 Point in Time Count also revealed that women of color are disproportionately represented in the unsheltered and sheltered HUD homeless population, in particular African American women. Therefore, the direction of the AHFE Executive Committee was not only to reduce homelessness among adult women, but more specifically to emphasize decreasing racial disparities among homeless women.

This program continues existing housing placement and retention strategies targeted to women and developed and coordinated through A Home for Everyone, including key elements of the housing placement capacity expansion initiated in FY 2017. Specifically, it supports outreach staffing, flexible rental assistance and a multi-agency mobile housing placement and retention team that together will assist into permanent housing at least 90 female headed adult households that are accessing safety off the streets programs or sleeping in places not meant for human habitation. The multi-agency mobile team includes staff from culturally-specific, domestic violence, and behavioral health providers to provide trauma-informed services using principles of Assertive Engagement.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Women placed into permanent housing	N/A	65	65	90
Outcome	Percentage of people retaining housing at 6 months	N/A	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$0	\$882,410
Total GF/non-GF	\$0	\$0	\$0	\$882,410
Program Total:	\$0		\$882,410	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$882,410
Total Revenue	\$0	\$0	\$0	\$882,410

Explanation of Revenues

City of Portland General Fund \$882,410

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 10053D
Program Characteristics:

Executive Summary

The Homeless Family System of Care (HFSC) works collaboratively as a leadership/direct service team to address the unique needs of homeless families in Multnomah County. Through this program and 10053D, the Mobile Housing Team (MHT) will maintain its current capacity to provide housing placement, ongoing support and flexible rental assistance to 400 of our community's most vulnerable homeless families. MHT is a collaboration of Multnomah County and seven homeless service providers a majority of whom are culturally specific agencies.

Program Summary

The HFSC was created four years ago as the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice shared budgeting, leveraging of resources, shared accountability, case consultation and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to assure racial and social justice and a shared belief that all homeless families should be housed. The majority of agencies in the collaborative are culturally-specific providers.

When combined with program 10053D, MHT currently has capacity to provide 400 families with housing placement/retention services per year using short-medium term flexible rental assistance (0-12 months) and client assistance. Eligible families may be living in shelter, doubled up, experiencing domestic violence, living on the streets, in cars or places not meant for habitation. A broad definition of homelessness allows us to equitably serve families that are most vulnerable in a variety of living situations. In FY 2017, 79% of the families served through MHT identified as being from communities of color, achieving the system goal of improving access and outcomes for these communities. 12 months after the end of subsidy, 80% of households remain permanently housed.

This program offer maintains 76% of the MHT's current housing placement capacity, yielding 305 placements. The remaining capacity is in program 10053D.

Homeless families access the system through a coordinated entry process that first screens them for immediate safety and then for overall vulnerability. Because many more families are seeking housing assistance than MHT is resourced to provide, families are prioritized based on vulnerability, housing opportunity and provider capacity.

This program leverages federal and state funding including a number of HUD grants. The system has had a three year collaboration with DHS that leverages a full time DHS staff person who is an integrated member of the team and provides eligibility assistance and benefits acquisition.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households placed in housing	393	305	305	305
Outcome	Percentage of homeless family households who remain housed 12 months after exit	80%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$2,441,870	\$958,370
Total GF/non-GF	\$0	\$0	\$2,441,870	\$958,370
Program Total:	\$0		\$3,400,240	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$958,370
Total Revenue	\$0	\$0	\$0	\$958,370

Explanation of Revenues

City of Portland General Fund \$958,370

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Homeless Family System of Care (HFSC) works collaboratively as a leadership/direct service team to address the unique needs of homeless families in Multnomah County. Through this program and program 10053C, the Mobile Housing Team (MHT) will maintain its current capacity to provide housing placement, ongoing support and flexible rental assistance to 400 of our community's most vulnerable homeless families. MHT is a collaboration of Multnomah County and seven homeless service providers a majority of whom are culturally specific agencies.

