

Department Overview

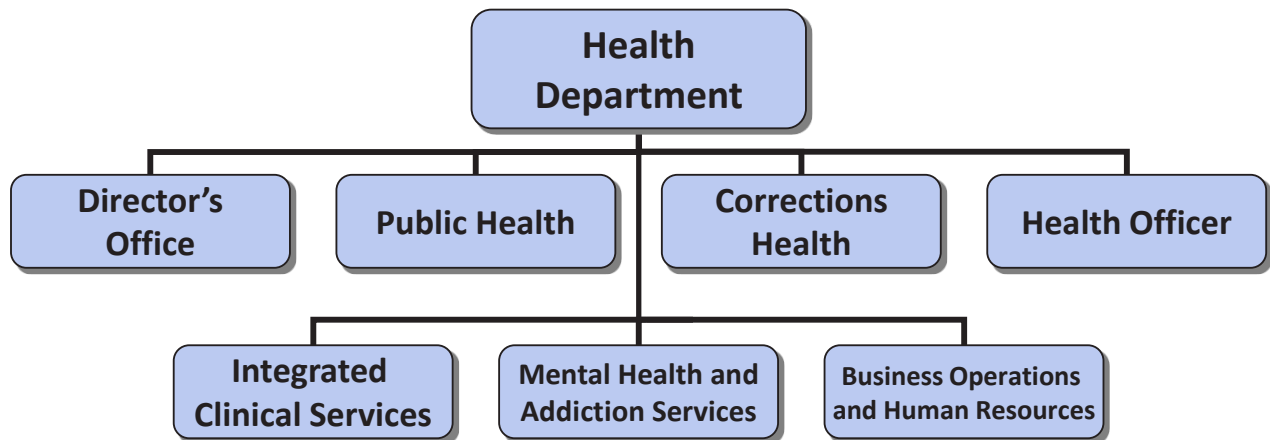
The Health Department’s vision ‘Healthy People in Healthy Communities’ guides our work.

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 Proposed budget is \$305.2 million which represents a 9% decrease from the FY 2017 Adopted budget. The County General Fund contributes \$136.7 million, or 45% of the total. Traditional General Fund dollars make up 67% of these revenues, while Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method funds contribute an additional \$45.5 million. The remainder of the Health budget (\$168.5 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 \$1.7 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
- 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 \$3.0 million in one-time-only funding. The one-time-only funding is allocated to five program offers and funds 5.20 FTE. A list of programs funded one-time-only can be found on page 21 of the Budget Director's Message.

Budget Trends	FY 2016	FY 2017	FY 2017	FY 2018	Difference
	Actual	Current Estimate	Adopted Budget	Proposed Budget	
Staffing FTE	1,387.16	1,515.91	1,493.23	1,384.43	(108.80)
Personnel Services	\$151,860,556	\$173,974,815	\$171,605,696	\$165,791,112	(\$5,814,584)
Contractual Services	119,435,273	107,169,789	106,343,538	77,258,199	(29,085,339)
Materials & Supplies	23,013,332	22,110,797	21,994,692	24,577,018	2,582,326
Internal Services	41,143,964	35,698,153	35,536,451	37,451,767	1,915,316
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	\$305,232,554	(30,892,281)

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

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	5,815,856	2,282,052	8,097,908	36.25
Public Health	28,186,304	27,155,602	55,341,906	313.92
Integrated Clinical Services	47,896,673	62,187,656	110,084,329	588.50
Business Operations and Human Resources	15,692,833	0	15,692,833	95.90
Corrections Health	17,942,512	0	17,942,512	110.10
Mental Health and Addiction Services	<u>20,164,948</u>	<u>76,919,511</u>	<u>97,084,459</u>	<u>236.76</u>
Total Health Department	\$136,687,733	\$168,544,821	\$305,232,554	1,384.43