Program Summary

The HFSC was created four years ago as the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice shared budgeting, leveraging of resources, shared accountability, case consultation and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to assure racial and social justice and a shared belief that all homeless families should be housed. The majority of agencies in the collaborative are culturally-specific providers.

When combined with 10053C, MHT currently has capacity to provide 400 families with housing placement/retention services per year using short-medium term flexible rental assistance (0-12 months) and client assistance. Eligible families may be living in shelter, doubled up, experiencing domestic violence, living on the streets, in cars or places not meant for habitation. A broad definition of homelessness allows us to equitably serve families that are most vulnerable in a variety of living situations. In FY 2017, 79% of the families served through MHT identified as being from communities of color, achieving the system goal of improving access and outcomes for these communities. 12 months after the end of subsidy, 80% of households remain permanently housed.

This program maintains 24% of the MHT's current housing placement capacity, yielding 95 placements. The remaining capacity is in program 10053C.

Homeless families access the system through a coordinated entry process that first screens them for immediate safety and then for overall vulnerability. Because many more families are seeking housing assistance than MHT is resourced to provide, families are prioritized based on vulnerability, housing opportunity and provider capacity.

This program leverages federal and state funding including a number of HUD grants. The system has had a three year collaboration with DHS that leverages a full time DHS staff person who is an integrated member of the team and provides eligibility assistance and benefits acquisition.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of households placed in housing	N/A	95	95	95
Outcome	Percentage of homeless family households who remain housed 12 months after exit	N/A	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$1,374,330	\$0
Total GF/non-GF	\$0	\$0	\$1,374,330	\$0
Program Total:	\$0		\$1,374,330	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

General Fund \$527,912 ongoing
 General Fund \$846,418 one-time-only

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

For FY 2018, of the total budget \$846,418 is one-time-only funding.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 10053F
Program Characteristics:

Executive Summary

AHFE prioritized addressing the intersection of homelessness and domestic violence. Many survivors must leave their home to be safe, while others face eviction due to problems created by an abusive partner's behavior. Rapid Re-housing is a nationally recognized best practice to address homelessness for individuals fleeing domestic violence who are in need of financial assistance and support. This program will provide housing and support services to more than 500 individuals and serve a racially and ethnically diverse population. 80% of individuals identify as people of color.

Program Summary

Rapid Re-housing services provide advocacy support and financial assistance to help survivors and their children quickly establish safe, permanent housing after fleeing domestic violence. Providers assist survivors by identifying housing options quickly, providing flexible short and longer term financial assistance for housing placement and retention, safety planning, advocating with landlords, reducing barriers to safe housing and connecting survivors to other community resources. This program offer supports the following rapid re-housing interventions:

- Rent assistance and leverages five HUD Housing Resource Coordinators who provide rapid re-housing assistance and supportive services for six to 24 months. These services leverage federal funding for the Family Strengths Program which provides vocational, educational and financial management training to help increase the participant's economic stability. Annually HUD Horizons serves approximately 180 survivors and their children, with 80% of participants reporting increasing or maintaining their income when they exit the program.
- Five Domestic Violence Housing Advocates (DVHAs) at culturally-specific domestic violence programs who provide rapid re-housing services, as well as eviction prevention and retention for survivors who can safely remain in their homes.
- A Shared Housing rapid re-housing project that provides permanent shared housing space for up to 40 survivors of domestic violence and their children through the support and operation of five existing homes. Participants in this democratically run housing have access to domestic violence case management, economic empowerment services, and advocacy support. Funding assists with move-in costs, rent assistance, and short-term needs.
- Additional flexible funds to meet some of the unique needs faced by survivors as they rebuild a safe, stable life for themselves and their children.