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 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)	2,067,409	985,383	3,052,792	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
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	1.70
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	98,639	1,389,664	1,488,303	12.50
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	0.00
40019	North Portland Health Clinic	2,570,767	3,339,803	5,910,570	29.70
40020	Northeast Health Clinic	3,230,056	3,818,112	7,048,168	41.40
40022	Mid County Health Clinic	6,293,435	4,966,252	11,259,687	68.60
40023	East County Health Clinic	4,965,058	4,349,452	9,314,510	51.60
40024	School Based Health Centers	3,705,838	2,470,852	6,176,690	32.69
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	3,327,442	1,835,462	5,162,904	32.20
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	2,579,321	0	2,579,321	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
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	<u>3,473,825</u>	<u>3,473,825</u>	<u>24.40</u>
Total Health Department		\$136,687,733	\$168,544,821	\$305,232,554	1,384.43

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

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Increased access to Health Dept. services as measured by # of clients served.	164,000	166,210	160,000	165,000
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions).	\$200 mil	\$234 mil	\$210 mil*	\$213 mil

Performance Measures Descriptions

*\$28mil in Medicaid money now managed by Tri-County collaborative with Health Share of Oregon, reducing the Fed/State resources in FY2017.

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 Proposed
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	\$1,546,467	\$216,435
Contractual Services	\$132,873	\$0	\$108,852	\$28,500
Materials & Supplies	\$39,049	\$20,754	\$73,704	\$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 Proposed

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

Department: Health Department **Program Contact:** Joanne Fuller
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40000
Program Characteristics:

Executive Summary

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

Program Summary

The Department Leadership Team (DLT) support team reduces duplication of effort, and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, special projects, and communication support for the Department Director and serve as a link for the Department Director and Leadership Team for communication at multiple internal organizational levels and to external stakeholders. Director Office reception team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of projects completed on time with an error rate not to exceed 3%.	92%	92%	92%	92%
Outcome	Annual satisfaction survey rating by Department Leadership Team on scale of 1 to 10.	8	9	7	8

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	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 Proposed
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	\$642,162	\$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	\$2,067,409	\$985,383
Program Total:	\$3,047,578		\$3,052,792	
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	\$1,693,849	\$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	\$2,130,761	\$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)

Department: Health Department **Program Contact:** Darrell Knott
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Ambulance Service Plan was recently updated December 8, 2016 to reflect changes that have occurred in healthcare and the industry over the last 20 years. This was necessary prior to issuing a RFP for emergency ambulance services. The current contract for ambulance services expires in August, 2018. This funding will support continuation of an industry expert consultant for the Ambulance Plan process and the subsequent RFP.

Program Summary

The Emergency Medical Services Program is designed to meet the County's responsibility under Oregon Revised Statute (ORS) 682. This ORS requires certain components be designed and present to ensure high quality Ambulance Transport to everyone within the County borders. The actual ambulance transportation is provided by a contractor. The Program provides oversight, regulation, and coordination between the Ambulance Provider, Fire Medical First Response, Hospital and Healthcare Systems, and other agency and individual participants.

This proposed funding will pay for industry specific consulting services to assist the Program and the County with Emergency Medical Services (EMS) system planning, review and revision of the County's Ambulance Service Plan (ASP), and procurement of ambulance services in a multi-year project. The Ambulance Service plan was written and adopted in 1994, a updated plan was completed and approved by the Board on December 8, 2016 Ordinance 1238. The Emergency Ambulance Service Contract is currently on a contract extension through a special procurement provision of purchasing rules. Through resolution 2013-138, the Board authorized the special procurement and directed the Program to conduct EMS planning and RFP procurement for a new ambulance service contract by Sept 1, 2018. The expert consultant is needed to complete the planning and subsequent procurement process.