Through the DV Coordinated Access system, survivors receiving services at any of the domestic violence agencies have equitable access to rapid re-housing interventions that are six months or longer. This is an important opportunity for survivors of traditionally underserved populations to have access to long term rapid re-housing programs.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of participants served	560	500	500	500
Outcome	Number of participants that will exit to permanent housing	85%	85%	85%	85%

Performance Measures Descriptions

*DVHA and Share Housing performance measures are not including in FY 2016 Actual. These services were new in FY 2017.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$992,758	\$780,984
Total GF/non-GF	\$0	\$0	\$992,758	\$780,984
Program Total:	\$0		\$1,773,742	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$780,984
Total Revenue	\$0	\$0	\$0	\$780,984

Explanation of Revenues

Department of Justice Office of Violence Against Women (OVW) \$114,161
 Housing & Urban Development Horizons Domestic Violence \$476,540

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$636,610	\$0
Total GF/non-GF	\$0	\$0	\$636,610	\$0
Program Total:	\$0		\$636,610	
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 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$900	\$851,310
Total GF/non-GF	\$0	\$0	\$900	\$851,310
Program Total:	\$0		\$852,210	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$851,310
Total Revenue	\$0	\$0	\$0	\$851,310

Explanation of Revenues

City of Portland General Fund \$851,310

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$1,546,423	\$1,467,977
Total GF/non-GF	\$0	\$0	\$1,546,423	\$1,467,977
Program Total:	\$0		\$3,014,400	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,467,977
Total Revenue	\$0	\$0	\$0	\$1,467,977

Explanation of Revenues

Housing & Urban Development Homesafe \$318,850
 Housing & Urban Development Horizons Youth \$160,849
 Housing & Urban Development Pathways Housing for Youth with Mental Health \$46,673
 Housing & Urban Development Pathways Youth Housing \$14,857
 State of Oregon Emergency Housing Assistance (EHA) \$136,431
 City of Portland General Fund \$696,280

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$854,760	\$0
Total GF/non-GF	\$0	\$0	\$854,760	\$0
Program Total:	\$0		\$854,760	
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 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

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's "A Home for Every Veteran" initiative successfully created a system capable of offering permanent housing to approximately 700 homeless Veterans during the last fiscal year. This program offer would ensure that we continue to leverage federal HUD and VA resources, as well as State EHA funds, to meet the short term rent assistance and barrier mitigation needs of Veterans who become homeless in our community. This program will help at least 164 Veteran households end or prevent their homelessness.

Program Summary

In January 2015, Chair Kafoury and then- Portland Mayor Hales joined the national "Mayors' Challenge to end Veteran Homelessness" and Portland was chosen to participate in the federal 25 Cities Initiative to End Veteran Homelessness. In order to achieve a functional end to Veteran homelessness, our community was required to build a system that could offer permanent housing to at least as many Veterans as are expected to become homeless in Multnomah County during a single year. Based on a point-in-time count conducted in January 2015, that number was estimated at 690. As of the end of December 2015, we had successfully housed 695 Veterans and by the end of 2016 over 1300 Veterans had returned to permanent housing. As a result of our efforts, Portland was the first West Coast city certified by the U.S. Interagency Council on Homelessness as having effectively ended Veteran homelessness.

The capacity to house this number of Veterans depends, to a significant extent, on federal funding in the form of Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF). It also relies on an allocation of 50 Housing Choice Vouchers and 50 subsidized housing units by Home Forward. While the federal funding will remain available in FY 2018, these federal funds are not enough to help Veterans move into housing if they have significant barriers or lack security deposit funds. The federal funds also have limitations on eviction prevention assistance.

The flexible rent assistance and barrier mitigation funds available through this program offer allow housing staff the ability to assist with an array of services. This includes security deposits, helping with utility/past property debts, limited term rent assistance, legal fees and moving fees. Funded through this program, 80% of the participants assisted with past debts have secured housing.

In order to meet the needs of all Veterans who will become homeless in Multnomah County in the coming year, and to prevent a return to homeless for Veterans needing eviction prevention rent assistance, the Home for Every Veteran initiative is seeking sufficient short-term rent assistance, housing staff and flexible client assistance to help at least 64 Veterans move into stable housing and keep at least 100 Veterans from returning to homelessness.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Households placed or retained	N/A	160	160	164
Outcome	Households retaining housing 12 months post subsidy	N/A	70%	70%	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$84,220	\$767,984
Total GF/non-GF	\$0	\$0	\$84,220	\$767,984
Program Total:	\$0		\$852,204	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$767,984
Total Revenue	\$0	\$0	\$0	\$767,984

Explanation of Revenues

State of Oregon Emergency Housing Assistance (EHA) \$70,144
 City of Portland General Fund \$697,840

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$175,000	\$175,000
Total GF/non-GF	\$0	\$0	\$175,000	\$175,000
Program Total:	\$0		\$350,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$175,000
Total Revenue	\$0	\$0	\$0	\$175,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$175,000
 City of Portland General Fund - \$175,000

Significant Program Changes

Last Year this program was:

New program offer.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$1,662,500	\$2,857,298	\$1,155,540	\$4,385,740
Total GF/non-GF	\$1,662,500	\$2,857,298	\$1,155,540	\$4,385,740
Program Total:	\$4,519,798		\$5,541,280	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,385,740
Total Revenue	\$0	\$0	\$0	\$4,385,740

Explanation of Revenues

City of Portland General Fund \$4,224,420
 Federal HUD Outside Transitions into Stability (OTIS) revenue \$134,665

Significant Program Changes

Last Year this program was: FY 2017: 10063A Supportive Housing - Existing Services

Last year, this program was a subset of the new and existing programs funded through program offers 10063A (Supportive Housing - Existing Services) and 10063B (Supportive Housing - Expanded Services). Continued funding through this program offer is required to maintain current service levels.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$250,000	\$3,412,677	\$800,000	\$3,668,029
Total GF/non-GF	\$250,000	\$3,412,677	\$800,000	\$3,668,029
Program Total:	\$3,662,677		\$4,468,029	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,668,029
Total Revenue	\$0	\$0	\$0	\$3,668,029

Explanation of Revenues

City of Portland General Fund \$2,132,710
 Federal HUD Outside Transitions into Stability (OTIS) \$183,305
 Federal Housing for Persons Living with AIDS (HOPWA) \$211,811
 City of Portland Housing Bureau HOPWA \$1,059,239

Significant Program Changes

Last Year this program was: FY 2017: 10063A Supportive Housing - Existing Services

Last year, this program was a subset of the existing programs funded through program 10063A - Supportive Housing - Existing Services and 10063B - Supportive Housing - Expanded Services. Continued funding through this program offer is required to maintain current service levels.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multiple A Home for Everyone workgroups identified diversion as a critical strategy to reduce the number of people experiencing street and shelter homelessness in our community. This program offer continues existing capacity to divert people from homelessness through partnerships with the domestic violence system, the family system, the corrections and healthcare systems, as well as 211info. Together these investments will divert at least 500 people out of street and shelter homelessness.

Program Summary

Diversion programs vary by implementation, but have in common the assessment of an individual who is facing living on the streets or in shelter to determine whether they have a housing option they could access with a modest, typically one-time, investment. Diversion is recognized nationally and locally as a critical tool in reducing street and shelter homelessness.

Family Diversion: We anticipate that by the end of FY 2017 we will have diverted over 200 families from shelter. Diversion has been a successful intervention both preventing families from coming to shelter and moving families out of shelter quickly. All families are surveyed to determine if they have an immediate housing option and, if so, diversion resources are used to help them capitalize on that opportunity. Given that our East Side Family Shelter has been significantly above capacity since opening in February 2016, this program is particularly critical.

Corrections Diversion: Diversion resources are targeted to people leaving incarceration through a partnership with DCJ that offers African American men, in particular, access to employment, treatment, and housing assistance resources to ensure that they do not become homeless.