The project is currently on schedule and on track to complete on time. FY17 is anticipated to end with the public release of the Emergency Ambulance RFP. The significant work to be completed in FY18 will involve the completion of the RFP process in coordination with procurement and the EMS Program. The specific work to be completed includes the following key items: execution of the approved RFP process that will be approved and coordinated with County procurement, develop, plan, and hold a pre-bid conference for potential proposers, document all interactions, questions and responses through the RFP process, identify, vet, and enlist an expert panel for evaluation of the proposals, ensure a work plan is in place for the expert panel review process, document all activities associated with the procurement evaluation process including panel process, work plan, and conducting the process itself, provide technical assistance as required in determining the best proposal and recommending an award of contract, assist in post RFP contract negotiations, develop transition plan from current contract to new contract, monitor and assist in final implementation of new contract.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	% of scheduled contracted milestones completed	na/-	90%	100%	90%
Outcome	% of contracted milestones completed on time	na/-	90%	100%	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
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 Proposed

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 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 Proposed
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 Proposed
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 Proposed
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

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Vital Records program is a legislatively mandated, fee supported program that issues birth and death certificates in accordance with Federal and State statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed and used for public health prevention and intervention activities for positive health outcomes.

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of birth and death certificates issued	41,836	44,530	40,948	41,713
Outcome	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	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 Proposed
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 O157 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	\$2,296,839	\$1,160,709
Contractual Services	\$46,780	\$17,946	\$59,065	\$32,952
Materials & Supplies	\$66,319	\$33,283	\$114,179	\$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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed

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	\$3,253,933
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	\$887,006
Total GF/non-GF	\$7,402,716	\$6,551,808	\$6,293,435	\$4,966,252
Program Total:	\$13,954,524		\$11,259,687	
Program FTE	58.00	31.60	49.90	18.70

Program Revenues				
Indirect for Dept. Admin	\$1,002,127	\$0	\$749,563	\$0
Intergovernmental	\$0	\$969,253	\$0	\$661,474
Service Charges	\$7,536,451	\$5,632,997	\$6,288,021	\$4,304,778
Total Revenue	\$8,538,578	\$6,602,250	\$7,037,584	\$4,966,252

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 Proposed
Related Programs:
Program Characteristics:

Executive Summary

The East County Health Center (EHC) 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 EHC 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 Proposed
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	\$1,876,747
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	\$440,590
Total GF/non-GF	\$4,019,269	\$2,604,299	\$3,705,838	\$2,470,852
Program Total:	\$6,623,568		\$6,176,690	
Program FTE	23.71	14.55	15.82	16.87

Program Revenues				
Indirect for Dept. Admin	\$332,716	\$0	\$323,685	\$0
Intergovernmental	\$0	\$1,314,983	\$0	\$1,181,075
Service Charges	\$2,469,260	\$1,289,316	\$1,903,784	\$1,289,777
Total Revenue	\$2,801,976	\$2,604,299	\$2,227,469	\$2,470,852

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:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed

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 Proposed
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 Proposed
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	\$2,416,413	\$1,354,230
Contractual Services	\$74,140	\$0	\$54,280	\$43,650
Materials & Supplies	\$160,875	\$240	\$103,347	\$30,191
Internal Services	\$932,078	\$64,141	\$753,402	\$407,391
Total GF/non-GF	\$6,015,312	\$703,006	\$3,327,442	\$1,835,462
Program Total:	\$6,718,318		\$5,162,904	
Program FTE	49.00	6.80	21.10	11.10

Program Revenues				
Indirect for Dept. Admin	\$514,611	\$0	\$336,853	\$0
Intergovernmental	\$0	\$688,006	\$0	\$1,383,006
Other / Miscellaneous	\$3,875,482	\$15,000	\$2,230,000	\$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	\$3,566,296	\$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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed

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

Department: Health Department **Program Contact:** Mark Lewis
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40044
Program Characteristics:

Executive Summary

Medical Accounts Receivable is responsible for providing medical billing, cash collection and patient account services for the Health Department's primary care, dental, specialty clinics, pharmacy, lab, home and community based health services.

Program Summary

The Medical Accounts Receivable Team is responsible for billing and collecting nearly \$75 million a year in medical revenue. This includes billing, collection, cash handling and patient account services for clinics (primary care, school based health clinics, specialty public health and dental) as well as ancillary (lab, pharmacy) and home and community based care (early childhood, healthy homes). The medical billing team maintains, bills and reconciles claims submitted to more than 200 different insurance carriers including Health Share of Oregon, Family Care and other Medicaid, Medicare, and commercial medical and dental insurance plans.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of encounters processed for payment	297,000	320,000	302,000	309,820
Outcome	Percent of Receivables aged (older than 90 days)	23%	21%	23%	21%
Quality	Days of Accounts Receivable	na/-	na/-	47.00	51.30

Performance Measures Descriptions

Number of encounters demonstrates volume of work. % of receivables older than 90 days should be a small and declining %, since the older a claim gets, the less likely it is to be paid. Finally there are many reasons why a claim might not be paid (e.g. client ineligible for service, didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	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

Department: Health Department **Program Contact:** Darren Chilton
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40040
Program Characteristics:

Executive Summary

Health Department Contracts and Procurement advises, prepares and processes all contracts, intergovernmental and professional service agreements for the department. They also provide purchasing support for the procurement of a wide array of products, goods and services.

Program Summary

Health Department Contracts and Procurement processes more than 500 contracts, intergovernmental and professional service agreements for the department. They also provide purchasing support for the procurement of a wide array of products, goods and services, totaling more than \$ 30 million per year. They safeguard the department from risk; ensure compliance with federal and state public procurement laws and regulations; seek out cost effective high quality goods and services for the Health Department clinics, programs and activities.

This program also manages the vaccine depot where vaccine is received, stored and distributed, in the safest manner possible, using cold-chain management strategies which follow State and Federal guidelines. In addition, responsibilities include vaccine storage, handling and distribution among 13 school-based health clinics, 12 primary care and specialty clinics and three correctional facilities. The vaccine stored at this location includes childhood and adult vaccines, influenza and tubersol. The depot processes on average, 80 orders per month. This is the primary point of contact for routine vaccine services management and in the event of an emergency public health response that requires vaccine prophylaxis.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of contracts or amendments processed	1,000	900	925	875
Outcome	Percent of contracts executed by start of contract	90%	90%	90%	90%

Performance Measures Descriptions

Some contracts in Mental Health and Addiction Services have been transferred to Health Share of Oregon impacting the number of contracts and amendments processed.

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

Department:	Health Department	Program Contact:	Wendy Lear
Program Offer Type:	Support	Program Offer Stage:	As Proposed
Related Programs:	40040-40044		
Program Characteristics:			

Executive Summary

Health Department Operations provides leadership and operational services in support of the Department's mission, including strategic planning, policy and technology governance, communications, facilities and general operations support.

Program Summary

Strategic Operations oversees the department's technology and policy governance functions, offers communications and marketing support to department programs and coordinates the department's space and facilities needs. This team is also responsible for developing the Health Department's strategic plan and delivering more detailed strategic planning assistance to divisions as needed.

Strategic Operations serves as a link between the Health Department and internal services provided by Department of County Assets and the County Communications Office. Specifically, Strategic Operations is the liaison with Facilities and Property Management to inform major renovation and construction projects, including the Health Department Headquarters. The Facility and Safety Manager who acts as Safety Coordinator is responsible for managing compliance with federal, state and county safety regulations in collaboration with the County's Risk Management Division. Strategic Operations also facilitates the prioritization of the Department's technology investments and works in partnership with County IT to ensure that the Health Department meets its IT Strategic Plan, updates and maintains IT infrastructure, and responds to emerging technology needs.

The Strategic Operations team reports to the Finance and Operations Director.