DV Diversion: DV Diversion services focus on preventing homelessness and diverting survivors and their children from shelters. Diversion services offer flexible, rapid response that allows survivors to avoid the trauma and safety risks of becoming homeless through eviction prevention or housing placement. These services reach more than 500 individuals annually and serve a diverse population, with 75% identifying as people of color.

Hospital Diversion: This partnership with the hospital system provides essential rental assistance and care coordination resources to hospital discharge workers to allow patients to discharge to housing options and not to the streets or shelter.

Ticket Home: This program diverts individuals from the streets and shelter through one-time transportation assistance to a location where they have a verifiable housing option. Most commonly this program reunites individuals with family in other communities. More than 200 people participated in the program during its first year.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of people assisted with diversion funds	N/A	500	500	500
Outcome	Percentage of individuals retaining housing at 6 months of exiting program	N/A	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$440,000	\$1,100,000	\$471,970	\$1,004,070
Total GF/non-GF	\$440,000	\$1,100,000	\$471,970	\$1,004,070
Program Total:	\$1,540,000		\$1,476,040	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,004,070
Total Revenue	\$0	\$0	\$0	\$1,004,070

Explanation of Revenues

City of Portland General Fund \$1,004,070

Significant Program Changes

Last Year this program was: FY 2017: 10065 Diversion - Expanded Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$200,000	\$200,000
Total GF/non-GF	\$0	\$0	\$200,000	\$200,000
Program Total:	\$0		\$400,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$200,000
Total Revenue	\$0	\$0	\$0	\$200,000

Explanation of Revenues

Funding for this program is a shared commitment between the County and the City of Portland.
 County General Fund - \$200,000
 City of Portland General Fund - \$200,000

Significant Program Changes

Last Year this program was:

New program offer.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 10056B
Program Characteristics:

Executive Summary

A Home for Everyone partners have prioritized alignment of employment and housing resources to help people experiencing/at-risk of homelessness achieve long-term housing stability. This program implements several highly effective programs that connect employment and housing resources for families, youth, and communities of color. In combination with program 10056B, it will yield at least 225 employment placements and 140 housing placements, and help maximize benefits of employment and housing assistance by ensuring they are appropriately integrated.

Program Summary

Following recommendations of the A Home For Everyone (AHFE) Economic Opportunity Workgroup, this program combined with program 10056B, sustains critical capacity in several targeted employment and housing initiatives, with an emphasis on meeting the needs of families, youth, and communities of color. All programs seek to assist households experiencing homelessness or housing instability by offering a combination of housing assistance and access to a range of workforce supports, provided in a culturally specific or culturally responsive manner. Together these programs will provide at least 400 people with employment services and will lead to at least 140 housing placements. This program represents 180 of those employment placements and 112 of the housing placements. Programs include:

Family Employment Services would provide capacity to an existing network of six nonprofit employment providers, to connect families to career track employment services, housing resources and community-based support, and to the Employment Opportunity Program (EOP). Participants who are survivors of domestic violence and/or who are eligible for SNAP are prioritized.

Youth Employment Services expands services provided by Homeless Youth Continuum partners to improve employment and housing alignment through pre-readiness support, job training, day labor opportunities and work experiences.

Equitable Access to Employment, implemented by a culturally-specific provider, supports individuals and families seeking employment and experiencing homelessness to secure culturally-specific employment services.

Adult Employment Services and Rent Assistance provides capacity through the EOP, and its multiple culturally-specific providers, to offer employment and housing support for adults, including adults in couples or parents with adult children, rent assistance for housing placement, and career coaching; expanded one-stop employment services and resources to serve young adults of color, many of whom are exiting the corrections system.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Individuals receiving employment services and supports	N/A	320	352	320
Outcome	Number of employment placements	N/A	180	180	180
Outcome	Number of housing placements	N/A	112	112	112

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$255,620	\$749,990
Total GF/non-GF	\$0	\$0	\$255,620	\$749,990
Program Total:	\$0		\$1,005,610	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$749,990
Total Revenue	\$0	\$0	\$0	\$749,990

Explanation of Revenues

City of Portland General Fund \$749,990

Significant Program Changes

Last Year this program was: FY 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$0	\$0	\$255,620	\$0
Total GF/non-GF	\$0	\$0	\$255,620	\$0
Program Total:	\$0		\$255,620	
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 2017: 10062A Rapid Rehousing - Existing Services

Due to how the FY 2017 budget was structured there is not the ability to assign last year's funding to individual program offers for Housing Placement and Retention (formerly Rapid Rehousing) the in FY 2018. The history for FY 2017 program offers 10062A –Rapid Rehousing Existing Services and 10062B – Rapid Rehousing Expansion is shown in FY 2018 program offer 10053A – Housing Placement and Retention – Adult Households.

Legal / Contractual Obligation

HB 2195, approved by the Oregon Legislature in 2015, amends ORS 275.275, and is effective January 1, 2016. That statute defines the expenses to be paid from proceeds of sales of real property acquired by foreclosure of a delinquent tax lien or by exchange for land originally acquired by foreclosure of delinquent tax liens; and the purposes for which the net proceeds must be used.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Contractual Services	\$2,500,000	\$0	\$4,683,640	\$0
Total GF/non-GF	\$2,500,000	\$0	\$4,683,640	\$0
Program Total:	\$2,500,000		\$4,683,640	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$2,500,000	\$0	\$4,683,640	\$0
Total Revenue	\$2,500,000	\$0	\$4,683,640	\$0

Explanation of Revenues

Revenues from sales of foreclosed properties, after January 1, 2016 during FY 2016, were \$3,405,224. After operating expenses were paid, the remaining proceeds credited to this program in FY 2017 were \$3,183,640. Anticipated net proceeds from sales of foreclosed properties, after operating expenses during FY 2017, for credit to the program in FY 2018 are projected to be \$1.5 million.

Significant Program Changes

Last Year this program was: FY 2017: 72040 Tax Title Affordable Housing

Legal / Contractual Obligation

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investors Service uses as a benchmark. The goal in developing the reserve policy was to shield the County from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the Board takes affirmative action to transfer it. Conditions under which the the contingency can be used are limited, in most cases, to one-time-only expenditures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2017	2017	2018	2018
Cash Transfers	\$31,229,456	\$7,772,433	\$37,388,141	\$5,143,000
Unappropriated & Contingency	\$52,494,075	\$69,033,189	\$54,587,942	\$55,790,425
Total GF/non-GF	\$83,723,531	\$76,805,622	\$91,976,083	\$60,933,425
Program Total:	\$160,529,153		\$152,909,508	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$5,330,000	\$0	\$4,654,250
Other / Miscellaneous	\$0	\$0	\$10,562	\$0
Financing Sources	\$0	\$16,200	\$0	\$16,200
Interest	\$0	\$325,000	\$0	\$325,000
Beginning Working Capital	\$0	\$77,353,722	\$0	\$60,857,742
Total Revenue	\$0	\$83,024,922	\$10,562	\$65,853,192

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 95000 Fund Level Transactions

No significant changes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Total:		\$0	\$0	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$5,613,568	\$0	\$7,218,902	\$0
Taxes	\$386,953,068	\$0	\$406,811,812	\$0
Other / Miscellaneous	\$6,286,944	\$0	\$6,469,080	\$0
Financing Sources	\$0	\$0	\$125,000	\$0
Interest	\$1,215,194	\$0	\$1,365,025	\$0
Beginning Working Capital	\$80,869,107	\$0	\$76,429,853	\$0
Total Revenue	\$480,937,881	\$0	\$498,419,672	\$0

Explanation of Revenues

A handful of revenues make up the bulk of the General Fund. These include (in order of size) - property tax, business income taxes, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget document.

A more complete discussion of the forecast and assumptions can be found on the Budget Office website.

Significant Program Changes

Last Year this program was: FY 2017: 95001 General Fund Revenues