Additionally, Business Services activities including Budget and Finance, Contracts and Procurement, Medical Accounts Receivable, Mental Health Finance and associated programs and services report to the Operations Deputy.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of technology projects approved and completed through Pipeline Management prioritization process.	20	20	16	20
Outcome	Department policies managed in Compliance 360	na/-	na/-	60%	100%
Output	Number of communication projects completed	na/-	na/-	250	250

Performance Measures Descriptions

Technology is leveraged to drive innovation and efficiency: i.e. EPIC now in Public Health Clinics; more than 365 administrative policies transitioned to technology platform to reduce duplication, improve compliance and increase access.

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	\$2,145,510	\$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	\$2,579,321	\$0
Program Total:	\$2,600,241		\$2,579,321	
Program FTE	17.60	0.00	16.60	0.00

Program Revenues				
Intergovernmental	\$0	\$114,892	\$0	\$0
Other / Miscellaneous	\$9,865,692	\$0	\$9,307,595	\$0
Total Revenue	\$9,865,692	\$114,892	\$9,307,595	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2017: 40043 Health Department Operations

Department: Health Department **Program Contact:** Mark Lewis
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40041
Program Characteristics:

Executive Summary

Health Clinical Data and Reporting includes the annual cost of the EPIC practice management, and the Electronic Health Record (EHR) system used by the Health Department. A small number of staff, under the direction of the Medical Accounts Receivable Manager provide report development and analytical services to the department.

Program Summary

The majority of the costs in this program offer are the annual transactional costs, licencing fees and patient statement printing costs associated with the EPIC system hosted by OCHIN (Our Community Health Information Network). This system is used by Medical Accounts Receivable to process medical claims and record the payments for medical services (practice management). All of the medical services provided by the Health department use the practice management system including: primary care, dental, school based health clinics, corrections health, STD and other speciality Public Health clinics, early childhood and other community and homes based services, many also use the Electronic Health Record system.

Three staff --Data Analysts and a Business Process Consultant--under the direction of the Medical Accounts Receivable Manager, provide report writing and analytical to support to the staff and programs using EPIC and other large data systems (e.g. Accela, SAP).

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of reports created	108	70	120	125
Outcome	Data System and Reporting Tools Supported	na/-	na/-	18	22

Performance Measures Descriptions

Data systems and reporting tools supported is a new measure this year.

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 Proposed
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 Proposed
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 Proposed
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 Proposed

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 Proposed
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 Proposed
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 Proposed
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 Proposed

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

Department: Health Department **Program Contact:** Michael Seale

Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed

Related Programs:
Program Characteristics:
Executive Summary

In FY17 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 to increase the FY17 budget was later approved. This request is to provide ongoing staffing and funding for the positions in the Corrections Health FY18 budget.

Program Summary

MCIJ 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. 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 are equal to other correctional facilities across the country. This request represents continued nursing services to allow for more even distribution of workload, particularly during evening and night shifts, when less clinical and administrative support is present at MCIJ and when nursing may need to respond to urgent or emergent medical needs with fewer Corrections Health personnel to serve as backup. By providing adequate 24/7 skilled health care on site for this vulnerable, under served population, the high cost of outside medical care is minimized.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of Community Health Nurses engaged in active management oversight	na/-	na/-	na/-	60
Outcome	Provision of NCCHC-compliant nursing care	na/-	na/-	na/-	100%
Outcome	Ensure realistic workload balance among Inverness Jail Community Health Nurse employees	na/-	na/-	na/-	75%

Performance Measures Descriptions

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they 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 Proposed
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 Proposed
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 Proposed
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 Proposed
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: Existing Operating Program **Program Offer Stage:** As Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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	\$1,193,633	\$391,034
Contractual Services	\$234,500	\$0	\$215,000	\$95,433
Materials & Supplies	\$103,979	\$0	\$143,750	\$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 Proposed
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 Proposed
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).

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



Program #40068 - Mental Health Quality Management & Protective Services 4/7/2017

Department: Health Department **Program Contact:** Joan Rice
Program Offer Type: Support **Program Offer Stage:** As Proposed
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 Proposed
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.

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.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Mental Health and Addiction Services Division (MHASD) has identified alternatives to inpatient hospitalization as a missing service in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 400 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

Program Summary

Crisis Assessment Treatment Center Subacute is a short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her mental illness. The target length of stay is 6 days. Since the individual remains linked to the community, length-of-stay is minimized and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Subacute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Number of admissions that are unique Multnomah Mental Health members ¹	378	408	376	376
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members (NEW):	8.25%	7.9%	10.69%	9.62%
Output	Number of admissions that are unique indigent Multnomah Residents ²	34	35	45	40

Performance Measures Descriptions

¹ There may be a small reduction to right-size bed capacity.

² Admitted clients would otherwise have been hospitalized or jailed.

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 Proposed
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 Proposed
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 Proposed
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 Proposed
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)

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40094
Program Characteristics:

Executive Summary

This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Health Share Multnomah Mental Health. The continuum addresses the needs of adults at emergent, urgent & routine levels of care. Additional respite services provide intervention when an individual's symptoms have risen beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to approximately 10,790 adults annually.

Program Summary

Adult mental health outpatient services provide a comprehensive array of treatment options that address the needs of each individual, including several categories of individual and group therapy, general and intensive case management for individuals with severe mental illness, intensive outreach and medication management. Outpatient services address long and short-term mental health needs to lessen the need for hospitalization. Since expansion of Oregon Health Plan, an average of 6,090 adults receive outpatient services each month, with many remaining in treatment for several months.

Mental health respite services are a community-based approach to stabilize individuals whose symptoms have exceeded the scope of outpatient treatment. The goal is to prevent hospitalization through early intervention with short-term, intensive residential treatment. Respite care contains a range of treatment options, including medication management, clinical treatment and post-discharge transition planning. It has been defined as a best practice when used in a continuum of treatment services.

Performance Measures

Measure Type	Primary Measure	FY16 Actual	FY17 Purchased	FY17 Estimate	FY18 Offer
Output	Total adults receiving outpatient mental health services ¹	11,413	10,318	11,387	10,318
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	16.5%	11.8%	15.8%	15.8%

Performance Measures Descriptions

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

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

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	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.

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience symptoms of severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or significant decompensation, but are uninsured and ineligible for Oregon Health Plan (OHP). MTF supports an array of services for the over 500 individuals who experience severe mental illness and are uninsured and without financial resources until insurance or OHP coverage is obtained.

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 goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, a designated adult services coordinator performs chart reviews for clinical necessity, choice of intervention, and financial eligibility. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, dual diagnosis treatment, care coordination, and crisis intervention. While the person is receiving services, he/she can be linked to other supports and acquire assistance in securing OHP benefits through the DCHS Benefits Recovery Project and health care through the Multnomah County Health Department or other clinics serving indigent clients. The demand on this program had slightly decreased due to Medicaid Expansion, however Medicaid eligibility requirements and limitations on Medicare approved services means there are individuals who require this safety net program to receive on-going mental health case management and treatment services. In addition, there is an unmet need for more Intensive Case Management services for individuals without Medicaid eligibility. Funds have been re-purposed to address this gap.

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

¹ This 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	\$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 Proposed
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 Proposed
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:** William Baney
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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	\$642,511
Contractual Services	\$2,536,792	\$11,294,700	\$2,327,386	\$7,071,947
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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 Proposed
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

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	\$2,687,852
Contractual Services	\$0	\$2,856,605	\$0	\$148,852
Materials & Supplies	\$0	\$3,471	\$0	\$2,721
Internal Services	\$0	\$724,413	\$0	\$634,400
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	\$252,537	\$0
Intergovernmental	\$0	\$4,043,457	\$0	\$3,473,825
Total Revenue	\$163,672	\$4,043,457	\$252,537	\$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.

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: