



FY 2019 Adopted Budget

VOLUME 3

County Human Services
Health Department
Library
Nondepartmental

Table of Contents

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

(this page intentionally left blank)

Understanding Program Offers

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

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

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

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

What Makes a Good Program Offer

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

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

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

Anatomy of a Program Offer

Executive Summary & Description

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

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

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

~Sir Arthur Conan Doyle, Sherlock Holmes

Performance Measures

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

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

Legal and Contractual Mandates

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

Revenue/Expense Detail (Program Costs)

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

Explanation of Revenues

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

Significant Program Changes

This section details significant programmatic changes that affect the program - not financial changes up or down. Such changes might include:

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

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

Types of Programs

Program offers are categorized based on the “type” of services they deliver. Program offers fall into one of the following groups:

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

Administration

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

Support

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

Operating Program

An “on the ground” activity of the County. Includes front-line supervisors/ program managers with specific responsibilities for particular operating programs. For example, the Health Department’s Primary Care Clinics.

New/Innovative

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

Program Alternative or Reconstruction

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

Internal Service

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

Revenue

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

Additional Program Details

Program Offer Characteristics

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

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

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

Backfill - Backfill is defined as discretionary dollars (General Fund) applied to a program formerly funded by a grant, state, or other dedicated funding source. Explicitly identifying backfill allows the Chair and the Board to decide to partially or fully backfill expiring grants, state, or federal funds with General Fund dollars.

One-Time-Only Resources - In most budget years, the County has a varying amount of one-time-only funds. These funds will not be available in the following years and thus should be spent on projects that do not have (or have minimal) ongoing expenses.

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

Scaled Program Offers

Program offers represent discrete increments of service and many County programs have the ability to deliver services at varying levels. For example, an alcohol and drug treatment program may be able to offer 100, 150 or 200 beds. Departments were asked, when appropriate, to provide decision-makers with the option to choose from those service levels. Scaled offers are indicated by including an A, B, C, etc at the end of the program offer number. When looking at scaled program offers, one should consider the following definitions:

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

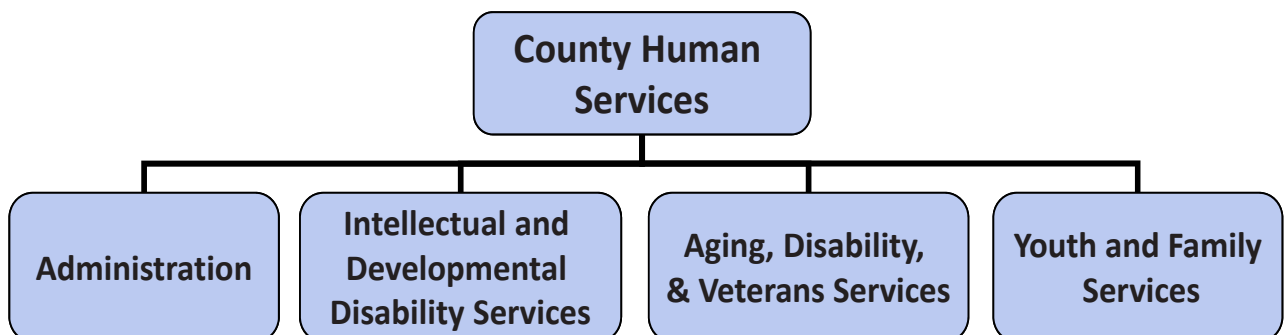
Department Overview

The Department of County Human Services (DCHS) long-range goals remain anchored in our newly enhanced North Star which states “in Multnomah County, every person - at every stage in life - has equitable opportunities to thrive.” In addition to the existing goals of ensuring quality of life, education access and support, and economic development and stability, we’ve added a fourth priority which is ensuring a diverse and inclusive system.

DCHS has a critical role in the County because we design programs, services and funding to provide stability for people across the lifespan. In childhood, DCHS supports people by promoting positive parenting, improving educational access and support for youth, and making sure children have enough to eat in the summer months. In adulthood, DCHS can support a young adult with a disability who wants to live in their own home and have a fulfilling and stable job, thus contributing to their economic stability. We can help someone stay in an affordable home, and we provide safety and support for a survivor of domestic or sexual violence. DCHS supports older adults by doing things like helping older veterans navigate the public programs they’ve earned as part of their service, setting up a class at a senior center to keep people healthy, and intervene when older adults or people with disabilities who are potentially being abused.

Outcomes for these services are stronger when people are treated as experts in their own lives and services are delivered in a way that recognized their culture. That’s why DCHS takes a trauma-informed and equitable services approach, giving us the best opportunity to achieve the County and Department’s goals.

In addition to the key goals mentioned, the Department serves as the Area Agency on Aging, the Community Action Agency for Multnomah County, the managing partner for the Schools Uniting Neighborhoods (SUN) program, the Domestic and Sexual Violence Services Coordination Office for the County and City of Portland, and the Community Developmental Disability Program (CDDP) for Multnomah County. DCHS accomplishes its goals with a budget of over \$163.3 million and 704.05 FTE.



Budget Overview

The FY 2019 Department of County Human Services (DCHS) adopted budget is \$163.3 million, a \$13.0 million increase from the FY 2018 budget. The department’s budget is allocated to 59 program offers across four divisions and funds 704.05 full-time-equivalent employees. The FY 2019 budget is comprised of 32.6% General Fund and 67.4% Other Funds.

DCHS’s \$110.1 million in Federal, State, and local revenue is a \$10.7 million increase over the FY 2018 Adopted Budget. Over two-thirds of the DCHS budget coming from more than 100 Federal and State sources. With significant uncertainty about the short and long term trajectory of these funding streams, DCHS will continue to monitor and adapt to funding changes as it works to protect our community’s most vulnerable population.

The FY 2019 budget is adding 1.00 FTE to support the YFS - DVERT Services for Seniors (25047B) program and 1.00 FTE to support the YFS - Renter Relations (25143) program. The remaining increases in the department’s FTE are due to County Board approved budget modifications that took place throughout the fiscal year.

The FY 2019 DCHS General Fund allocation contains \$505,000 in additional ongoing funding for the following programs:

- YFS – DVERT Services for Seniors (25047B) \$150,000
- YFS – Renter Relations (25143) \$125,000
- YFS – SUN Community School Expansion (25145B) \$230,000

The FY 2019 DCHS General Fund allocation also includes \$1,044,000 in one-time-only funding. A full list of programs funded one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2017	FY 2018	FY 2018	FY 2019	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	678.34	707.60	671.85	704.05	32.20
Personnel Services	\$64,921,750	\$70,226,892	\$67,074,187	\$73,466,268	\$6,392,081
Contractual Services	56,050,855	58,374,866	61,218,540	64,501,840	3,283,300
Materials & Supplies	2,735,565	2,624,425	2,560,137	2,643,213	83,076
Internal Services	15,897,857	19,861,294	19,360,436	22,667,178	3,306,742
Capital Outlay	<u>21,744</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$139,627,771	\$151,087,477	\$150,213,300	\$163,278,499	\$13,065,199

Successes and Challenges

Aging, Disabilities and Veterans Services Division (ADVSD): ADVSD established a new Aging Services Advisory Council in County Ordinance in order to ensure an inclusive and representative advisory body that reflects the diverse experiences and voices of older adults across Multnomah County. ADVSD also has received additional contract funding from Legacy and Providence Health Services to expand on-site Medicaid Intake staff from 2 to 6 hospitals in the area.

Intellectual and Developmental Disabilities Services Division (IDDSD): IDDSD sent out a survey to service partners asking for feedback on training and technical assistance needs, satisfaction with assistance and communication received from IDDSD, general satisfaction, and perceptions of strengths and opportunities for improvement. The majority of survey respondents were “Satisfied” or “Extremely Satisfied” with the support they receive. Opportunities for improvement include increased communication about service changes, increased flexibility and responsiveness, and additional trainings and technical assistance, and IDDSD incorporated the responses into our strategic planning process.

Youth and Family Services (YFS) Division: YFS redesigned the Youth Sex Trafficking services to be more evidence-based and responsive to the needs of youth engaged in the system. YFS conducted the Open Doors Strategic Planning in which the focus is on assisting organizations who work with people with disabilities to deliver appropriate supports for domestic violence survivors. YFS also hosted first-ever Domestic Violence Education Day for County staff. And YFS successfully launched the re-designed SUN Service System Coordinating Council. Bienestar de la Familia hosted several listening and dialogue sessions between the Somali immigrant and refugee residents.

Nearly one in four households spend at least half their income on rent and hundreds face or experience homelessness, including more than 4,000 students. DCHS addresses this challenge, in part, through our Housing Stability Team (HST). The HST brings together staff from DCHS, the Joint Office of Homeless Services and the Health Department. The team looks for services including rent and utility assistance, Veterans benefits, access to SSI/SSDI, Healthy Birth Initiative, mental health services, home repair, domestic violence services, and more. Because of these efforts, 9 out of 10 of households remain in permanent housing six months after exiting HST services.

Department Administration: DCHS have been early adopters in the use of a Data Mart within the County and is radically changing the way the department stores, analyzes, and uses data across the Department. The Department has also created new communications tools that have reached new audiences, bolstered program performance by making our services more clear and understandable, and is piloting new technologies to reach participants where they are at.

Diversity and Equity

DCHS supports an equitable County that provides meaningful connections for people by challenging institutional and structural racism and oppression. DCHS’s efforts are extensive and driven by front-line staff.

Through quality improvement approaches, DCHS is evaluating how it hires more equitably and inclusively. Additionally, an Equity and Empowerment lens is being applied to all HR processes from recruitment to retention. The Department has had a Trauma Informed Practices position that currently resides in the Youth and Family Services Division which will be moving to the Director’s Office in order to align with the Department-wide diversity and equity framework. DCHS is also currently reviewing applications for an Equity and Inclusion Manager. Both of these positions will work together to provide holistic support to leadership, the Diversity, Equity and Social Justice Committee and staff to create meaningful actions that support a more inclusive workplace.

The Department Director asked that an equity assessment is applied throughout the Department using “The Tool for Organizational-Self Assessment Related to Racial Equity.” This assists in the development of the DCHS equity plan.

ADVSD and IDSD are conducting a Divisional equity self-assessment. ADVSD is also making systematic changes to our consumer advisory councils to include more diverse representation and guidance from the community. YFS is in the second phase of their equity self-assessment that will lead to the creation of a YFS Equity Plan by the end of FY 2018. YFS is also reviewing the role of equity for contractors, including supporting the development of an Organizational Assessment Tool for Culturally Specific Organizations.

Budget by Division

Division Name	FY 2019 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$7,248,023	\$0	\$7,248,023	44.80
Intellectual and Developmental Disabilities	4,068,766	20,577,051	24,645,817	167.80
Aging, Disability, and Veteran Services	12,762,740	62,555,703	75,318,443	419.55
Youth and Family Services	<u>29,110,825</u>	<u>26,955,391</u>	<u>56,066,216</u>	<u>71.90</u>
Total County Human Services	\$53,190,354	\$110,088,145	\$163,278,499	704.05

Department Administration

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

Department leadership is responsible for the provision of high-quality services, best practices, strategic partnerships, leadership and direction, stewardship of public resources, continuous quality improvement, performance management, emergency preparedness, innovation, communications, IT strategic planning, operations, and support and maintenance of a diverse qualified workforce.

Human Resources supports more than 700 departmental employees and addresses recruiting, hiring and retention issues, workforce planning, training, employee performance management, and labor relations.

Business Services provides financial and business functions including development, management and oversight of the department's budget, accounts receivable and payables, purchasing, and grants management. The unit coordinates Department procurement and contracting functions and ensures implementation and compliance with all County contracting and procurement policies.

Significant Changes

Monitoring changes in State and Federal funding allocations is a significant function of the Department's administration. The Department receives nearly 70% of its funding from sources outside of the County General Fund. With the increasing unpredictability of Federal and State funds, the Department focused on meeting this year's 2% reduction of its General Fund target allocation by proposing reductions in the Department Administration.

With the Department's increased focus on safety and emergency response, the Emergency Manager position was elevated to a supervisor position. This year the Department expanded its ability to respond to community needs by using a Data Mart to coordinate emergency response for the most vulnerable populations. Six large emergency shelter activation events improved response capabilities, trained staff, and expanded partner network. DCHS has also implemented safety standards for all branch locations.

Intellectual and Developmental Disabilities Service Division

The Intellectual and Developmental Disabilities Services Division (IDDSD) serves over 5,700 people with intellectual and developmental disabilities such as autism, cerebral palsy or intellectual disability diagnosed prior to the age of 22. Services may span the entire lifetime. Quality of life research for individuals with intellectual and developmental disabilities have converged on eight domains that guide services: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights.

IDDSD provides case management services, engaging and linking participants and families to resources in the community and, where eligible, to Medicaid funded residential, employment, in-home, and non-County brokerage case management services. The Division conducts more than 1,150 intake and eligibility determinations per year and provides Abuse Investigation services to program consumers, opening more than 300 investigations per year.

Eighty-five per cent of current partners are satisfied or extremely satisfied with the support they receive from IDDSD. IDDSD also exceeded several State Audit benchmarks. IDDSD's FY 2019 strategic plan focuses on Service Quality, Equity and Inclusion, Training and Effective/Supported Workforce and System Improvement.

Significant Changes

Region I and statewide crisis diversion program funding ended in FY 2018, resulting in the elimination of Program Offer 25015 and 7.45 FTE. Overall revenue increased, which allowed IDDSD to hire 22.00 permanent and 26.00 limited duration positions to add case management capacity and absorb some of the work formerly done by the Region.

Service innovations include IDDSD's early adoption of new data tools and participation in the Emergency Management Committee's efforts in mapping to assist first responders to contact vulnerable populations during natural and civil emergencies. The Division has converted from paper to digital records including all client service files. IDDSD provided training for the first time to residential and foster care providers on how sexual and gender minority concepts relate to the lives of I/DD clients and discussed how to be respectful, affirming and inclusive of gender diverse clients.

The Division is participating in a Department-wide self-assessment of racial equity. IDDSD is engaged in Employment First activities and participates in Project SEARCH which provides career exploration, hands-on training, and total workplace immersion for youth in high school transition.

The State's change of IDDSD's revenue by moving funding from local administration to case management yields a higher return for the department's funding match but carries an increased risk of a fiscal shortfall if targets are not met.

Aging, Disability and Veterans Services

Aging, Disability and Veterans Services Division (ADVSD) is the federally designated Area Agency on Aging that represents diverse needs of 220,000 older adults, people with disabilities, and Veterans, including 10,500 Long-Term Services and Supports participants.

ADVSD maintains a coordinated service system that supports individuals to achieve independence, health, safety, and quality of life. ADVSD services include 24-hour community resource information; social and nutrition services; eligibility for Medicaid health and long-term support services; access to Veterans benefits; protective and guardianship services; and adult care home licensing and monitoring.

ADVSD has developed a performance management framework, fueled by program theory, which guides program operations, informs program offers, and connects outcomes to impact. The Division uses DCHS Data Mart information to make data processes consistent, accurate, and accessible through live dashboards and outcome demonstrations.

ADVSD has begun an equity assessment, a process that will engage staff to identify gaps that are contributing to systemic and institutional barriers for some employees. The assessment will provide the foundation for an equity action plan that will establish priorities, outcome measures, and accountability.

Significant Changes

ADVSD engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan on Aging listening sessions and resulted in an increased percentage of funding for agencies that deliver culturally specific services.

Multnomah County Adult Care Home Program (ACHP) rules were updated to incorporate new State and Federal requirements. The new rules, now in effect, focus on the Home & Community Based Services requirements and emphasize person-centered care. ACHP updated and developed new forms, procedures, tools, and training to support providers in meeting new requirements. ACHP trained 630 providers on the new requirements.

ADVSD established a new Aging Services Advisory Council (ASAC) through County Ordinance to ensure an inclusive and representative advisory body. Once the ASAC is fully established, and implementation of the council evaluated, ADVSD will implement similar work with the Division's Disability Services Advisory Council.

ADVSD began an innovative customer satisfaction project called the Participant Experience Project to collect feedback and adjust program administration. The project is conducted in ten languages and has currently solicited 800 responses.

Youth and Family Services

The Youth & Family Services (YFS) Division's North Star states that "all individuals and families have the opportunity to engage in the level and depth of culturally relevant services that they want, in order to thrive." YFS has a strategic plan that focuses on two major impact areas: educational success and family stability. The Division focuses on five core service, system and policy areas: Energy, Anti-Poverty/Prosperity, Education Supports, Early Childhood and Domestic and Sexual Violence.

The Division manages over 40 programs funded by Federal, State, and local funds. These programs offer a wide range of interventions including access to benefits, domestic violence emergency response, kindergarten transition, housing stability assistance, case management, Assertive Engagement, sexual assault services, youth advocacy, after-school programming, assistance obtaining benefits such as SNAP and SSI/SSDI, and more.

Approximately 80% of YFS services are contracted out to partner agencies who work in the community, including a wide network of culturally specific organizations. Ensuring DCHS provides quality supports to the contractors and their direct service staff is a high priority for the Division. YFS actively partners with local jurisdictions, such as the local cities, Home Forward, the Joint Office for Homeless Services, school districts, and other departments within the County.

Significant Changes

The FY 2019 budget reflects the department's commitment to family stability through high quality direct services in three program areas and superior contract and program management that effectively supports its contractors to deliver culturally responsive and culturally specific services.

Notable highlights for FY 2019 include:

- Focus on Equity. A Division work team is actively involved in creating a Racial Equity Plan for the Division for implementation in FY 2019.
- Housing stability for County-served program participants. This pool of flexible housing dollars allows program staff from across the County to access funds so families remain in their homes.
- Sex Trafficked Youth program redesign. Responding to shifting needs in the community for these services.
- Commitment to contracting agencies to deepen their work to become culturally responsive.

Department of County Human Services

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

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Department Administration					
25000	Director's Office	\$3,018,246	\$0	\$3,018,246	16.80
25001	Human Resources	1,156,060	0	1,156,060	7.00
25002	Business Services	3,073,717	0	3,073,717	21.00
Intellectual/Developmental Disabilities Services					
25010	IDDS Administration & Support	1,075,431	2,342,704	3,418,135	18.00
25011	IDDS Budget and Operations	551,543	4,170,495	4,722,038	25.00
25012	IDDS Services for Adults	1,065,258	4,928,649	5,993,907	45.80
25013	IDDS Services for Children and Young Adults	900,903	5,374,832	6,275,735	49.00
25014	IDDS Abuse Investigations	326,348	2,186,909	2,513,257	18.00
25016	IDDS Eligibility & Intake Services	149,283	1,573,462	1,722,745	12.00
Aging, Disability and Veterans Services					
25022	ADVSD Adult Care Home Program	243,462	3,014,781	3,258,243	19.00
25023	ADVSD Long Term Services & Supports (Medicaid)	3,206,609	34,990,754	38,197,363	262.55
25024	ADVSD Adult Protective Services	605,316	5,673,511	6,278,827	38.35
25025	ADVSD Veterans Services	609,601	342,910	952,511	8.00
25026	ADVSD Public Guardian/Conservator	1,641,848	0	1,641,848	11.00
25027	ADVSD Administration	366,582	1,567,427	1,934,009	8.80
25028	ADVSD Multi-Disciplinary Team	558,275	378,601	936,876	4.65
25029	ADVSD Transition & Diversion (Medicaid)	362,048	4,176,519	4,538,567	29.00
25032	ADVSD Outreach, Information & Referral	1,348,596	1,366,488	2,715,084	11.20
25033	ADVSD Nutrition Program	489,109	1,615,415	2,104,524	0.50
25034	ADVSD Health Promotion	83,233	1,342,166	1,425,399	7.50
25035	ADVSD Case Management & In-Home Services (non-Medicaid)	1,235,049	4,084,439	5,319,488	6.40
25036	ADVSD Safety Net Services	742,759	0	742,759	1.50
25037	ADVSD Transportation Services	168,542	2,112,475	2,281,017	0.50
25038	ADVSD Advocacy & Community Program Operations	1,101,711	1,890,217	2,991,928	10.60

County Human Services

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Youth and Family Services					
25041	YFS - Domestic Violence Crisis Services	361,960	0	361,960	0.00
25044	YFS - Domestic and Sexual Violence Coordination	489,456	123,020	612,476	3.00
25046	YFS - Domestic Violence Legal Services	207,214	31,000	238,214	0.00
25047A	YFS - Domestic Violence Enhanced Response Team	607,170	500,395	1,107,565	8.00
25047B	YFS - DVERT Services for Seniors	150,000	0	150,000	1.00
25048	YFS - Culturally Specific and Underserved Domestic & Sexual Violence Services	665,224	0	665,224	0.00
25049	YFS - Sexual Assault Services	211,657	0	211,657	0.00
25115	YFS - Benefit Acquisition Program	417,551	0	417,551	0.00
25118	YFS - Youth & Family Services Administration	1,992,998	50,000	2,042,998	13.00
25119	YFS - Energy Assistance	0	12,756,721	12,756,721	6.70
25121	YFS - Weatherization	0	6,213,757	6,213,757	8.30
25133	YFS - Housing Stabilization for Vulnerable Populations (HSVP)	2,114,673	2,320,372	4,435,045	1.74
25135	YFS - Sex Trafficked Youth - Victims System of Care	624,411	0	624,411	1.00
25136	YFS - Legal Aid for Immigrant & Refugee Communities Part I	160,000	0	160,000	0.00
25136B	YFS - Legal Aid for Immigrant & Refugee Communities Part II	340,000	0	340,000	0.00
25137	YFS - Promise Neighborhoods Initiative	2,150,440	0	2,150,440	0.00
25138	YFS - Runaway Youth Services (RYS)	841,214	100,000	941,214	0.00
25139A	YFS - Multnomah Stability Initiative (MSI)	2,743,127	877,478	3,620,605	1.03
25139B	YFS - Culturally Specific Asset Building	100,000	0	100,000	0.00
25140	YFS - Community Development	115,521	391,784	507,305	1.00
25141	YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach	75,145	154,699	229,844	1.00
25143	YFS - Renter Relations	125,000	0	125,000	1.00
25144	YFS - Support 3 to PhD	319,000	0	319,000	0.00
25145A	YFS - SUN Community Schools	6,377,976	2,000,508	8,378,484	3.00
25145B	YFS - SUN Community School Expansion	230,000	0	230,000	0.00
25147	YFS - Child & Family Hunger Relief	425,164	0	425,164	1.00
25149	YFS - SUN Youth Advocacy Program	2,502,763	200,000	2,702,763	1.00
25151	YFS - SUN Parent & Child Development Services	1,537,942	349,822	1,887,764	1.00

County Human Services

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
25152	YFS - Early Kindergarten Transition Program	371,789	73,951	445,740	1.00
25153	YFS - Universal Preschool Study/Taskforce	100,000	0	100,000	0.00
25155	YFS - Sexual & Gender Minority Youth Services	292,430	0	292,430	0.00
25156	YFS - Bienestar Social Services	1,070,251	0	1,070,251	7.60
25158	YFS - Early Learning Family and School Transition	40,907	811,884	852,791	0.50
25160	YFS - Data and Evaluation Services	1,324,842	0	1,324,842	10.03
25162	YFS - Family of Friends Mentoring Project	<u>25,000</u>	<u>0</u>	<u>25,000</u>	<u>0.00</u>
	Total Department of County Human Services	\$53,190,354	\$110,088,145	\$163,278,499	704.05

(this page intentionally left blank)

Department: County Human Services

Program Contact: Peggy Brey

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

ISSUE: The Department of County Human Services is made up of three divisions, staffed by over 700 FTE and is funded with a budget of over \$163 million dollars. The Department is funded through a blend of local, State and Federal funding with accompanying requirements and roles and programmatic commitments to the community.

GOALS: The Office leads the Department-wide efforts to reach the DCHS North Star which states that in Multnomah County, every person - at every stage in life - has equitable opportunities to thrive. In addition to the existing priorities of ensuring quality of life, education access and support, and economic development and stability, we've added a fourth priority: ensuring a diverse and inclusive system. The Director's office works to advance the Department's strategic initiatives and program service delivery through four main goals: a) maintaining good government practices of accountability and transparency; b) advancing an equity agenda both internally and with our community partners; c) ensuring high-quality program delivery; and d) effective engagement and communication with the community.

ACTIVITIES: The Director's Office ensures a safe, welcoming and equitable environment for staff and participants. The Office's immediate priority is to bring more equity and inclusion to our HR recruitment, compensation and retention strategies, as well as coordinate the efforts of the Department's Trauma Informed Care position, Equity and Inclusion Manager and Diversity, Equity, and Social Justice Committee (DESJC). Director's office activities also include a) ensuring DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collections, and reporting; b) Department-wide performance management and sharing of quality improvement tools and techniques; c) identifying new approaches to DCHS work and the application of research for emerging and best practices and solutions; d) communication and coordination with the Board of County Commissioners, and e) communication with partners and participants by using traditional and online tools to engage with the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of formal communications to employees ¹	57	50	52	50
Outcome	Percent of visitors who were able to find what they were looking for on the DCHS website	N/A	99%	99%	85%
Outcome	Number of DCHS Web Pages Viewed	N/A	910,000	1,000,000	910,000

Performance Measures Descriptions

¹ Formal communications include director's listening sessions, all staff emails and meetings with staff groups such as district offices or the department Employees of Color employee group.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,338,793	\$48,055	\$2,335,515	\$0
Contractual Services	\$90,492	\$261,560	\$87,498	\$0
Materials & Supplies	\$156,105	\$0	\$266,941	\$0
Internal Services	\$241,162	\$6,185	\$328,292	\$0
Total GF/non-GF	\$2,826,552	\$315,800	\$3,018,246	\$0
Program Total:	\$3,142,352		\$3,018,246	
Program FTE	19.00	0.00	16.80	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,892	\$0	\$0	\$0
Intergovernmental	\$0	\$315,800	\$0	\$0
Other / Miscellaneous	\$463,670	\$0	\$2,269,617	\$0
Total Revenue	\$468,562	\$315,800	\$2,269,617	\$0

Explanation of Revenues

\$2,257,587 - County General Fund Department Indirect: Based on FY19 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2018: 25000 Director's Office

To meet the CGF Constraint requirement, over \$0.4M or 4 FTE (Office Assistant 2, 2 Program Specialist Sr, Program Communications Coordinator) were eliminated. Reallocated \$58,785 (0.5 FTE Program Specialist) from 25044 YFS DV and Sexual Violence Coordination to 25000 Director's Office and converted it to 0.8 FTE in order to align with Department-wide diversity and equity framework. Created 1 FTE Management Assistant to implement the decision from FY 2018 BudMod DCHS-19-18 to support DCHS's strategic plan to enhance workforce equity and inclusion. Meyer Trust and Family Independence awards expired in FY18.

Department: County Human Services

Program Contact: Chris Robasky

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

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

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

ACTIVITIES: DCHS HR achieves its goals by providing consultation to managers, supervisors, and employees while working with union representation and aligning with Central/County HR and County counsel when necessary. Following a few years of employee expansion, efforts in FY19 will focus on stabilizing workforce numbers, equity, professional development, education, compassion, and compliance, while supporting Department-wide goals. Lastly, HR will support process mapping, design, and implementation of new ERP while maintaining service levels in a changing budget environment and lead three process improvement efforts related to equity.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Recruitments	202	220	245	245
Outcome	Placement/reassignment of employees impacted by reduced staffing	1%	3%	1%	1%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$928,851	\$0	\$1,028,541	\$0
Contractual Services	\$4,000	\$0	\$4,000	\$0
Materials & Supplies	\$5,248	\$0	\$4,779	\$0
Internal Services	\$105,957	\$0	\$118,740	\$0
Total GF/non-GF	\$1,044,056	\$0	\$1,156,060	\$0
Program Total:	\$1,044,056		\$1,156,060	
Program FTE	7.00	0.00	7.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,044,056	\$0	\$1,156,060	\$0
Total Revenue	\$1,044,056	\$0	\$1,156,060	\$0

Explanation of Revenues

\$1,156,060 - County General Fund Department Indirect: Based on FY19 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2018: 25001 Human Resources

Department: County Human Services

Program Contact: Rob Kodiriy

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: Business Services' activities include budget development, management, and reporting; accounts payable and receivable; procurement and contracting; grant accounting and reporting; and implementation of, and compliance with, all County, State and Federal fiscal policies and procedures related to the business of this department. We work across the County with other Departments and agencies. We also and serve as liaisons between the department and internal service providers such as County Finance, Central Budget, County Facilities, Fleet, Records, and IT.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Percent of invoices paid in 30 days or less (*estimated based on FY17 actual)	73%	87%	75%*	75%*
Outcome	Percentage of financial reports submitted to the satisfaction of the grantor	98%	99%	99%	99%
Output	Number of executed contracts and amendments (*estimated based on FY17 volume)	400	425	400	375*
Outcome	Percent of annual contracts executed prior to start date	85%	85%	85%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,762,224	\$0	\$2,703,316	\$0
Contractual Services	\$34,500	\$0	\$40,000	\$0
Materials & Supplies	\$57,959	\$0	\$42,033	\$0
Internal Services	\$435,099	\$0	\$288,368	\$0
Total GF/non-GF	\$3,289,782	\$0	\$3,073,717	\$0
Program Total:	\$3,289,782		\$3,073,717	
Program FTE	25.00	0.00	21.00	0.00

Program Revenues				
Other / Miscellaneous	\$3,505,095	\$0	\$2,808,715	\$0
Total Revenue	\$3,505,095	\$0	\$2,808,715	\$0

Explanation of Revenues

\$2,808,715 - County General Fund Department Indirect: Based on FY19 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2018: 25002A Business Services and Operations

To meet the CGF Constraint requirement, over \$0.5M or 4 FTE (Business Process Consultant, Finance Manager, Finance Specialist Sr, and a vacant Finance Specialist 1) were eliminated.

Department: County Human Services

Program Contact: Mohammad Bader

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

PROGRAM GOALS: Business strategies related to organization transformation, systems change, professional development and staff support directly improve quality of life for individuals with intellectual and developmental disabilities by increasing the delivery and accessibility of quality services. The goals of Administration and Support include 1) optimize day-to-day functioning and staff development in order to demonstrate public stewardship and accountability; 2) deliver quality, timely, and HIPPA-compliant services to support the health, safety, independence and inclusion of clients; 3) improve policies and remove barriers to access by advocating for clients; and 4) increase resources for clients through collaborative partnerships.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of client records audited annually for Medicaid compliance	458	300	350	350
Outcome	% of federally-funded plans re-authorized annually ¹	75%	90%	75%	100%
Outcome	% of survey respondents satisfied with the services they receive	80%	80%	80%	80%

Performance Measures Descriptions

¹ The federal re-authorization requirement for funded plans is 100%. In order to mitigate financial risk, IDDSD continuously strives to reach the 100% requirement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$135,201	\$1,672,845	\$289,983	\$1,740,246
Contractual Services	\$1,941,274	\$1,000	\$715,538	\$1,000
Materials & Supplies	\$11,143	\$48,926	\$31,212	\$53,469
Internal Services	\$0	\$403,935	\$38,698	\$547,989
Total GF/non-GF	\$2,087,618	\$2,126,706	\$1,075,431	\$2,342,704
Program Total:	\$4,214,324		\$3,418,135	
Program FTE	1.00	16.00	2.00	16.00

Program Revenues				
Indirect for Dept. Admin	\$156,806	\$0	\$200,130	\$0
Intergovernmental	\$0	\$1,994,195	\$0	\$2,342,704
Total Revenue	\$156,806	\$1,994,195	\$200,130	\$2,342,704

Explanation of Revenues

\$2,341,704 - State Mental Health Grant Case Management
 \$1,000 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2018: 25010 I/DD Administration & Support

Increased 1.0 Program Specialist Sr. from Bud Mod APR 10 - 18

Department: County Human Services

Program Contact: Mohammad Bader

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Intellectual and Developmental Disabilities Services Division (IDSD) Budget and Operations maintains regulatory compliance for mandated functions that directly increase quality of life for individuals with intellectual and developmental disabilities. This unit provides clients with choice and support for living independent and healthy lives in the community by increasing capacity, delivery, and payment of client in-home supports, residential placements, and employment opportunities while responding to continuously changing State service requirements and maximizing revenue.

Program Summary

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

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

PROGRAM ACTIVITY: The four goals outlined above correspond to four general areas of activity: capacity, access, compliance, and budgeting. In the area of capacity, Budget and Operations provides interpersonal support for navigating the technical requirements for services. As such, it is responsible for credentialing and timesheets for Personal Support Workers, certifying IDD child foster care homes, partnering with the Adult Care Home Program to increase the number of certified homes for clients, and contracting with employment and residential providers. In the area of access, Budget and Operations verifies, authorizes, and tracks service revenue for 24-hour residential care, supported living, foster care, employment, transportation, family support, in-home client support, targeted case management and local administration. In the area of compliance, Budget and Operations determine regulatory requirements; initiates, negotiates, and amends contracts with providers; and oversees public procurement and implementation of County administrative procedures. In the area of budgeting, Budget and Operations reviews and reports funding allocations and service expenditures, secures budget approval, settles contracts with the State, and tracks all budget costs for employees and client services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of 337 client enrollment forms accurately processed monthly ¹	100%	100%	100%	N/A
Outcome	% of clients referred who are accepted into an employment setting	86%	90%	90%	90%
Output	% of service plans authorized and built in state billing system within 10 business days ²	N/A	N/A	N/A	90%

Performance Measures Descriptions

¹This measure is being retired, as 100% accuracy is consistently achieved.

²New measure for FY19 reflects increased business need for provider payment processing.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$36,760	\$2,445,299	\$0	\$2,755,321
Contractual Services	\$551,543	\$453,110	\$551,543	\$455,851
Materials & Supplies	\$0	\$30,666	\$0	\$39,592
Internal Services	\$0	\$749,573	\$0	\$919,731
Total GF/non-GF	\$588,303	\$3,678,648	\$551,543	\$4,170,495
Program Total:	\$4,266,951		\$4,722,038	
Program FTE	0.00	23.00	0.00	25.00

Program Revenues				
Indirect for Dept. Admin	\$262,340	\$0	\$314,521	\$0
Intergovernmental	\$0	\$3,810,356	\$0	\$4,170,495
Total Revenue	\$262,340	\$3,810,356	\$314,521	\$4,170,495

Explanation of Revenues

\$3,497,208 - State Mental Health Grant Case Management; \$326,612 - State Mental Health Grant Local Admin; \$120,409 - HAP Housing Program; \$110,000 - State Mental Health Grant Long Term Support for Children; \$55,000 - State Mental Health Grant Self Directed Individual/Family; \$55,000 - State Mental Health Grant Special Projects Services for Adults in Foster Care; \$55,000 - State Mental Health Grant Special Projects Services for Children in Foster Care; \$40,000 - Partners for Hunger-Free Oregon; \$10,000 - State Mental Health Grant Room and Board State General Fund; \$5,500 - State Mental Health Grant Family Support Services; \$2,942 - United Way Housing Assistance; \$2,000 - State Mental Health Grant Special Projects

Significant Program Changes

Last Year this program was: FY 2018: 25011 I/DD Budget and Operations

Increased 3.0 FTE: 2.0 Program Tech (BudMod APR 10-18), 1.0 Program Coordinator.

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

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of adults served each month	1,736	1,800	1,800	1,800
Outcome	Total monitoring contacts for adults ¹	9,339	7,000	8,000	8,000
Outcome	% of adult survey respondents who report that they like where they live	85%	85%	85%	85%

Performance Measures Descriptions

¹ This measure has been revised to reflect expanded efforts in the area of case management monitoring, as opposed to residential-only monitoring.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$249,027	\$3,183,835	\$833,147	\$3,696,380
Contractual Services	\$0	\$10,000	\$0	\$10,000
Materials & Supplies	\$5,067	\$56,810	\$14,254	\$47,135
Internal Services	\$55,722	\$1,032,013	\$217,857	\$1,175,134
Total GF/non-GF	\$309,816	\$4,282,658	\$1,065,258	\$4,928,649
Program Total:	\$4,592,474		\$5,993,907	
Program FTE	3.00	32.80	9.00	36.80

Program Revenues				
Indirect for Dept. Admin	\$322,482	\$0	\$423,157	\$0
Intergovernmental	\$0	\$4,282,658	\$0	\$4,928,649
Total Revenue	\$322,482	\$4,282,658	\$423,157	\$4,928,649

Explanation of Revenues

\$4,781,772 - State Mental Health Grant Case Management
 \$16,750 - State Mental Health Grant Psychiatric Treatment and Supervision
 \$10,000 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2018: 25012 I/DD Services for Adults

Increased 9.0 FTE: 9.0 Case Manger 2 from Bud Mod APR 10-18.

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: The goals outlined above correspond to four general areas of activity: assessment, connection, service coordination, and monitoring. Needs assessments are conducted to determine levels and categories of service. Services connect clients to community, educational, and developmental resources. This includes a map of family, friends and community members that can serve as resources, as well as training opportunities for families. Service coordinators engage the client in person-centered planning to identify interests, strengths, choices, and goals, and document this information in an Individual Support Plan that outlines a path to goal achievement. IDDSD aims to match the service coordinator linguistically and culturally with clients to provide individualized support and to coordinate with agencies, such as the Social Security Administration, Public Guardian Program, and Vocational Rehabilitation. Supports help young adults create life plans and transition to independence within the community. Service coordinators monitor service providers and partner with Oregon DHS, Mental Health, and emergency response services to ensure the client health and safety.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of children (birth -17) served each month ¹	1,562	1,800	1,600	1,700
Outcome	% of children retained in the family home	90%	88%	90%	90%
Output	Number of young adults (aged 18-21) served each month	695	425	700	700
Outcome	Total monitoring contacts for children and young adults ²	N/A	N/A	10,103	9,000

Performance Measures Descriptions

¹ In FY17, the state issued a transmittal that resulted in the closure or county transfer of clients. This effort significantly reduced the total number of children served each month. The number of children served was further reduced by children who “aged up” to the young adult group.

² New measure for FY19 reflects expanded efforts in the area of case management monitoring.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$249,027	\$3,570,373	\$708,447	\$4,000,429
Contractual Services	\$25,000	\$0	\$25,000	\$0
Materials & Supplies	\$4,751	\$63,809	\$12,670	\$53,985
Internal Services	\$52,239	\$1,160,438	\$154,786	\$1,320,418
Total GF/non-GF	\$331,017	\$4,794,620	\$900,903	\$5,374,832
Program Total:	\$5,125,637		\$6,275,735	
Program FTE	3.00	38.00	8.00	41.00

Program Revenues				
Indirect for Dept. Admin	\$363,464	\$0	\$460,049	\$0
Intergovernmental	\$0	\$4,794,620	\$0	\$5,374,832
Total Revenue	\$363,464	\$4,794,620	\$460,049	\$5,374,832

Explanation of Revenues

\$5,385,783 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2018: 25013 I/DD Services for Children and Young Adults

Increased 8.0 FTE: 8.0 Case Manger 2 from Bud Mod APR 10-18.

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

Executive Summary

Intellectual and Developmental Disabilities Services Division (IDSD) Abuse Investigations provides abuse investigation and prevention services to increase the quality of life for individuals with intellectual and developmental disabilities. These services ensure the health and safety of clients, as well as client rights and access to criminal justice protections. The Abuse Investigation team delivers timely and responsive services that are person-centered and collaborative.

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of investigations closed	259	175	250	175
Outcome	% of abuse referrals screened within 5 working days	96%	90%	90%	90%
Output	Number of programmatic monitoring visits performed ¹	281	120	27	N/A
Outcome	% of sites monitored that were found to be in compliance with Oregon Administrative Rules. ¹	100%	90%	100%	N/A

Performance Measures Descriptions

¹ Due to business need, the programmatic monitoring position changed functions to case management monitoring. The Output and Outcome measures associated with programmatic monitoring are no longer applicable and are being retired.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$307,277	\$1,201,578	\$274,019	\$1,664,278
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$3,958	\$16,632	\$3,958	\$21,376
Internal Services	\$84,917	\$272,447	\$48,371	\$500,255
Total GF/non-GF	\$396,152	\$1,491,657	\$326,348	\$2,186,909
Program Total:	\$1,887,809		\$2,513,257	
Program FTE	2.50	11.50	2.50	15.50

Program Revenues				
Indirect for Dept. Admin	\$121,790	\$0	\$191,391	\$0
Intergovernmental	\$0	\$1,486,444	\$0	\$2,186,909
Total Revenue	\$121,790	\$1,486,444	\$191,391	\$2,186,909

Explanation of Revenues

\$1,072,965 - State Mental Health Grant Abuse Investigation Services
 \$603,655 - State Mental Health Grant Case Management
 \$510,289 - State Mental Health Grant Local Admin

Significant Program Changes

Last Year this program was: FY 2018: 25014 I/DD Abuse Investigations & Monitoring

Increased 4 FTE: 2.0 Human Services Investigators (Bud Mod APR 10-18), 1.0 Program Specialist, 1.0 Human Services Investigator.

Removed "Monitor" from PO title, as the programmatic monitoring position changed functions due to business need.

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

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of intake eligibility referrals ¹	1,456	900	1,100	1,000
Outcome	% of referrals made eligible for DD services	76%	76%	76%	76%
Outcome	% of applicants satisfied with the intake support they receive ²	N/A	80%	80%	80%

Performance Measures Descriptions

¹K-Plan services resulted in a spike in eligibility referrals through the end of FY17. This spike has leveled off, resulting in fewer eligibility referrals during FY18. Based on state forecasting, eligibility referrals will continue to level off in FY19.

²New measure for FY18. Satisfaction with intake support is collected with a survey.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$118,815	\$1,109,579	\$118,351	\$1,175,163
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$17,421	\$1,584	\$17,422
Internal Services	\$0	\$333,898	\$19,348	\$380,877
Total GF/non-GF	\$128,815	\$1,460,898	\$149,283	\$1,573,462
Program Total:	\$1,589,713		\$1,722,745	
Program FTE	1.00	11.00	1.00	11.00

Program Revenues				
Indirect for Dept. Admin	\$112,601	\$0	\$135,143	\$0
Intergovernmental	\$0	\$1,457,419	\$0	\$1,573,462
Total Revenue	\$112,601	\$1,457,419	\$135,143	\$1,573,462

Explanation of Revenues

\$953,664 - State Mental Health Grant Local Admin
 \$619,798 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2018: 25016A I/DD Eligibility & Intake Services

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

Executive Summary

Aging, Disability & Veterans Services Division Adult Care Home Program (ACHP) is responsible for licensing and monitoring adult care homes in Multnomah County. The ACHP ensures compliance with regulations that support older adults, people with disabilities, and Veterans to have equitable and easy access to quality adult care home services that meet their desire for choice and contribute to improved quality of life. Through quarterly monitoring, the ACHP ensures residents' preferences are honored and their needs are met in a culturally appropriate, safe, and welcoming 24-hour setting.

Program Summary

ISSUE: The State of Oregon's approach to long-term services and supports for over 35 years has been to invest more Medicaid dollars in community settings as an alternative to nursing facilities. The State values the goal of reducing Medicaid cost and increasing choice for participants. Adult care homes are single family homes located in residential neighborhoods that offer assistance for up to five adults in a home-like environment. These homes are a key alternative to nursing facilities. Multnomah County has the majority of the nursing facilities in the state. Multnomah County has an exemption from the State of Oregon to create local licensing regulations that meet or exceed State requirements for adult care homes to ensure the highest quality and safety for county residents.

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

PROGRAM ACTIVITY: The ACHP accepts, reviews, and approves license applications for those interested in operating an adult care home. Once approved, all adult care home operators are trained on and follow MCARs which exceed the State of Oregon's minimum requirements. Multnomah County has 2,817 licensed beds in the 615 licensed adult care homes and 15 room and board facilities. All homes receive three to four licensing and monitoring visits each year. These visits ensure that residents receive appropriate care and services, including personal care, nutrition, physical safety, nursing care, and medication management. ACHP takes corrective action when it identifies issues of noncompliance in the home. Program staff provides technical assistance to adult care home operators and issue written warnings, sanctions, or fines when there are serious deficiencies.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of adult care homes and room and board facilities licensed and inspected annually ¹	630	640	636	636
Outcome	% of adult care homes that were licensed accurately and timely based on ACHP audit findings	86%	80%	85%	85%
Outcome	% of adult care home residents satisfied with services received in adult care homes ²	82%	82%	82% ²	82%
Outcome	Average Medicaid cost savings for adult care home residents compared to nursing facility placement ³	65%	62%	65%	65%

Performance Measures Descriptions

¹Measure reworded for accuracy: formerly "# of adult care homes licensed and inspected annually." ²Survey conducted every other year. Last conducted in FY 2017. ³The average monthly Medicaid cost of services provided to older adults, people with disabilities, and Veterans in an adult care home is \$2,791. This is 35% of the \$8,035 average Medicaid cost of a nursing facility placement for the same population.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$35,243	\$1,513,554	\$38,004	\$1,862,612
Contractual Services	\$100,000	\$314,400	\$195,164	\$381,830
Materials & Supplies	\$1,313	\$64,258	\$1,744	\$85,070
Internal Services	\$6,231	\$501,996	\$8,550	\$685,269
Total GF/non-GF	\$142,787	\$2,394,208	\$243,462	\$3,014,781
Program Total:	\$2,536,995		\$3,258,243	
Program FTE	0.32	15.68	0.38	18.62

Program Revenues				
Indirect for Dept. Admin	\$155,568	\$0	\$214,200	\$0
Fees, Permits & Charges	\$0	\$269,400	\$0	\$354,830
Intergovernmental	\$0	\$2,139,427	\$0	\$2,659,951
Total Revenue	\$155,568	\$2,408,827	\$214,200	\$3,014,781

Explanation of Revenues

\$2,659,951 - Title XIX
 \$299,430 - Adult Care Home Program License Fees
 \$20,400 – Adult Care Home Program Misc Fees
 \$20,000 – Adult Care Home Program Fines
 \$15,000 – Adult Care Home Program Conference Fees

Significant Program Changes

Last Year this program was: FY 2018: 25022 ADVSD Adult Care Home Program

In April 2017, Multnomah County Adult Care Home Program rules were updated to incorporate new State and Federal requirements. The new rules, effective July 1, 2017, focus on the Home & Community Based Services requirements and emphasize person-centered care. ACHP updated and developed new forms, procedures, tools and training. All 630 providers were trained on the new rules.

Increase in 3.00 FTE due to increased program revenue and Medicaid funding: 1.00 FTE Program Specialist, 1.00 FTE Program Technician, 1.00 FTE Office Assistant 2.

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

Executive Summary

Aging, Disability & Veterans Services Division provides a continuum of programs that ensure older adults, people with disabilities, and Veterans have equitable and efficient access to quality services that meet their diverse needs. The Long Term Services & Supports Program (LTSS) is the Medicaid program that provides resources and case management to support individuals' independence and quality of life.

Program Summary

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

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

PROGRAM ACTIVITY: Under contract with the State, there are two key Medicaid programs provided: eligibility determination and service case management. Eligibility case managers determine eligibility and enroll qualifying individuals in programs that meet basic health, financial, and nutritional needs through the Oregon Health Plan, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). These participants receive counseling to help choose the most appropriate managed care and Medicare Part D plans. Participants typically have incomes below the poverty level. Eligibility case managers carry an average caseload of 469 participants who receive health, financial, and/or nutritional services.

Service case managers provide intensive case management for individuals who are highly vulnerable and have complex social, daily living, and medical needs. The State refers to this as meeting "criteria for nursing facility level of care." Case managers utilize a person-centered approach to assess needs and jointly create plans with participants. Service case managers authorize, coordinate, and monitor services that address health and safety risks in the least restrictive environment. There are 8,515 participants monthly who receive service case management and 10,500 participants annually. Staff ensures early intervention and effective management of the complex care needs of this high-risk population. Service case managers carry an average caseload of 104 participants.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Annual # of participants served in health, financial, and nutritional programs ¹	N/A	N/A	40,700	41,000
Outcome	% of participants who would recommend LTSS services ²	93%	N/A	93%	93%
Output	Annual # of participants receiving services and medical benefits ³	N/A	N/A	10,500	10,500
Outcome	% of nursing facility eligible participants who are living in the community ⁴	84%	84%	84%	84%

Performance Measures Descriptions

¹New measure: represents annual unduplicated count of both service and eligibility participants. ²New measure: based on responses to an optional participant experience survey administered at all LTSS branch offices. ³New measure: represents annual unduplicated count of service participants. ⁴Measure reworded for clarity: formerly "Ratio of nursing facility eligible service participants in community vs. nursing facility." All service participants are considered nursing facility eligible. Community living settings include a participant's home, adult foster care, adult care home, or assisted living facility.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$8,431	\$22,235,276	\$0	\$24,913,150
Contractual Services	\$2,760,852	\$129,000	\$3,206,609	\$120,000
Materials & Supplies	\$0	\$502,976	\$0	\$537,401
Internal Services	\$0	\$8,016,675	\$0	\$9,420,203
Total GF/non-GF	\$2,769,283	\$30,883,927	\$3,206,609	\$34,990,754
Program Total:	\$33,653,210		\$38,197,363	
Program FTE	0.00	246.00	0.00	262.55

Program Revenues				
Indirect for Dept. Admin	\$2,260,907	\$0	\$2,865,013	\$0
Intergovernmental	\$0	\$30,661,107	\$0	\$34,566,156
Other / Miscellaneous	\$0	\$196,853	\$0	\$424,598
Total Revenue	\$2,260,907	\$30,857,960	\$2,865,013	\$34,990,754

Explanation of Revenues

\$34,566,156 - Title XIX
 \$156,351 - Providence Medical Center
 \$148,977 - Oregon Health Sciences University Case Manager (FTE) grant
 \$119,270 - Case Management Assessments for Medicaid Patients 18+

Significant Program Changes

Last Year this program was: FY 2018: 25023 ADVSD Long Term Services & Supports (Medicaid)

Increase in 16.55 FTE due to increased Medicaid funding: 5.00 FTE Office Assistant 2, 1.00 FTE Case Management Assistant, 7.00 FTE Case Manager 2, 1.80 FTE Case Manager Sr, 0.75 FTE Program Specialist Sr, 1.00 FTE Admin Analyst Sr.

Previous measure: "Average monthly # of service case management participants receiving services" FY17 Actual=8,515, FY18 Purchased=8393, FY18 Estimate=8,515. Previous measure: "% of service participants in a stable, safe living situation" FY17 Actual=95%, FY18 Purchased=95%, FY18 Estimate=95%. Previous measure: "% of participants who receive SNAP benefits within 30 days" FY17 Actual=97.99%, FY18 Purchased=98.25%, FY18 Estimate=98.45%.

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

Executive Summary

Aging, Disability & Veterans Services Division Adult Protective Services Program (APS) helps older adults, people with disabilities, and Veterans have improved quality of life by being free of abuse, financial exploitation, neglect, and self-neglect through equitable and efficient access to quality protective services that meet their diverse needs. APS investigates the abuse of vulnerable adults; links victims of abuse to health, behavioral health, legal, and social services to improve safety; provides risk management to prevent self-neglect; and provides education about abuse prevention.

Program Summary

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

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

PROGRAM ACTIVITY: APS receives referrals and investigates allegations of abuse, financial exploitation, neglect, and self-neglect of older adults, people with disabilities, and Veterans through a centralized screening phone number. The APS investigator team of 30 reviews all reported incidents of abuse both for those living in the community or residing in one of 119 long-term care facilities such as nursing or other facilities, or in one of 630 adult care homes in Multnomah County. APS links vulnerable adults to needed health care, housing, behavioral health services, social services, and legal and participant advocacy agencies. The APS team consists of clinical services specialists, human services investigators, a risk case manager, and screeners. APS coordinates with law enforcement and the District Attorney's Office to prosecute offenders. The District Attorney's Office, law enforcement officers, the Public Guardian, and Multnomah County Counsel participate in monthly meetings to discuss criminal cases. The risk case manager provides short-term case management for vulnerable adults without a substantiated abuse claim but who are at high risk for abuse, self-neglect, or have a significant threat to their health and safety. Risk case management services stabilize individuals, providing intensive oversight for up to a year by creating linkages to appropriate agencies and ongoing services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of referrals to APS ¹	7,019	7,900	6,835	7,000
Outcome	% of risk case management recipients who did not have a reported abuse case after receiving services	89%	100%	89%	90%
Output	# of Adult Protective Service investigations	2,249	2,900	2,534	2,400
Outcome	Re-abuse rate for individuals involved with APS	3.28%	5.00%	3.28%	3.28%

Performance Measures Descriptions

¹Measure reworded for accuracy: formerly "# of abuse calls received."

Legal / Contractual Obligation

Adult Protective Services is a mandated service by Oregon Administrative Rules. Multnomah County acts as the designated Area Agency on Aging and is required to perform this function under contract with the Oregon Department of Human Services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$105,673	\$3,954,490	\$42,494	\$4,208,840
Contractual Services	\$466,311	\$2,000	\$562,822	\$10,000
Materials & Supplies	\$0	\$95,491	\$0	\$111,743
Internal Services	\$19,113	\$1,126,688	\$0	\$1,342,928
Total GF/non-GF	\$591,097	\$5,178,669	\$605,316	\$5,673,511
Program Total:	\$5,769,766		\$6,278,827	
Program FTE	1.07	37.28	0.35	38.00

Program Revenues				
Indirect for Dept. Admin	\$402,567	\$0	\$484,017	\$0
Intergovernmental	\$0	\$5,178,669	\$0	\$5,673,511
Total Revenue	\$402,567	\$5,178,669	\$484,017	\$5,673,511

Explanation of Revenues

\$5,673,511 - Title XIX

Significant Program Changes

Last Year this program was: FY 2018: 25024 ADVSD Adult Protective Services

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

ISSUE: Accessing Federal Veterans' benefits is complex and the wait time to obtain a decision can be long thereby delaying access to needed benefits for Veterans and their families.

PROGRAM GOAL: The goals of Veterans Services are to provide information, assistance, and advocacy to all who served in the military in order to improve their access to pension, disability, and health benefits. Veterans Services aims to improve access to benefits for those who served in the military who are underrepresented by leveraging strong community partnerships, resulting in increased community referrals.

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

ADVSD leads the County's Veterans Services Task Force, whose purpose is to improve the quality of life for service members, Veterans, and their families by strengthening the network of community partners. VSOs increase awareness and provide assistance to Veterans to navigate the claims process through Power of Attorney representation. The five VSOs help Veterans apply for various services with different eligibility standards and conduct over 1,990 face-to-face appointments each year. At any given point in time, the VSOs serve over 7,000 Veterans in Multnomah County. The VSOs promote equity through intentional and targeted outreach with multiple access options for LGBTQ Veterans, women Veterans, Veterans within communities of color, Veterans experiencing homelessness, justice-involved Veterans, as well as Veterans and military families experiencing socio-economic disparities.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of Veterans with new representation with Veterans Services ¹	876	917	817	890
Outcome	# of Veterans or eligible family members with new financial claims filed in the fiscal year ²	332	N/A	335	335
Outcome	New monthly compensation or pension awarded for ongoing benefit to Veterans due to VSO representation ³	\$606,349	N/A	\$606,349	\$606,349
Outcome	New retroactive benefits awarded to Veterans because of VSO representation in the last fiscal year ²	\$2,300,894	N/A	\$2,300,894	\$2,300,894

Performance Measures Descriptions

¹Measure reworded for accuracy: formerly "# of Veterans who received representation by County VSOs." ²New measure.

³New measure: represents sum of monthly award amounts for all new decisions made in the fiscal year.

Previous measure: "% of those who received representation by County VSOs who were Veterans of color" FY17 Actual=15%, FY18 Purchased=15%, FY18 Estimate=15%.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$483,360	\$174,904	\$473,852	\$272,042
Contractual Services	\$0	\$0	\$0	\$7,270
Materials & Supplies	\$10,939	\$12,294	\$28,079	\$13,153
Internal Services	\$71,735	\$48,380	\$107,670	\$50,445
Total GF/non-GF	\$566,034	\$235,578	\$609,601	\$342,910
Program Total:	\$801,612		\$952,511	
Program FTE	4.91	2.09	4.73	3.27

Program Revenues				
Intergovernmental	\$0	\$217,972	\$0	\$325,625
Beginning Working Capital	\$0	\$17,606	\$0	\$17,285
Total Revenue	\$0	\$235,578	\$0	\$342,910

Explanation of Revenues

\$325,625 - Oregon Department of Veterans Affairs
 \$17,285 - Federal/State Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 25025 ADVSD Veterans Services

Increase in 1.00 FTE Case Management Assistant due to increased Oregon Department of Veterans Affairs funding.

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

Executive Summary

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

Program Summary

ISSUE: The Public Guardian/Conservator Program makes vital decisions under court authority for extremely vulnerable adults who would otherwise experience continued victimization, frequent emergency department and hospital psychiatric admissions, homelessness, unnecessary protective services and law enforcement intervention, involuntary civil commitments, and increased risk of premature death. The demand for PGC services is increasing due to the aging population and the rising incidence of abuse and neglect among older adults and people with disabilities.

PROGRAM GOAL: The PGC goal is to provide legal protection and access to services and benefits while promoting the health and welfare of participants by minimizing unnecessary emergency department or hospital visits and arranging for needed medical, mental health, and residential care. The PGC program is an essential part of the County response system to reduce financial fraud, abuse, and neglect when legal authority is required.

PROGRAM ACTIVITY: Public guardians serve as the court-appointed representative for adults with mental incapability characterized by an IQ below 70, severe and persistent mental illness, Alzheimer's, and other dementias or brain injury. PGC participants are functionally incapacitated, requiring intensive supports and specialized housing arrangements to balance the need for protection with the right to autonomy. Person-centered care plans address immediate risks, ensure adequate care arrangements, and stabilize medical and psychiatric conditions by achieving personal goals through social connections and community engagement. Public guardians are available 24/7 to make medical, psychiatric, financial, and life decisions for program participants. The average monthly caseload for a public guardian is 35-39 participants. Caseloads have reduced due to increased County funding, which allowed the program to better comply with national practice standards. Public guardians provide community consultation for individuals who may not meet legal or program criteria for needing a guardian but still need assistance. PGC provides information and services and identifies less restrictive alternatives to address problems. PGC provides training and outreach to community partners and culturally specific providers. Program staff work with Adult Protective Services, providers, families, community partners, law enforcement, area hospitals, and the court to intervene early to resolve fraud, abuse, and neglect of vulnerable adults. This includes participation on multi-disciplinary teams and critical case review committees to ensure that alternatives are considered to focus public funds on at-risk individuals without other resources.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# County residents with a Public Guardian/Conservator ¹	188	185	185	185
Outcome	% of new high-risk PGC participants with a reduction in hospital/emergency department visits within a year ²	90%	90%	90%	90%
Outcome	% of PGC participants with properly managed assets to ensure ongoing eligibility and fraud protection	100%	100%	100%	100%
Outcome	% of PGC contacts diverted to a less costly and less restrictive resource	31%	36%	30%	31%

Performance Measures Descriptions

¹The PGC program ensures a maximum caseload of about 185 County residents due to current program funding constraints. The annual number of PGC participants may be higher due to attrition. ²Because this measure requires a 12-month service window and information for FY 2017 is not available for newly appointed individuals. FY17 Actual represents all high-risk PGC participants with a petition date during FY 2016.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,224,412	\$0	\$1,271,978	\$0
Contractual Services	\$81,725	\$0	\$76,192	\$0
Materials & Supplies	\$34,222	\$0	\$33,236	\$0
Internal Services	\$217,120	\$0	\$260,442	\$0
Total GF/non-GF	\$1,557,479	\$0	\$1,641,848	\$0
Program Total:	\$1,557,479		\$1,641,848	
Program FTE	11.00	0.00	11.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25026 ADVSD Public Guardian/Conservator

Department: County Human Services

Program Contact: Dana Lloyd

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

ISSUE: To support quality performance and positive outcomes for program participants, ADVSD requires the development and administration of a strategic direction and infrastructure that guides quality improvement, accountability, equity, and program performance.

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

PROGRAM ACTIVITY: ADVSD is the Area Agency on Aging for the County and is responsible for developing and ensuring access for 220,000 older adults, people with disabilities, and Veterans to a comprehensive, coordinated service system. Administrative Services serves a workforce of 397.60 FTE through organizational and management functions. The core activities include leadership, advocacy, budget development and monitoring, data analysis and reporting, performance management, customer satisfaction initiatives, and program evaluation. Administrative Services is also responsible for protecting vulnerable adults' privacy through HIPAA compliance involving training and communication to staff, managing an auditing process for compliance, and investigating and mitigating breaches. Partnerships in this division-wide unit include the County Privacy Oversight Committee and the DCHS Performance Management Council. Administrative Services, in collaboration with ADVSD Leadership, oversees the development and implementation of activities to diversify the workforce and advance workforce equity in recruitment, retention, support, promotion, and development.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total # of ADVSD employees ¹	448	N/A	450	450
Outcome	% of ADVSD employees of color	30.8%	31.0%	31.0%	31.2%
Outcome	% of ADVSD employees who completed required annual HIPAA training on time ²	100%	100%	97%	97%

Performance Measures Descriptions

¹New measure: represents an unduplicated count of all permanent employees employed in ADVSD throughout the fiscal year. ²Measure updated to add the requirement of timely completion of trainings.

Previous measure: "Development of a division-wide performance management system to improve participant outcomes" FY17 Actual=1, FY18 Purchased=1, FY18 Estimate=1.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$87,483	\$884,556	\$161,393	\$991,427
Contractual Services	\$139,380	\$137,000	\$159,743	\$111,500
Materials & Supplies	\$21,428	\$216,261	\$24,033	\$192,840
Internal Services	\$14,598	\$222,455	\$21,413	\$271,660
Total GF/non-GF	\$262,889	\$1,460,272	\$366,582	\$1,567,427
Program Total:	\$1,723,161		\$1,934,009	
Program FTE	0.72	7.28	1.23	7.57

Program Revenues				
Indirect for Dept. Admin	\$91,283	\$0	\$112,688	\$0
Intergovernmental	\$0	\$1,497,969	\$0	\$1,563,427
Other / Miscellaneous	\$0	\$2,000	\$0	\$2,000
Beginning Working Capital	\$0	\$3,000	\$0	\$2,000
Total Revenue	\$91,283	\$1,502,969	\$112,688	\$1,567,427

Explanation of Revenues

\$1,549,366 - Title XIX
 \$14,061 - Title IIIB
 \$2,000 - Special Risk Fund
 \$2,000 - Federal/State Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 25027 ADVSD Administration

Increase in 0.80 FTE Program Supervisor as part of unit reorganization.

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: The Multi-Disciplinary Team Program serves older adults, people with disabilities, and Veterans who have complex medical, mental health, and psychosocial needs and who have barriers to receiving needed support and assistance. Case coordination occurs in five of the six branch offices located throughout the County. Each Multi-Disciplinary Team consists of an APS clinical services specialist, a community health nurse, a contracted mental health specialist, and an APS human services investigator or case manager; other professionals are involved as needed. These teams provide consultation, in-home assessments, and direct interventions to improve participant safety and stabilize participants in their own homes. MDT staff may provide short-term monitoring following the closure of an APS investigation for people with complex care plans. A detailed program evaluation of the Multi-Disciplinary Team Program conducted in FY2016 led to substantive program improvements including targeting participants who are most likely to benefit from MDT services. The evaluation also led to recommended changes in how program impact is measured for participants with data collection tool improvements scheduled for 2018.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of people served by Multi-Disciplinary Team ¹	516	675	502 ⁴	500 ⁴
Outcome	# of participants who were referred to nursing clinical supports and/or mental health services through MDT ²	367	500	324 ⁴	325 ⁴
Outcome	% of MDT participants who registered an improvement after MDT intervention ³	66%	N/A	61%	65%

Performance Measures Descriptions

¹Reworded for clarity: formerly “# of Multi-Disciplinary Team (MDT) participants.” ²Reworded for accuracy: formerly “# of participants who received nursing clinical supports and/or mental health services through MDT.” ³New measure. ⁴FY18 Estimate and FY19 Offer are significantly lower due to nursing staffing reduction and turnover.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$433,335	\$353,254	\$320,832	\$282,360
Contractual Services	\$206,060	\$1,000	\$184,005	\$11,653
Materials & Supplies	\$2,500	\$6,844	\$8,122	\$4,823
Internal Services	\$46,841	\$95,893	\$45,316	\$79,765
Total GF/non-GF	\$688,736	\$456,991	\$558,275	\$378,601
Program Total:	\$1,145,727		\$936,876	
Program FTE	3.29	2.76	2.45	2.20

Program Revenues				
Indirect for Dept. Admin	\$35,961	\$0	\$32,332	\$0
Intergovernmental	\$0	\$456,991	\$0	\$378,601
Total Revenue	\$35,961	\$456,991	\$32,332	\$378,601

Explanation of Revenues

\$378,601 - Title XIX

Significant Program Changes

Last Year this program was: FY 2018: 25028 ADVSD Multi-Disciplinary Team

Decrease in 1.40 FTE Community Health Nurses; changes in Medicaid expansion resulted in better coverage for participants and less referrals for MDT nursing services.

Previous measure: “% of participants with improved ADVSD service utilization after MDT intervention”: FY17 Actual=32%; FY18 Purchased=32%; FY18 Estimate=32%.

Previous measure: “% of staff who report that MDT provides them support they could not find elsewhere”: FY17 Actual=N/A; FY18 Purchased=47%; FY18 Estimate=N/A.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides older adults, people with disabilities, and Veterans with equitable and efficient access to quality Medicaid long-term services and supports. Transition & Diversion services and programs promote home and community living for individuals who would otherwise reside in a nursing facility. When individuals live in the setting of their choice with person-centered planning that addresses their specific needs and preferences their quality of life improves.

Program Summary

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

PROGRAM GOAL: Transition & Diversion resides within the Medicaid Long Term Services and Supports Program. The goal is to help older adults, people with disabilities, and Veterans live in the community and setting of their choice rather than in institutional settings. The Transition & Diversion Program minimizes the use of more costly nursing facility care and reduces unnecessary hospitalizations and readmissions.

PROGRAM ACTIVITY: The Transition & Diversion Program serves all nursing facility eligible individuals in Multnomah County. Transition & Diversion staff assess and assist individuals who live in nursing facilities to relocate to community living settings if they desire to leave the nursing facility. This is done by connecting them with services and assistance to help them live safely in the community. Transition & Diversion staff work with individuals discharging from the hospital, who do not want to live permanently in a nursing facility, to return home or find a community living option (adult care home, assisted living facility, or residential living facility). They arrange for supports to ensure the safety of the individual returning to community living. The Transition & Diversion Program supports independent living and the Department priority to reduce housing insecurity.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Annual # of transitions from a nursing facility ¹	501	N/A	468	480
Outcome	% of transitions where participants returned home ²	51%	44%	49%	50%
Outcome	% of transitions where participants returned to a community-based facility ³	44%	35%	45%	45%
Outcome	% of all nursing facility residents transitioned on a monthly basis through Transition & Diversion ⁴	3.40%	4.00%	3.24%	3.50%

Performance Measures Descriptions

¹New measure: represents total # of transitions, not a participant count. ²Reworded for clarity: formerly "Average monthly % of transitioned participants to home." ³Reworded for clarity: formerly "Average monthly % of transitioned participants to a community-based facility." ⁴Reworded for accuracy: formerly "% of nursing facility eligible individuals transitioned on a monthly basis."

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$2,794,417	\$0	\$3,082,261
Contractual Services	\$338,253	\$5,000	\$362,048	\$55,000
Materials & Supplies	\$0	\$68,905	\$0	\$67,247
Internal Services	\$0	\$888,209	\$0	\$972,011
Total GF/non-GF	\$338,253	\$3,756,531	\$362,048	\$4,176,519
Program Total:	\$4,094,784		\$4,538,567	
Program FTE	0.00	28.00	0.00	29.00

Program Revenues				
Indirect for Dept. Admin	\$284,472	\$0	\$354,460	\$0
Intergovernmental	\$0	\$3,756,531	\$0	\$4,057,249
Other / Miscellaneous	\$0	\$0	\$0	\$119,270
Total Revenue	\$284,472	\$3,756,531	\$354,460	\$4,176,519

Explanation of Revenues

\$4,057,249 - Title XIX

\$119,270 - Long Term Care Case Management Assessment Medicaid 18+

Significant Program Changes

Last Year this program was: FY 2018: 25029 ADVSD LTSS Transition & Diversion (Medicaid)

Increase in 1.00 FTE Case Manager Sr due to increased hospital funding.

Previous measure: "# of nursing facility eligible individuals transitioned on a monthly basis by Transition & Diversion": FY17 Actual=42; FY18 Purchased=1,300; FY18 Estimate=39. Explanation of significant change: FY18 measure was reworded in the editing process from "clients served" to "clients transitioned." 1300 represents the # of clients served monthly by T&D, not the # of clients transitioned monthly.

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

Executive Summary

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

Program Summary

ISSUE: The network of complex public and private sector services and resources can be difficult to navigate and access. The Aging and Disability Resource Connection Helpline (ADRC) provides appropriate information, referral, assistance, and connection to community programs and benefits through their first contact with a trained specialist.

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

PROGRAM ACTIVITY: ADVSD and contracted partners have certified I&R/A specialists who provide information, referral and assistance, follow-up, and crisis intervention. Specialists ensure vulnerable individuals get the help they need and perform crisis intervention to ensure safety. I&R/A specialists screen and refer individuals for Medicare and long-term care options counseling, Medicaid and the Supplemental Nutrition Assistance Program, Oregon Project Independence, Medicaid Long Term Services and Supports, Adult Protective Services, Intellectual & Developmental Disabilities Services, the Weather & Disaster Line, and the Mental Health Crisis Line. The ADRC partners with 211info to create a cohesive information and assistance system. The top referrals from the ADRC include Medicare, housing assistance, energy assistance, and District Senior Centers.

Community partnerships are central to the work as contracted partners provide 31% of all I&R/A client contacts. ADVSD worked in partnership with the Office of Diversity and Equity and addressed feedback from facilitated community conversations to improve access to services. As a result, ADVSD increased the funding allocation this contract cycle for agencies that deliver culturally specific services. Changes were implemented in the 2017-2020 Area Plan. Community partners serve as a culturally responsive and culturally specific entry point by providing education, recreation opportunities, and person-centered intergenerational services. Partners leverage resources through volunteer hours, in-kind contributions, and cash donations. I&R/A staff provide community services information, make connections and conduct follow-ups.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of ADRC calls ¹	53,256	57,300	53,256	55,000
Outcome	% of participants who would recommend ADRC	98%	90%	90%	92%
Output	# of referrals to County and community partner agencies from ADRC	45,339	37,500	60,820	64,800
Outcome	% of participants with increased ADVSD service utilization after contact with the ADRC	47%	83%	47% ²	65%

Performance Measures Descriptions

¹ADRC includes Multnomah County staff and contracted partners. ²Measure was new in FY18 and initial estimate for FY18 purchased was high.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$239,510	\$817,164	\$283,127	\$860,979
Contractual Services	\$829,860	\$261,545	\$998,234	\$250,644
Materials & Supplies	\$6,809	\$35,164	\$8,362	\$41,817
Internal Services	\$47,649	\$179,701	\$58,873	\$213,048
Total GF/non-GF	\$1,123,828	\$1,293,574	\$1,348,596	\$1,366,488
Program Total:	\$2,417,402		\$2,715,084	
Program FTE	2.61	8.59	2.61	8.59

Program Revenues				
Indirect for Dept. Admin	\$70,261	\$0	\$93,564	\$0
Intergovernmental	\$0	\$1,307,094	\$0	\$1,354,488
Beginning Working Capital	\$0	\$12,000	\$0	\$12,000
Total Revenue	\$70,261	\$1,319,094	\$93,564	\$1,366,488

Explanation of Revenues

\$877,025 - Title XIX
 \$247,629 - Outreach & Enrollment Assistance - MIPPA
 \$141,700 - ADRC Technical Assistance
 \$41,912 - Title IIIB
 \$20,000 – Senior Health Insurance Benefits Assistance (SHIBA)
 \$12,000 - Fed/State Beginning Working Capital
 \$10,365 - Senior Medicaid Patrol Grant
 \$9,007 – Title VIIB
 \$3,000 – City of Troutdale
 \$2,000 – Title III E; \$1,850 – City of Fairview

Significant Program Changes

Last Year this program was: FY 2018: 25032 ADVSD Outreach, Information & Referral

Community Services engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan listening sessions, and resulted in an increased percentage of funding for agencies that deliver culturally specific services.

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: The Nutrition Program is part of the access and early intervention continuum of care designed to support independent living. ADVSD funds organizations that provide congregate and home-delivered meals that meet the tastes and preferences of diverse participants. Contracted providers serve those who have the greatest social and economic need with special attention to those who are isolated, are minorities, have low incomes, and have limited English proficiency. In FY 2017, 30% of program participants said they were an ethnic or racial minority. Nutrition services are supported by the Federal Older Americans Act, State, and County funding. All nutrition providers are required to be culturally responsive to the priorities and challenges facing diverse communities. Providers delivering culturally specific services improve outcomes and meet preferences of a particular culture or group of cultures. In FY 2016, 4% of all meals were provided as a culturally specific service. In FY 2018, ADVSD increased the percentage of the nutritional budget for culturally specific services from 20% to 38%.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of meals served	562,711	625,000	562,119	600,000
Outcome	% of meals through culturally specific services ¹	5.3%	N/A	5.7%	12.0%
Outcome	% of high nutritional risk participants who experienced an improvement in their annual risk score ²	25%	12%	25%	25%
Output	% of home-delivered meal participants satisfied or very satisfied with nutritional services	88%	95%	88%	95%

Performance Measures Descriptions

¹New measure for FY 2019. ²Reworded for clarity: formerly "% of high nutritional risk participants who experienced a reduction in their annual risk score."

Previous measure: "% of participants with increased ADVSD service utilization after receiving nutrition services" FY17 Actual=23%, FY18 Purchased=40%, FY18 Estimate=23%.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$55,650	\$0	\$59,175
Contractual Services	\$461,716	\$1,570,130	\$489,109	\$1,547,552
Materials & Supplies	\$0	\$734	\$0	\$1,743
Internal Services	\$0	\$6,184	\$0	\$6,945
Total GF/non-GF	\$461,716	\$1,632,698	\$489,109	\$1,615,415
Program Total:	\$2,094,414		\$2,104,524	
Program FTE	0.00	0.50	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$1,627,698	\$0	\$1,615,415
Beginning Working Capital	\$0	\$5,000	\$0	\$0
Total Revenue	\$0	\$1,632,698	\$0	\$1,615,415

Explanation of Revenues

\$627,142 - Title IIIC-2
 \$420,518 - Title IIIC-1
 \$411,892 - U.S. Department of Agriculture
 \$88,000 - OPI PWD Pilot Project
 \$67,863 - Title IIIB

Significant Program Changes

Last Year this program was: FY 2018: 25033 ADVSD Nutrition Program

Community Services engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan listening sessions, and resulted in an increased percentage of funding for agencies that deliver culturally specific services.

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: Evidence-based health promotion activities include physical activity and exercise, healthy eating, chronic disease self-management, falls prevention, Care Transitions, medication management, anxiety and depression management, and Alzheimer's disease and dementia support. This program offer provides health promotion programs and outreach to minority and at-risk populations. With numerous community partnerships hosting preventative activities, ADVSD coordinates to streamline access to services and support healthy aging. ADVSD provides Care Transitions to reduce hospitalizations through targeted person-centered services. Community agencies provide evidence-based programs including Tai Chi Moving for Better Balance; Living Well with Chronic Conditions; PEARLS – treatment program for depression; Diabetes Prevention Program; and Powerful Tools for Caregivers. Each program has required elements that are conducted with fidelity to the curriculum proven in clinical trials. In the coming year, ADVSD will increase access to these services by establishing a calendar of activities on the County website and using a new statewide database to manage registration and data collection. ADVSD contracts with agencies for both culturally responsive and culturally specific services in order to increase meaningful access. ADVSD worked in partnership with the Office of Diversity and Equity and addressed feedback from facilitated community conversations to improve access to services. As a result, ADVSD increased the funding allocation this contract cycle for agencies that deliver culturally specific services. Changes were implemented in the 2017-2020 Area Plan. Programs serve a wider Department goal of preventing health decline and support the ability for individuals to age in place while providing proven health care cost savings.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of people enrolled in evidence-based health promotion activities	719	750	719	725
Outcome	% of EBHP fall prevention participants who had a reduction in fall risk compared to non-participants ¹	55%	55%	55%	55%
Outcome	% of EBHP Care Transition participants with a reduction in hospitalizations compared to non-participants ²	36%	36%	36%	36%

Performance Measures Descriptions

¹Outcomes are from national EBHP clinical trials and are not data from County participants; however, ADVSD undertakes fidelity monitoring to ensure similar outcomes. Falls prevention information taken from clinical trials from the Tai Chi: Moving for Better Balance Program. Hospitalization reduction is taken from clinical trials for Stanford's Chronic Disease Self-Management. ²Measure reworded for clarity: formerly "% of EBHP participants with fewer days in hospital & outpatient visits than non-EBHP participants."

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$681,926	\$0	\$829,544
Contractual Services	\$0	\$606,527	\$16,190	\$395,406
Materials & Supplies	\$0	\$4,216	\$6,864	\$11,266
Internal Services	\$46,130	\$70,824	\$60,179	\$105,950
Total GF/non-GF	\$46,130	\$1,363,493	\$83,233	\$1,342,166
Program Total:	\$1,409,623		\$1,425,399	
Program FTE	0.00	6.50	0.00	7.50

Program Revenues				
Indirect for Dept. Admin	\$30,663	\$0	\$61,225	\$0
Intergovernmental	\$0	\$1,087,868	\$0	\$1,106,601
Other / Miscellaneous	\$0	\$275,625	\$0	\$235,565
Total Revenue	\$30,663	\$1,363,493	\$61,225	\$1,342,166

Explanation of Revenues

\$290,630 - ADRC Mental Health Grant
 \$272,638 - Older & Disabled Mental Health Services
 \$235,565 - Providence Health Services - Metro Care Transitions
 \$122,937 - ADRC Person Centered Option Counseling
 \$117,066 – OHSU Metro Care Transition Program
 \$104,980 – Evidence Based Health Promotion
 \$59,176 – Title IIIB
 \$38,476 – Title IIID

Significant Program Changes

Last Year this program was: FY 2018: 25034 ADVSD Health Promotion

Community Services engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan listening sessions, and resulted in an increased percentage of funding for agencies that deliver culturally specific services.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans, through a continuum of access and early intervention programs, to have equitable and efficient access to quality services and programs that meet their diverse needs and improve quality of life. For people living at home, at risk for nursing facility placement, and not receiving Medicaid, case management and in-home services provide critical supports to help people remain in their homes.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans may experience complex or multiple problems that interfere with their ability to remain in their homes. As the federally designated Area Agency on Aging, ADVSD creates a four-year strategic plan for service delivery. To understand participants' needs in relation to this year's plan, ADVSD conducted listening sessions in 2016 with participants from diverse communities. As a result of this feedback and Census data, ADVSD changed its funding allocation model to fund more culturally specific services with a focus on trauma-informed case management and in-home supports. Research conducted by Boston University Center for Psychiatric Rehabilitation (2009) showed that case management can improve housing stability. The study found that integration of services such as housekeeping or grocery shopping led to improvements in housing outcomes and demonstrated the need for programs to provide community integration and prevent isolation.

PROGRAM GOAL: The goal of case management and in-home services is to engage participants in a person-centered, comprehensive approach to support their ability to remain at home, maintain independence, and achieve cost savings. These services have been shown to delay an individual's need for more costly Medicaid services and nursing facility care. Case management contributes to DCHS goals of contributing to housing security and maintaining or increasing independence of vulnerable adults.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of people receiving case management and/or in-home services	2,759	3,200	2,800	3,000
Outcome	% of Options Counseling clients with goals met and/or improved service enrollment ¹	76%	N/A	68%	75%
Output	% of family caregivers who report services received were excellent or good ²	100%	85%	85%	90%

Performance Measures Descriptions

¹New Measure: represents all clients disenrolled during the fiscal year reporting meeting their goal, connecting with case management, nursing facility placement, and/or had other natural supports in place at the time of disenrollment. ²Three caregivers completed the FY 2017 survey. State administers survey; County does not control response rate. Previous measure: "% of participants who believe they are more independent as a result of Options Counseling services" FY17 Actual=N/A. FY18 Purchased=76%. FY18 Estimate=N/A.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$171,661	\$500,709	\$145,067	\$574,585
Contractual Services	\$1,044,183	\$3,432,343	\$990,602	\$3,502,003
Materials & Supplies	\$11,484	\$0	\$10,480	\$0
Internal Services	\$79,156	\$0	\$88,900	\$7,851
Total GF/non-GF	\$1,306,484	\$3,933,052	\$1,235,049	\$4,084,439
Program Total:	\$5,239,536		\$5,319,488	
Program FTE	1.13	5.27	1.13	5.27

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$6,314	\$0
Intergovernmental	\$0	\$3,937,392	\$0	\$4,031,969
Beginning Working Capital	\$0	\$12,000	\$0	\$12,000
Service Charges	\$0	\$34,470	\$0	\$40,470
Total Revenue	\$0	\$3,983,862	\$6,314	\$4,084,439

Explanation of Revenues

\$2,448,338 - Veteran's Self Directed Home & Community
 \$471,791 - Oregon Project Independence
 \$369,413 - OPI PWD Pilot Project
 \$290,765 - Title III E
 \$231,132 - Title III B
 \$150,675 - State General Fund – Sequestration Assistance
 \$62,753 - Oregon Money Management Program
 \$40,470 - Client Employer Provider Fees
 \$12,000 - Federal/State Beginning Working Capital
 \$7,102 - Title III D

Significant Program Changes

Last Year this program was: FY 2018: 25035A ADVSD Case Management & In-Home Services (non-Medicaid)

Community Services engaged in a robust planning, procurement, and allocation process, in order to purchase both culturally responsive and culturally specific services for older adults in our communities. This work was in partnership with the Office of Diversity and Equity and in response to community feedback through Area Plan listening sessions and resulted in an increased percentage of funding for agencies that deliver culturally specific services.

Department: County Human Services

Program Contact: Erin Grahek

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides older adults, people with disabilities, and Veterans with equitable and efficient access to quality services and programs that meet their diverse needs and expectations. The Safety Net Program provides emergency funds which help prevent eviction, and housing stability services to secure clean and safe housing. The program also provides bed bug mitigation, medical equipment, dental subsidies, and prescription support to those with no other financial means to prevent health decline, increase independence, and improve quality of life.

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of people who received Safety Net services	584	485	584	575
Outcome	% of participants in stable housing six months after receiving services	95%	94%	95%	95%
Outcome	% of fulfilled requests for medical needs assistance	79%	82%	79%	82%
Outcome	% of requests for Safety Net services fulfilled to avert eviction	83%	77%	83%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$150,441	\$0	\$154,028	\$0
Contractual Services	\$573,731	\$0	\$566,106	\$0
Materials & Supplies	\$0	\$0	\$1,789	\$0
Internal Services	\$18,553	\$0	\$20,836	\$0
Total GF/non-GF	\$742,725	\$0	\$742,759	\$0
Program Total:	\$742,725		\$742,759	
Program FTE	1.50	0.00	1.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25036 ADVSD Safety Net Services

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: ADVSD transportation services help address the persistent need of older adults, people with disabilities, and Veterans to access affordable transportation services for a variety of social services, attend medical appointments, and participate in community activities that reduce social isolation. Transportation services are funded through Medicaid and County Funds. Medicaid service case managers and contracted community partners, including District Senior Centers, assist participants with transportation scheduling and coordination. Transportation services include screening for eligibility, assessing needs, assisting with applications, authorizing and coordinating rides, and distributing bus passes and tickets purchased through contracts with local transportation providers. Other services include scheduled guaranteed rides (Premium Rides) from our partner, Ride Connection, and cab rides for urgent transportation needs that cannot be met by TriMet or Ride Connection. An additional component is conducting advocacy on behalf of older adults, people with disabilities, and Veterans requesting transportation services and bringing attention to the service network when demand exceeds transportation assistance supply.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of participants who received bus passes, tickets and/or other rides ¹	1,040	N/A	1,040	1,000
Outcome	% of participants with improved utilization of ADVSD services after receiving transportation services	38%	45%	38%	40%
Outcome	% of participants who report increased mobility because of transportation services	89%	75%	89%	89%

Performance Measures Descriptions

¹New measure: represents an unduplicated count of participants receiving bus passes, tickets, cab rides, and/or premium rides.

Previous measure: "# of participants who received bus passes and tickets" FY17 Actual=647, FY18 Purchased=950, FY18 Estimate=647.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$49,171	\$0	\$52,586
Contractual Services	\$168,542	\$2,266,332	\$168,542	\$2,045,425
Internal Services	\$0	\$8,020	\$0	\$14,464
Total GF/non-GF	\$168,542	\$2,323,523	\$168,542	\$2,112,475
Program Total:	\$2,492,065		\$2,281,017	
Program FTE	0.00	0.50	0.00	0.50

Program Revenues				
Indirect for Dept. Admin	\$1,452	\$0	\$6,047	\$0
Intergovernmental	\$0	\$2,323,523	\$0	\$2,052,475
Beginning Working Capital	\$0	\$0	\$0	\$60,000
Total Revenue	\$1,452	\$2,323,523	\$6,047	\$2,112,475

Explanation of Revenues

\$1,494,279 - Medicaid Community Transportation
\$500,596 - TriMet Community Transportation Local Match
\$60,000 - Beginning Working Capital
\$52,000 - OPI PWD Pilot Project
\$5,600 - Title IIIB

Significant Program Changes

Last Year this program was: FY 2018: 25037 ADVSD Transportation Services

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) supports older adults, people with disabilities, and Veterans to have equitable and efficient access to quality services and programs through advocacy and program operations in order to improve quality of life. Advocacy & Community Program Operations support a participant-directed service system through ADVSD advisory councils management, Area Plan development and management, contract administration, network advocacy, program support, and management of the Volunteer Benefits Enrollment Program.

Program Summary

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

PROGRAM GOAL: ADVSD Advocacy efforts ensure diverse feedback and enhance equity for volunteers, staff, and participants. Program Operations provide administrative support to community-based contracted organizations. The intent of this support is to ensure that consistent and quality services are available to participants.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of volunteer hours donated to ADVSD ¹	47,164	N/A	50,190	50,000
Outcome	# of opportunities for participant and community members to give feedback to ADVSD	55	51	41	50
Outcome	% of minority representation on ADVSD Advisory Councils	37%	25%	40%	40%
Outcome	% of ADVSD contract funds dedicated to culturally specific providers ²	28%	38%	34%	38%

Performance Measures Descriptions

¹New measure: Total volunteer hours donated to Public Guardian, Volunteer Benefit Enrollment Center, Senior Health Insurance Benefits Assistance, Advisory Council, Oregon Money Management Program, Foster Grandparent and cooling centers. ²Contracts are specific to Older Americans Act and Oregon Project Independence.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$283,779	\$750,894	\$291,012	\$830,714
Contractual Services	\$297,931	\$320,728	\$200,650	\$315,934
Materials & Supplies	\$34,270	\$69,733	\$21,957	\$62,864
Internal Services	\$492,396	\$593,777	\$588,092	\$680,705
Total GF/non-GF	\$1,108,376	\$1,735,132	\$1,101,711	\$1,890,217
Program Total:	\$2,843,508		\$2,991,928	
Program FTE	2.86	7.74	2.73	7.87

Program Revenues				
Indirect for Dept. Admin	\$31,121	\$0	\$41,459	\$0
Intergovernmental	\$0	\$1,547,989	\$0	\$1,682,165
Other / Miscellaneous	\$0	\$4,500	\$0	\$4,500
Service Charges	\$0	\$202,560	\$0	\$203,552
Total Revenue	\$31,121	\$1,755,049	\$41,459	\$1,890,217

Explanation of Revenues

\$596,170 - Title IIIB
 \$416,259 - Title XIX
 \$232,050 - Foster Grandparent Program
 \$203,552 - Contractor Rentals
 \$153,447 - Medicaid Community Transportation
 \$126,074 - Oregon Project Independence
 \$62,655 - Veteran's Self Directed Home & Community
 \$44,347 - Oregon Money Management Program
 \$38,663 - OPI PWD Pilot Project
 \$12,500 - Title IIIC-1; \$4,500 - Volunteer Foster Grandparent Program

Significant Program Changes

Last Year this program was: FY 2018: 25038 ADVSD Advocacy & Community Program Operations

ADVSD established a new Aging Services Advisory Council (ASAC) through County Ordinance to ensure an inclusive and representative advisory body. Once the ASAC is fully established, and the implementation of the council evaluated, ADVSD will conduct similar work with the division's Disability Services Advisory Council.

Previous measure: "# of volunteer hours donated through the Personal Advocates Program" FY17 Actual=5078, FY18 Purchased=8500, FY18 Estimate=5078.

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

Executive Summary

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

Program Summary

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

PROGRAM GOAL: This offer funds programs that help meet our community goal to provide immediate safety and emergency response systems for those fleeing domestic violence. It is part of the County's regional response to domestic violence. Services reach more than 600 individuals annually and serve a racially and ethnically diverse population.

PROGRAM ACTIVITY: There are two main program activities:

1. This program provides supports and wrap-around services to individuals and families staying in shelters funded by the Joint Office of Homeless Services. Comprehensive shelter support services are designed to provide secure, confidential, 24-hour specialized support for victims who are fleeing domestic violence. These services include meeting basic needs such as food and clothing, ongoing safety planning, intensive domestic violence support, specialized children's programming, advocacy, assistance accessing housing, legal referrals and assistance accessing other services.
2. Mobile advocacy services provide confidential, community-based, comprehensive crisis support to victims who are fleeing or attempting to flee domestic violence for whom existing shelter services are not adequate, such as large families or those needing accommodation for disabilities. Services are used by victims who are at risk of homelessness due to domestic violence. To reduce transportation or location barriers, mobile advocates are available to meet victims throughout the County. Services include meeting basic needs such as food and clothing, ongoing risk assessment and safety planning, intensive domestic violence support, emergency short-term motel stays, advocacy and assistance accessing other services. The mobile advocacy program leverages funds from the Short-Term Rent Assistance program administered by Home Forward, as well as private funds raised by nonprofits, to provide comprehensive emergency services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of domestic violence victims and children receiving comprehensive, specialized crisis services.	686	600	600	600
Outcome	% of adult survivors who work with an advocate to update a safety plan by exit	95%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$432,002	\$0	\$361,960	\$0
Total GF/non-GF	\$432,002	\$0	\$361,960	\$0
Program Total:	\$432,002		\$361,960	
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 2018: 25041 YFS - Domestic Violence Crisis Services

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

Executive Summary

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

Program Summary

ISSUE: Domestic violence is a complex issue that requires a coordinated countywide response. Domestic violence is also a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends an estimated \$10 million addressing domestic violence-related criminal costs and \$2.5 million in victim services annually.

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

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

Initiatives and projects include the Family Violence Coordinating Council, a multidisciplinary stakeholders group; the Domestic Violence Fatality Review Team that analyzes cases that lead to domestic violence fatalities and identify system improvements; monthly community-based training for providers; and providing subject matter expertise in training, consultation and capacity-building within County programs and departments. The office oversees victim services contracts and economic empowerment and employment program contracts including technical assistance, monitoring, and performance measurement to assess the impact and quality of contracted services. This offer also includes support for operations of the Gateway Center, a coordinated one-stop center providing a wide range of services for survivors of domestic violence.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of professionals trained to understand dynamics of domestic violence and children's exposure to violence.	1770	2,000	2,000	2,000
Outcome	Percentage of non-profit partners receiving higher scores on the Open Door Disability Accessibility Tool	100%	100%	100%	100%
Output	Number of training events provided to public employees, law enforcement, and other community members.	60	75	75	75

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$291,035	\$121,684	\$297,133	\$50,619
Contractual Services	\$106,583	\$52,300	\$110,313	\$57,050
Materials & Supplies	\$31,948	\$4,789	\$31,316	\$2,161
Internal Services	\$34,899	\$18,054	\$50,694	\$13,190
Total GF/non-GF	\$464,465	\$196,827	\$489,456	\$123,020
Program Total:	\$661,292		\$612,476	
Program FTE	2.63	0.97	2.52	0.48

Program Revenues				
Indirect for Dept. Admin	\$8,228	\$0	\$5,822	\$0
Intergovernmental	\$0	\$154,470	\$0	\$117,420
Other / Miscellaneous	\$0	\$1,500	\$0	\$3,600
Beginning Working Capital	\$0	\$0	\$0	\$2,000
Total Revenue	\$8,228	\$155,970	\$5,822	\$123,020

Explanation of Revenues

\$117,220 - US Department of Justice, Office on Violence Against Women
 \$3,600 - Domestic Partnership Fees
 \$2,000 - Beginning Working Capital
 \$200 - Misc Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2018: 25044 YFS - Domestic and Sexual Violence Coordination

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: Program activities focus on the provision of legal assistance. Civil legal assistance is related to the reduction in reported domestic violence crimes and improves the likelihood that survivors will be able to obtain protective orders from courts, which is a significant factor in reducing rates of violence. These specialized legal services for domestic and sexual violence survivors ensure better outcomes in legal proceedings. These include assistance with restraining order hearings, custody and parenting time determinations, housing retention, immigration matters, and related victims' rights and other civil legal matters.

This offer funds legal advocacy and civil legal services for survivors through local nonprofit agencies including Legal Aid Services of Oregon. This funding also supports advocacy in the restraining order services room at the Multnomah County Courthouse and the Court Care program which provides culturally specific trauma-informed childcare in the Courthouse for children whose parents are engaged in legal proceedings.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy.	1788 ¹	800	800	800
Outcome	% of retained cases with a court action filed or contested by an attorney.	100%	75%	75%	75%

Performance Measures Descriptions

¹ Numbers served were higher in the previous year due to additional OTO funds that were available.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$203,452	\$30,637	\$207,214	\$31,000
Total GF/non-GF	\$203,452	\$30,637	\$207,214	\$31,000
Program Total:	\$234,089		\$238,214	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$30,637	\$0	\$31,000
Total Revenue	\$0	\$30,637	\$0	\$31,000

Explanation of Revenues

\$31,000 - Oregon Judicial Department Court Care Center

Significant Program Changes

Last Year this program was: FY 2018: 25046A YFS - Domestic Violence Legal Services

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

Executive Summary

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence should have access to the type and level of service they desire when the time is right for them. Multnomah County's Domestic Violence Enhanced Response Team (DVERT) provides intervention for domestic violence cases that have a high risk of ongoing, severe violence or lethality. DVERT works closely with law enforcement to provide after-hours victim services and crisis response.

Program Summary

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

PROGRAM GOAL: The goal of the DVERT program is to increase victim safety and offender accountability where there is high risk of lethality

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

DVERT includes three program components: DVERT case staffing, Domestic Violence Response Advocates (DVRA) and Domestic Violence Reduction Unit (DVRU). DVRA provides after-hours on-scene crisis response, safety planning, and victim support services following police response to violent crimes. Advocates are available seven days a week, including late nights and holidays. DVRUs work with officers five days a week as part of the investigation unit and includes victim support services, court accompaniment, and coordination with community agencies. The case staffing team provides crisis response, ongoing victim support, client financial assistance, criminal justice intervention, and service coordination across multiple agencies.

The team also participates in multi-jurisdictional efforts to improve responses to high-risk domestic violence cases. They provide training and technical assistance locally and throughout the country on improved response and coordination between advocates and law enforcement. The team also conducts outreach and awareness about domestic violence to the community, and partners with a variety of organizations in addition to law enforcement including the District Attorney's Office, Oregon Department of Human Services, Department of Community Justice, domestic violence and sex trafficking service systems.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention.	293	300	300	300
Outcome	% of police officers who agree that domestic violence victims benefit from having advocates respond on scene.	94%	90%	90%	90%
Output	Number of domestic violence victims referred by police to afterhours victim advocates.	1016	650	650	650

Performance Measures Descriptions

* Staffing levels similar to previous fiscal years, however, 3 FTE were moved from contracted to internal staff via supplemental budget during FY18.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$347,576	\$0	\$500,900	\$265,794
Contractual Services	\$99,431	\$118,196	\$0	\$222,732
Materials & Supplies	\$3,139	\$3,700	\$5,169	\$11,869
Internal Services	\$13,585	\$0	\$101,101	\$0
Total GF/non-GF	\$463,731	\$121,896	\$607,170	\$500,395
Program Total:	\$585,627		\$1,107,565	
Program FTE	4.00	0.00	5.00	3.00

Program Revenues				
Intergovernmental	\$0	\$121,896	\$0	\$500,395
Total Revenue	\$0	\$121,896	\$0	\$500,395

Explanation of Revenues

\$303,631 - City of Portland General Fund
 \$196,764 - US Department of Justice Office on Violence Against Women

Significant Program Changes

Last Year this program was: FY 2018: 25047 YFS - Domestic Violence Enhanced Response Team

In FY18 Bud Mod DCHS-01-18 added \$0.3M of City of Portland funding that added 3.00 FTE Victim Advocates. 1 FTE Program Supervisor was moved from PO 25133 Housing Stabilization for Vulnerable Populations and PO 25139 Multnomah Stability Initiative

Department: County Human Services **Program Contact:** Rose-Ellen Bak
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25047A
Program Characteristics:

Executive Summary

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Domestic violence in the older adult population is often at the hands of family members who are not intimate partners. Multnomah County's Domestic Violence Enhanced Response Team (DVERT) provides intervention for domestic violence cases that have a high risk of ongoing, severe violence or lethality. DVERT works closely with law enforcement to provide after-hours victim services and crisis response.

Program Summary

ISSUE: Complex domestic violence cases with a high risk of ongoing, severe abuse or potentially lethal outcomes require an immediate multidisciplinary, collaborative response in order to de-escalate violence and prevent domestic violence-related deaths in our community. Currently, older adults who are victims of violence from family members who are not intimate partners, such as adult children, grandchildren, and siblings, do not have access to domestic violence services in the existing service system.

PROGRAM GOAL: The goal of DVERT interventions is to reduce repeated violence and prevent deaths for older adults who experience violence in their homes at the hands of family members.

PROGRAM ACTIVITIES: DVERT provides after-hours victim advocates to provide immediate on-scene crisis response, safety planning and victim support following police response to domestic violence crimes. The older adult advocate will work closely with County Adult Protective Services and the Elder Crimes Unit of Portland Police, both of whom have staff who are co-located with the DVERT team.

DVERT provides immediate crisis response, ongoing victim support services, client financial assistance, criminal justice intervention, and coordination across multiple agencies. In addition to crisis response, follow-up support and criminal intervention in individual cases, DVERT works to improve overall system responses through specialized training, analysis of system responses, and ongoing service improvements at the intersection of high-risk domestic violence and other interventions. Advocates are available seven nights per week throughout the county.

This offer adds an advocate who will specialize in working with older victims of violence, including violence perpetrated by other household members who are not intimate partners. The advocate will work to provide resources to help older victims with safety planning and other services to reduce the risk of injury and death from abuse. The advocate will also work with partners to increase knowledge and competency in the domestic violence system on responses to non-intimate partners involving older adults, and work with Aging Services partners to increase domestic violence competency.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of victims receiving multi-disciplinary, intensive intervention.	N/A	N/A	N/A	50
Outcome	% of police officers who agree that domestic violence victims benefit from having advocates respond on scene.	N/A	N/A	N/A	50

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$100,000	\$0
Contractual Services	\$0	\$0	\$50,000	\$0
Total GF/non-GF	\$0	\$0	\$150,000	\$0
Program Total:	\$0		\$150,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

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

Related Programs:
Program Characteristics:

Executive Summary

Domestic Violence Crisis Services improve the quality of life for victims who are currently fleeing or attempting to flee domestic violence. Individuals attempting to flee domestic violence should have access to the type and level of service they desire when the time is right for them. This offer provides culturally-specific and targeted services to underserved populations who are experiencing domestic violence. Services include risk assessment and safety planning, advocacy, intensive and confidential support, case management, and assistance accessing broader community resources.

Program Summary

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

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

PROGRAM ACTIVITY: This offer funds programs that provide specialized domestic violence services for the following populations: African American, Latina, Native American, Slavic/Russian immigrants, African immigrants, LGBTQ, older adults and people with disabilities.

Services that are developed and delivered by specific communities are more accessible to and a better match for the needs and values of the survivors they are intended to serve. This program provides specialized, population-specific domestic and sexual violence services, including trauma-informed care, ongoing risk assessment, safety planning, intensive support, advocacy, case management, and help accessing other community resources. Services include assistance with legal issues, access to government benefits, housing, financial education, assistance accessing benefits, access to mental and physical healthcare services, employment, immigration, and disability services. Services are contracted through a variety of culturally-specific service providers.

This offer also includes the LGBTQ Economic Empowerment program located at the Gateway Center for Domestic Violence. This program helps survivors who identify as LGBTQ to clear up and separate credit reports, develop a plan to seek employment, access job coaching and training, and apply for and obtain employment.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of individuals receiving culturally/population-specific domestic violence services.	916	800	800	800
Outcome	Percentage of adult survivors who work with an advocate to update a safety plan by exit.	86%	85%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$494,746	\$0	\$665,224	\$0
Total GF/non-GF	\$494,746	\$0	\$665,224	\$0
Program Total:	\$494,746		\$665,224	
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 2018: 25048A YFS - Culturally Specific and Underserved Domestic & Sexual Violence

This offer also includes FY18 offer 25048B LGBTQ Economic Empowerment.

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

Executive Summary

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

Program Summary

ISSUE: Oregon has the second highest lifetime prevalence of sexual assault in the country according to research completed by the Centers for Disease Control and Prevention. Crisis lines report more than 2,000 calls each year seeking sexual assault services. The majority of sexual assault survivors -- at least 75% -- choose to avoid working with the criminal justice system for various reasons and thus are not eligible for traditional sexual assault victim services. Victims often are unaware of their rights or fear approaching law enforcement to report crimes, and subsequently, never receive specialized trauma or medical services that can help them with their recovery.

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of sexual assault survivors who receive comprehensive, specialized advocacy services.	42	65	65	65
Outcome	Percent of sexual assault survivors who report feeling supported by working with an advocate.	75%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$204,500	\$0	\$211,657	\$0
Total GF/non-GF	\$204,500	\$0	\$211,657	\$0
Program Total:	\$204,500		\$211,657	
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 2018: 25049 YFS - Sexual Assault Services

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

Executive Summary

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

Program Summary

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

PROGRAM GOAL: The goal of the program is to ensure that anyone entitled to disability benefits is able to access them as quickly as possible. Seventy-five percent of those served receive benefits, a significantly higher percentage than would have received benefits without the program's assistance. Based on Census data estimates and data from the Social Security Administration, locally only 11% of those eligible receive benefits without assistance. Without federal benefits, individuals are either without services and utilizing expensive, locally-funded safety net services (including jail or hospital/medical care), or have their treatment paid for with scarce local community (non-federal) funds. The Benefits Acquisition Program assists individuals who are served in County-funded programs such as the Multnomah Treatment Fund, the Homeless Families System of Care, domestic violence services, or other County-funded programs.

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

At the start of services, clients were receiving an average of \$107 per month, and at exit, they were receiving \$788 per month. Forty-one percent of clients had no primary health care option at the start of services and 99% are now covered by Medicaid. Program clients also secure benefits at a much younger age than those who apply on their own, saving public systems tens of thousands of dollars over the course of a person's life.

This program offer includes County General funded programming through Youth & Family Services Division. Funds allocated by the City of Portland, funds for the Benefits and Entitlement Specialist Team (BEST) program, and the Joint Office of Homeless Services (JOHS) are budgeted through JOHS to provide similar services and are administered through Youth and Family Services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of individuals served	262	175	175	125*
Outcome	Percentage of individuals served who receive benefits	67%	75%	75%	70%

Performance Measures Descriptions

* Service numbers reduced to reflect reduced funding

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$453,431	\$0	\$417,551	\$0
Total GF/non-GF	\$453,431	\$0	\$417,551	\$0
Program Total:	\$453,431		\$417,551	
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 2018: 25115 YFS - Benefit Acquisition Program

Includes a reduction of \$50,000 in CGF that moved to 25133A YFS Housing Stability Team.

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

Executive Summary

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

Program Summary

ISSUE: Accountability, leadership, and data-driven strategic direction are key activities toward reaching the Division's overall goals. All activities and projects in the Youth & Family Services Division align with and lead toward two primary outcomes: youth experience educational success and family stability.

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

PROGRAM ACTIVITY: The Division is responsible for providing, contracting for, and/or coordinating the County's investments in five core service/policy areas: Energy Services, Anti-Poverty/Prosperity, Education Supports, Early Childhood and Domestic and Sexual Violence. The Division functions as the County's legislatively mandated Community Action Office. Activities in the area of budget development include 1) YFS leadership development of the annual budget documents, review expenses quarterly, and ensure expenditures are in line with both revenue and funding guidelines; 2) activities to coordinate daily functions such as direct supervision of staff, coordinate like activities across the division, establish procedures and practices and convene staff toward cohesion and teamwork; 3) performance management duties such as creating opportunities for staff to grow and learn professionally, set the overall framework for contractor data collection, reporting, and program/system evaluation. YFS leadership provides strategic direction through the collaborative development of a Division strategic plan and directs projects. In addition, YFS is a partner-driven organization. Staff build and sustain effective relationships and partnerships with other Divisions, organizations and jurisdictions (for example, nonprofit partners, the Joint Office of Homeless Services, the City of Portland, Home Forward, School Districts, District Attorney's office, Health Department, Library, Oregon Department of Human Services and Oregon Housing and Community Services), to increase the delivery of effective and culturally responsive services in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Percentage of staff attending at least 10 hours of skill building/professional development per year.	66%	100%	100%	100%
Outcome	Percentage of stakeholders expressing satisfaction with Division administrative services. ¹	73%	80%	80%	80%

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,431,542	\$49,995	\$1,638,364	\$50,000
Contractual Services	\$57,247	\$0	\$76,020	\$0
Materials & Supplies	\$152,122	\$5	\$65,315	\$0
Internal Services	\$138,357	\$0	\$213,299	\$0
Total GF/non-GF	\$1,779,268	\$50,000	\$1,992,998	\$50,000
Program Total:	\$1,829,268		\$2,042,998	
Program FTE	11.73	0.27	12.72	0.28

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

Explanation of Revenues

\$50,000 - City of Portland Intergovernmental Agreement

Significant Program Changes

Last Year this program was: FY 2018: 25118 YFS - Youth & Family Services Administration

1 FTE Program Supervisor was moved from PO 25158 Early Learning Family and School Transition.

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

Executive Summary

Ensuring that there is sufficient heat in a home, the lights are on and water is hot is critical for people to have quality of life. Functional utilities help ensure that a young person can study at home, an older adult is living safely and families remain stable. The Energy Assistance Program supports housing stability by providing people who live on fixed or low income with financial assistance to help meet their energy costs.

Program Summary

ISSUE: A study from the Department of Energy, Office of Energy Efficiency and Renewable Energy makes it clear that low-income households suffer a disproportionate energy burden. Many low-income households use expensive heating fuels in old, inefficient homes and face barriers to accessing technologies that could help make their energy costs more affordable. Thus, the average energy burden for low-income households is 8.2%. This is 3 times higher than higher-income households.

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

PROGRAM ACTIVITY: The Energy Assistance Program helps people keep their homes warm in the winter. Direct utility payments to income-eligible households, along with energy education, case management, and other services help households manage and pay for their energy costs while providing education about other services. Energy bill payment assistance is delivered through seven community nonprofit agencies to make these utility payments for fixed and low-income households. On average, program participants receive \$452 in utility assistance each year.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households served	17,555	15,000	15,000	15,000
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	100%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$641,700	\$0	\$645,104
Contractual Services	\$0	\$11,431,303	\$0	\$11,810,545
Materials & Supplies	\$0	\$102,729	\$0	\$98,220
Internal Services	\$0	\$174,837	\$0	\$202,852
Total GF/non-GF	\$0	\$12,350,569	\$0	\$12,756,721
Program Total:	\$12,350,569		\$12,756,721	
Program FTE	0.00	6.75	0.00	6.70

Program Revenues				
Indirect for Dept. Admin	\$65,065	\$0	\$74,188	\$0
Intergovernmental	\$0	\$12,350,569	\$0	\$12,756,721
Total Revenue	\$65,065	\$12,350,569	\$74,188	\$12,756,721

Explanation of Revenues

\$7,921,439 - OHCSO OEAP Energy
 \$4,755,282 - OHCSO LIEAP Energy Program
 \$80,000 - PDX Water/Sewer D/A

Significant Program Changes

Last Year this program was: FY 2018: 25119 YFS - Energy Assistance

Increased funding for LIEAP and OEAP - \$0.4M

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

Executive Summary

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

Program Summary

ISSUE: A study from the Department of Energy, Office of Energy Efficiency and Renewable Energy makes it clear that low-income households suffer a disproportionate energy burden. Many low-income households use expensive heating fuels in old, inefficient homes and face barriers to accessing technologies that could help make their energy costs more affordable. Thus, the average energy burden for low-income households is 8.2%. This is 3 times higher than higher-income households.

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

PROGRAM ACTIVITY: The Weatherization Program provides comprehensive home energy audits to low-income households including older adults, people with disabilities, and families with children. These energy audits indicate the scope of repairs and/or improvements necessary in the home in order to reduce energy use, lower utility bills and provide a safe and comfortable environment. Weatherization services resulting from this audit include the following services delivered by local contractors: insulating attics, floors and walls; air and duct sealing; repairing/replacing heating systems; replacing windows and patio doors; safety checking combustion appliances; and repairing/replacing old plumbing. Every household also receives energy education, as well as information and resources for other community services. Weatherization services are available to single-family homes and multifamily units.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households served	266	500	300	350
Outcome	Number of affordable housing units maintained for 10 years	266	500	300	350

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$870,701	\$0	\$876,820
Contractual Services	\$0	\$2,635,839	\$0	\$4,666,698
Materials & Supplies	\$0	\$364,869	\$0	\$378,545
Internal Services	\$0	\$370,676	\$0	\$291,694
Total GF/non-GF	\$0	\$4,242,085	\$0	\$6,213,757
Program Total:	\$4,242,085		\$6,213,757	
Program FTE	0.00	9.25	0.00	8.30

Program Revenues				
Indirect for Dept. Admin	\$76,277	\$0	\$100,835	\$0
Intergovernmental	\$0	\$3,437,085	\$0	\$4,562,757
Other / Miscellaneous	\$0	\$500,000	\$0	\$806,000
Beginning Working Capital	\$0	\$305,000	\$0	\$845,000
Total Revenue	\$76,277	\$4,242,085	\$100,835	\$6,213,757

Explanation of Revenues

- \$2,984,458 - OHCS D ECHO (SB1149)
- \$1,074,906 - OHCS D LIEAP Weatherization
- \$845,000 - Beginning Working Capital
- \$800,000 - County Weatherization Rebates
- \$349,702 - OHCS D DOE Weatherization
- \$73,691 - LIEAP Client Education
- \$60,000 - PDX Water and Sewer FR
- \$20,000 - Energy Conservation show rebates
- \$6,000 - Bonneville Environmental Solar Challenge

Significant Program Changes

Last Year this program was: FY 2018: 25121 YFS - Weatherization

Increase in LIEAP \$0.3M, ECHO \$0.75M, Rebates \$0.8M

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

Executive Summary

Everyone deserves safe and stable housing. Housing Stabilization for Vulnerable Populations provides rent assistance and housing placement to vulnerable households including for people whose housing is vulnerable and are at high risk for homelessness. This offer provides a package of services to help people avoid becoming homeless by providing housing stabilization services, eviction prevention, and ongoing assistance for people with low incomes, including families with children, older adults, and people with disabilities.

Program Summary

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

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

PROGRAM ACTIVITY: This offer includes two primary initiatives:

(1) The Short-Term Rent Assistance program (STRA) - The program is a joint effort between Multnomah County, the City of Portland, and Home Forward, each of which contributes funds to the coordinated pool. STRA funds are distributed by local social service agencies and are geared towards households that are currently experiencing homelessness or are at risk of homelessness. Funds can be used for rent assistance, mortgage payment, and emergency hotel vouchers. Assistance is available for up to 24 months. These services help vulnerable County residents find homes, maintain housing, avoid homelessness, and work on creating a path to economic stability.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households served in STRA	741	800	800	800
Outcome	Percentage of households served who remain in permanent housing six months after exit	90%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$73,355	\$101,788	\$0	\$206,238
Contractual Services	\$1,783,555	\$572,030	\$2,095,979	\$2,069,903
Materials & Supplies	\$13,966	\$13,106	\$6,958	\$751
Internal Services	\$12,088	\$9,477	\$11,736	\$43,480
Total GF/non-GF	\$1,882,964	\$696,401	\$2,114,673	\$2,320,372
Program Total:	\$2,579,365		\$4,435,045	
Program FTE	0.69	0.47	0.00	1.74

Program Revenues				
Indirect for Dept. Admin	\$4,493	\$0	\$23,719	\$0
Intergovernmental	\$0	\$638,748	\$0	\$2,320,372
Total Revenue	\$4,493	\$638,748	\$23,719	\$2,320,372

Explanation of Revenues

\$2,039,312 - OHCS D EHA
 \$133,819 - State of Oregon Elderly Rent Assistance
 \$96,267 - OHCS D HSP
 \$50,974 - OHCS D LIRHF

Significant Program Changes

Last Year this program was: FY 2018: 25133A YFS - Housing Stabilization for Vulnerable Populations (HSVP)

This offer includes FY18 25133B Housing Stability Team (One-Time-Only) that is funded Ongoing using \$200,000 from 25139B MSI Healthy Birth Initiatives and \$50,000 from 25115 YFS Benefits Acquisitions Program. Increase in EHA \$1.6M.

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

Executive Summary

Everyone should be able to grow up in an environment free of danger and abuse. Youth who become victims of sex trafficking need a system of care that helps them move into a safe and stable adulthood. The Youth Trafficking program is part of a multi-department, multi-agency collaborative that provides survivors with safety services, shelter, case management, and other services to escape forced prostitution. These highly intensive and population-specific shelter and assertive engagement services are designed to intervene with this significantly traumatized group of youth.

Program Summary

ISSUE: The Pacific Northwest has gained the unenviable reputation as a hub for sex trafficking of minors. An estimated 400-600 youth are trafficked each year in Multnomah County. Youth are typically trafficked commercially, through gang involvement, or as a result of domestic violence and exploitative romantic relationships, and are unable to leave the life due to exploitation and abuse.

PROGRAM GOAL: The goal of the Sex Trafficked Youth services system is to ensure that youth who have been trafficked can move past trauma, create hope, address economic instability, and obtain stable housing through a collaborative approach to services and recovery.

PROGRAM ACTIVITY: This offer funds services including trafficking prevention, drop-in services, mobile crisis services, confidential advocacy, and short-term housing, Assertive Engagement services, outreach to survivors, education, system support and coordination, ongoing program development through the Youth Sex Trafficking Collaborative, and administrative program support for the collaborative.

Services are provided in a holistic manner and include collaboration with the Department of Community Justice, law enforcement, courts, Oregon Department of Human Services Child Welfare, Juvenile Justice, the Homeless Youth System, the Domestic & Sexual Violence System, and community advocates including those specializing in mental health, trauma and crime victims services.

Services are available when youth are ready to engage and tailored to youth based on their specific needs, including culturally specific services for youth of color and those who identify as LGBTQ.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth served	70 ¹	140	70*	150
Outcome	Percentage of youth who remained enrolled in services for at least six months	55%	50%	50%	70%

Performance Measures Descriptions

¹ Actual numbers served were low due to contractor issues; the system has been redesigned and re-procured and is anticipated to increase service levels significantly in FY19.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$94,715	\$0	\$95,517	\$0
Contractual Services	\$496,100	\$98,617	\$513,463	\$0
Materials & Supplies	\$10,489	\$0	\$33	\$0
Internal Services	\$13,385	\$0	\$15,398	\$0
Total GF/non-GF	\$614,689	\$98,617	\$624,411	\$0
Program Total:	\$713,306		\$624,411	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25135 YFS - Commercial Sexual Exploitation of Children (CSEC) - Victims System
 HHS Victims of Human Trafficking award ended in FY18. Complete program re-design to reflect current best practice and increase service level to sex-trafficked youth up to age 25

Department: County Human Services

Program Contact: Rose-Ellen Bak

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

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

Program Summary

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

PROGRAM GOAL: The goal of the program is to ensure that immigrant and refugee families are able to access services by providing culturally specific assistance, addressing barriers to access and providing legal support and educational opportunities.

PROGRAM ACTIVITY: Provide legal aid services and family support for immigrant and refugee families who are identified as being at risk by provider agencies. Increase access to culturally responsive information and education. Provide legal support with immigration questions, visa applications, and related legal paperwork. Offer training and education opportunities for the public and community navigators on legal rights and other legal services available in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of community members access legal services	N/A	200	200	250
Outcome	Percentage of immigrant families who report a reduction in legal barriers	N/A	40%	40%	40%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$100,000	\$0	\$160,000	\$0
Total GF/non-GF	\$100,000	\$0	\$160,000	\$0
Program Total:	\$100,000		\$160,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25136C YFS - MSI - Legal Aid for Immigrant & Refugee Communities

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

Executive Summary

Additional one-time-only funding has been allocated to increase capacity to provide community-based legal services, access and other supports to begin to overcome the barriers associated with the current federal immigration and refugee landscape.

Program Summary

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

PROGRAM GOAL: The goal of the program is to ensure that immigrant and refugee families are able to access services by providing culturally specific assistance, addressing barriers to access and providing legal support and educational opportunities.

PROGRAM ACTIVITY: Provide legal aid services and family support for immigrant and refugee families who are identified as being at risk by provider agencies. Increase access to culturally responsive information and education. Provide legal support with immigration questions, visa applications, and related legal paperwork. Offer training and education opportunities for the public and community navigators on legal rights and other legal services available in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of community members access legal services	N/A	NA	NA	530
Outcome	Percentage of immigrant families who report a reduction in legal barriers	N/A	NA	NA	40%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$340,000	\$0
Total GF/non-GF	\$0	\$0	\$340,000	\$0
Program Total:	\$0		\$340,000	
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 2018: 25136C YFS - MSI - Legal Aid for Immigrant & Refugee Communities

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

Executive Summary

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

Program Summary

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

PROGRAM GOAL: PNI brings together community experts to help school districts and community agencies build more culturally specific services for communities of color. PNI improves culturally responsive, specific, and relevant service strategies in our school districts so that children of color succeed academically. The PNI initiative is led by the United Way of the Columbia-Willamette, which serves as the Backbone Agency.

PROGRAM ACTIVITY: This initiative has two primary areas: Backbone Agency services by the United Way, and culturally responsive, specific and relevant services using a collective impact model to increase school readiness, academic achievement for a successful adult transition. A coordinated approach between effective culturally specific and responsive organizations, school districts willing to work collaboratively, County investments, and a strong Backbone Agency (that provides project leadership, accountability, partnership development, training and technical assistance, and data and evaluation supports), can improve outcomes for students of color. One-on-one activities with youth, group activities and parent engagement are included.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth served ¹	1453	1000	1000	1000
Outcome	Percent students served who attend school regularly (are not chronically absent)	77%	80%	80%	80%
Output	Number of parents/legal guardians/regular caregivers served ¹	736	700	700	700
Outcome	%parents/legal guardians/regular caregivers who are engaged w/ schools and monitoring progress	92%	75%	75%	75%

Performance Measures Descriptions

¹ Numbers served have exceeded targets. This will be monitored and adjusted in subsequent years.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$2,077,720	\$0	\$2,150,440	\$0
Total GF/non-GF	\$2,077,720	\$0	\$2,150,440	\$0
Program Total:	\$2,077,720		\$2,150,440	
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 2018: 25137A YFS - Promise Neighborhoods

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

Executive Summary

Youth deserve to grow up in an environment that preserves quality of life and provides access to education. Youth who run away need a system of care that helps them get off the streets and into stable housing with appropriate services. The Runaway Youth Services unit provides a reception center, crisis line, shelter, support services, family counseling and reunification services, and gender-specific transitional housing services for youth ages 12-17 who have run away, or who are at risk of running away, as well support services for their families.

Program Summary

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

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

PROGRAM ACTIVITY: This program is a collaboration among County Human Services, Community Justice, law enforcement, and Oregon Department of Human Services Child Welfare. Eighty-five percent of those served return home or to another stable living environment at exit from service.

Services include 1) A Reception Center where officers drop off youth who have committed minor status offenses, such as curfew violation and truancy, as an alternative to detention. Reception Centers are co-located with runaway crisis response services, creating a countywide "child receiving center" for youth up to age 18. This offer reflects a decrease in funding for the Reception Center due to decreased utilization by police. 2) A 24/7 youth and family crisis line that serves as a central access point for services. 3) Specialized shelter and emergency assistance provided in an 11-bed, co-ed group home with services focused on family reunification. Youth receive food, safety from the street, medical care, transportation, and case management. Shelter services operate within a 72-hour family reunification timeline. 4) Support Services/Case Management provide intake, assessment, individual service plans targeting family reunification, addiction treatment referrals, mental health counseling, and family mediation. 5) Gender Specific Transitional Housing provides two beds for girls in a group home setting.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth and families served	107*	1500	150*	1500
Outcome	Percentage of youth served who return home or exit to other stable housing	78%	85%	74%	85%

Performance Measures Descriptions

* Program model changing to reflect reduced law enforcement usage of facility, planning underway with system partners to change model and utilize best practice

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$813,613	\$175,000	\$841,214	\$100,000
Total GF/non-GF	\$813,613	\$175,000	\$841,214	\$100,000
Program Total:	\$988,613		\$941,214	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$175,000	\$0	\$100,000
Total Revenue	\$0	\$175,000	\$0	\$100,000

Explanation of Revenues

\$100,000 - OCCF Youth Investment

Significant Program Changes

Last Year this program was: FY 2018: 25138 YFS - Runaway Youth Services (RYS)

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

Executive Summary

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

Program Summary

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

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

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

The activities of the MSI program include assisting families in stabilizing and securing housing; providing access to short-term rent assistance; making connections to legal clinic services; providing Assertive Engagement case management; connecting families to natural supports in the community like support groups and school programs; connecting people to job training, income and asset creation, and flex funds.

This offer includes MSI case management, the legal clinic, and related economic stability programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households served in MSI case management	967	950	950	950
Outcome	Percentage of households served that remain in permanent housing six months after exit	91%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$125,862	\$139,356	\$23,460	\$100,000
Contractual Services	\$2,705,813	\$725,933	\$2,660,516	\$764,478
Materials & Supplies	\$51,799	\$3	\$40,135	\$0
Internal Services	\$26,281	\$14,124	\$19,016	\$13,000
Total GF/non-GF	\$2,909,755	\$879,416	\$2,743,127	\$877,478
Program Total:	\$3,789,171		\$3,620,605	
Program FTE	0.85	0.99	0.20	0.83

Program Revenues				
Indirect for Dept. Admin	\$11,172	\$0	\$10,460	\$0
Intergovernmental	\$0	\$849,816	\$0	\$877,478
Total Revenue	\$11,172	\$849,816	\$10,460	\$877,478

Explanation of Revenues

\$877,478 - OHCSO CSBG

Significant Program Changes

Last Year this program was: FY 2018: 25139A YFS - Multnomah Stability Initiative - Case Management Services

Includes program from FY18 offer 25136 MSI Related Services and its funding. Also, included FY18 25139B MSI Healthy Birth Initiatives FY18 \$200,000 that moved to 25133 Housing Stability Team.

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

Executive Summary

Poverty is a major obstacle to people reaching their full potential. Asset building is a proven strategy for helping people move out of poverty, but one that is often not available to African Americans in our community. In order to assist families to increase economic security and support their children's future, this program will help parents participating in the Healthy Birth Initiative to become financially stable by providing income, and culturally specific asset building services.

Program Summary

ISSUE: Families living on low incomes face challenges accessing sufficient resources to meet day-to-day needs. The struggle to meet basic needs makes it impossible to build the assets needed to cushion a family from emergencies or build generational wealth. This is particularly true in communities of color, where racism, high rates of poverty and historical distrust of financial institutions leave many families with no assets.

PROGRAM GOALS: Families participating in this program will have financial supports leading to long-term economic stability, and will gain access to culturally specific asset building services to build generational wealth.

PROGRAM ACTIVITY: This program will provide culturally specific asset building services for families enrolled in the Healthy Birth Initiative program through three main program activities: families enrolled in the program will all be eligible for a one-time unrestricted benefit that the family may use to meet their personal goals and family needs; families will have access to culturally specific no-cost financial planning services including training and consultation; and families will have access to specific asset tools such as banking and Individual Development Accounts.

The program will include regular follow up to assess the impact of the asset building services and strategies, and will include a second year follow-up of HBI families who were served in the first iteration of this program in FY18.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served	N/A	125	125	75
Outcome	% of individuals who engage in asset building services	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Communities with safe, quality and affordable homes increase opportunities for residents to achieve economic stability. Community Development administers public resources to expand affordable housing and infrastructure in low and moderate income communities through the Federal Community Development Block Grant program.

Program Summary

ISSUE: Affordable housing and infrastructure in low and moderate income communities are insufficiently funded due to federal funding formulas. East Multnomah County, in particular, has limited resources to ensure access to affordable housing and sufficient infrastructure for public works projects.

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of public works projects completed	2	1	1	1
Outcome	# housing units rehabilitated	33	40	40	30

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$88,655	\$43,856	\$96,658	\$41,366
Contractual Services	\$0	\$274,180	\$0	\$344,500
Materials & Supplies	\$3,989	\$0	\$3,465	\$0
Internal Services	\$13,385	\$5,644	\$15,398	\$5,918
Total GF/non-GF	\$106,029	\$323,680	\$115,521	\$391,784
Program Total:	\$429,709		\$507,305	
Program FTE	0.67	0.33	0.70	0.30

Program Revenues				
Indirect for Dept. Admin	\$4,464	\$0	\$4,760	\$0
Intergovernmental	\$0	\$270,480	\$0	\$345,784
Other / Miscellaneous	\$0	\$16,200	\$0	\$10,000
Beginning Working Capital	\$0	\$37,000	\$0	\$36,000
Total Revenue	\$4,464	\$323,680	\$4,760	\$391,784

Explanation of Revenues

\$345,784 - HUD CDBG
 \$36,000 - Beginning Working Capital
 \$10,000 - Loan Repays

Significant Program Changes

Last Year this program was: FY 2018: 25140 YFS - Community Development

Outreach

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25147
Program Characteristics:

Executive Summary

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

Program Summary

ISSUE: Oregon consistently ranks among the states with the highest percentage of people experiencing hunger and food insecurity. In a recent analysis, Oregon was the only state in the country with a statistically significant increase in food insecurity. The combination of high rent and low wages make it difficult for many families to afford food, having to choose between using their limited income on food or other essentials, including rent, medicine, clothing, and utilities. It is estimated that 34% of Multnomah County residents may be eligible for SNAP, while less than 20% participate.

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

PROGRAM ACTIVITY: This program has two primary activity areas. First, outreach - the SNAP outreach program targets outreach and connections with populations that are typically eligible for SNAP, yet have lower than average participation in the program. This includes the Latino, immigrant and refugee communities, and college-age students. The SNAP outreach program offers assistance to low-income households across other County departments and in many settings, including schools, colleges, local workforce offices, community events, and social service agencies. Program staff use community data to engage in tailored SNAP outreach at community sites to reach the targeted populations. They offer information about SNAP and other local, State and Federal benefit programs. Staff also engage online and in social media to provide information about SNAP benefits. The second activity area is assisting people to sign up for SNAP benefits. Staff walk through the online application process, respond to questions and address any barriers so that participants gain immediate access to SNAP benefits and then are able to provide food for themselves and their families.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of consumers engaged through Outreach activities ¹	3,053	3500	3000	3000
Outcome	Number of SNAP applications completed ²	80	80	80	100

Performance Measures Descriptions

¹ This reflects the County FY17 numbers. The State fiscal year numbers (October 1st, 2016 Through September 30th, 2017) are 3,231.

² This reflects the County FY17 numbers. The State fiscal year numbers (October 1st, 2016 Through September 30th, 2017) are 119.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$15,112	\$39,690	\$52,453	\$120,566
Materials & Supplies	\$481	\$8	\$982	\$6,500
Internal Services	\$13,085	\$8,533	\$21,710	\$27,633
Total GF/non-GF	\$28,678	\$48,231	\$75,145	\$154,699
Program Total:	\$76,909		\$229,844	
Program FTE	0.28	0.72	0.00	1.00

Program Revenues				
Indirect for Dept. Admin	\$6,749	\$0	\$13,867	\$0
Intergovernmental	\$0	\$74,827	\$0	\$154,699
Total Revenue	\$6,749	\$74,827	\$13,867	\$154,699

Explanation of Revenues

\$154,699 - Oregon Supplemental Nutrition Asst Prog (SNAP)

Significant Program Changes

Last Year this program was: FY 2018: 25141 YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach

Department: County Human Services

Program Contact: Rose-Ellen Bak

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

The County's current rental climate continues to be difficult for many residents. A combination of high rents, low vacancies and rent increases make finding and keeping units challenging for many renters. This offer seeks to create ways to increase housing stability for renters by aligning renter services and evaluating options for increasing renter protections, particularly in unincorporated parts of Multnomah County.

Program Summary

ISSUE: Multnomah County is increasingly unaffordable to renters. Oregon's landlord-tenant law, in combination with a patchwork of local ordinances affecting rental properties, make it difficult for renters to understand and exercise their rights, and many renters fear reprisals from landlords if they voice concerns.

PROGRAM GOAL: The goal of the Renters Relations program is to create a better environment for renters in Multnomah County, particularly in unincorporated areas of the County through aligning services, creating renter protections and ensuring that tenants are educated about programs and their renter's rights in the areas they live.

PROGRAM ACTIVITY: In the first year of this program, the County will conduct a comprehensive analysis of how it can best help renters, including:

- Catalog and align current renter relations and renter protection efforts throughout the County, leveraging resources and seeking ways to better coordinate existing services
- Create tenant education campaign to ensure tenants are aware of their specific rights in the areas they reside
- Development of a rental inspections program in the unincorporated areas of the county
- Consideration of local ordinances to provide better protection to renters
- Development of landlord registration program

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of tenant education events	N/A	N/A	N/A	6
Outcome	Percentage of tenants surveyed who report increased understanding of their renter rights	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$110,694	\$0
Contractual Services	\$0	\$0	\$14,306	\$0
Total GF/non-GF	\$0	\$0	\$125,000	\$0
Program Total:	\$0		\$125,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

This offer provides one-time-only funding to support the infrastructure for 3 to PhD initiative at Faubion School in Portland Public Schools. In an effort to break the cycle of generational poverty and inequality, 3 to PhD aims to create safer, healthier and more educated communities by reducing health disparities and increasing educational attainment for historically underserved and vulnerable populations. This financial support aligns with the SUN Service System's values to promote racial equity and family stability, through site-based wraparound supports.

Program Summary

ISSUE: Healthy child development is the foundation our community's overall health, well-being and vibrancy. Community resources and supports that are delivered in school buildings are an important way to connect the community, promote stability and support student lifelong learning. Faubion School with 74.1% non-white children enrolled in SY17/18 has a student population that faces racial, economic and social disparities. Creating community driven opportunities that are culturally responsive and culturally specific are critical to disrupting those disparities.

PROGRAM GOAL: The intent of the 3 to PhD initiative is to serve as a new public-private collaboration to create safer, healthier, more educated communities, where all young people can "Pursue their Highest Dreams" (PHD). Led by Concordia College, this is a unique university-school district partnership. County support for this infrastructure to realize this vision is aligned with the SUN Service System's values to promote racial equity and family stability.

PROGRAM ACTIVITIES: County funding supports the infrastructure to deliver the 3 to PhD model at Faubion School. This partnership approach provides access to wraparound educational and social supports on site. Specific activities include K-8 classrooms, Concordia's College of Education, advanced STEAM labs, an early childhood center, school-based wellness clinic, food club/pantry, community kitchen, shower and laundry facility, and more. Through the community partnerships, this approach amplifies the SUN Community School at Faubion with the range of additional partners and social service supports, and aligns with SUN's vision that the school become the center of the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Children of color have a range of culturally responsive and specific engagement opportunities.				200
Outcome					

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$319,000	\$0
Total GF/non-GF	\$0	\$0	\$319,000	\$0
Program Total:	\$0		\$319,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: Funding supports 80 of the 86 SUN schools in Multnomah County. These sites range from Kindergarten to 12th grade and provide programming in three main areas 1) Educational support and skill development for children and families (examples: academic classes such as Science Club, homework assistance, tutoring, mentoring, service learning, post-secondary planning, English as a Second Language, parenting, financial literacy) 2) Cultural and academic enrichment (examples: recreation, art, music, technology education) 3) Student and Family Support services, including links to basic needs, and health and mental health services; community building; and family leadership development. SUN CS each have an on-site site manager who manages programs, coordinates and aligns partners, develops systems and engages youth, family, and community members.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of children (ages 5-18) served ¹	24,552	16,000	16,000	16,000
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate ²	81%	75%	75%	75%
Outcome	Percent who attend school consistently (more than 90% of days) ²	87%	90%	90%	90%

Performance Measures Descriptions

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

² Outcomes are analyzed for students who participate for 30 days or more, a federally accepted threshold; 9,501 children participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$281,216	\$0	\$329,502	\$0
Contractual Services	\$5,779,200	\$1,902,805	\$5,981,472	\$2,000,508
Materials & Supplies	\$26,336	\$0	\$17,695	\$0
Internal Services	\$42,755	\$0	\$49,307	\$0
Total GF/non-GF	\$6,129,507	\$1,902,805	\$6,377,976	\$2,000,508
Program Total:	\$8,032,312		\$8,378,484	
Program FTE	3.00	0.00	3.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,874,305	\$0	\$2,000,508
Beginning Working Capital	\$0	\$28,500	\$0	\$0
Total Revenue	\$0	\$1,902,805	\$0	\$2,000,508

Explanation of Revenues

- \$661,308 - City of Portland Parks & Recreation
- \$545,552 - Portland Public Schools SUN Community School Support
- \$295,456 - Reynolds School District
- \$240,906 - David Douglas School District
- \$155,247 - Gresham Barlow School District
- \$102,039 - Parkrose School District

Significant Program Changes

Last Year this program was: FY 2018: 25145A YFS - SUN Community Schools

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

Executive Summary

This offer supports SUN Community Schools at four schools through funding partnership with Centennial and Portland Public school districts. Two sites are current SUN CS sites for which grant funding is ending in summer 2018. The other two are two new high need schools opening in the 2018-19 school year. Schools Uniting Neighborhoods Community Schools (SUN CS) improve educational outcomes for all children and support family stability. SUN CS are neighborhood hubs where the school and community partners come together to mobilize and organize resources to support children and families.

Program Summary

ISSUE: Low educational attainment rates, high unemployment, hunger and poor health outcomes continue in Multnomah County. Oregon has the fourth-lowest graduation rate in the country, with significant disparities for students of color. There are four schools in this offer: Meadows Elementary and Centennial High School (Centennial School District) and Tubman Middle and Rose City Elementary (Portland Public Schools). The majority of these sites have high % of students who are struggling financially (over 50% economically disadvantaged) as well as large populations of students of color (59%, 54%, 68% and 46% respectively). Another important issue for these schools is continuity of support and access for children who will attend in 2018-19. Students in all four schools currently have access to youth and family supports through SUN CS (all the students are attending a SUN CS now). The Centennial schools have had SUN funded through a federal grant that ends in summer 2018 and the PPS sites are re-opening in the 2018-19 school year.

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

PROGRAM ACTIVITY: The four sites include two elementary schools, one middle and one high school. They provide programming in three main areas 1) Educational support and skill development for children and families (academic classes such as Science Club, homework assistance, tutoring, mentoring, service learning, post-secondary planning, English as a Second Language, parenting, financial literacy) 2) Cultural and academic enrichment (recreation, art, music, technology education) 3) Student and Family Support services, including links to basic needs, and health and mental health services; community building; and family leadership development. SUN CS each have an on-site site manager who manages programs, coordinates and aligns partners, develops systems and engages youth, family, and community members.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of children (ages 5-18) served	N/A	N/A	N/A	800
Outcome	Percent who attend school consistently (more than 90% of days)	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$230,000	\$0
Total GF/non-GF	\$0	\$0	\$230,000	\$0
Program Total:	\$0		\$230,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Child & Family Hunger Relief program supports all children to reach their full potential by increasing food security and improving access to fresh and healthy foods. Children and families must have their basic needs met to be ready and able to learn. The program meets people where they are most likely to be. The program works with SUN Community Schools, school districts, and community partners to increase the number of meals served to hungry children and families and to assist in meeting families' food needs.

Program Summary

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

PROGRAM GOAL: The program's goals are to reduce child and family food insecurity and hunger through hunger relief programs and strengthening County partnerships in hunger relief policy and programs. Healthy nutrition is vital to brain development and learning. SUN Community Schools are designed to act as vehicles for delivering services to children and families in an easily accessible and non-stigmatizing environment. This offer capitalizes on SUN's community-based capacity by 1) providing food, including fresh and healthy choices, through school-based food pantries and Harvest Share monthly fresh produce distributions and 2) increasing the number of meals served to hungry children and their families during summer. This program provided more than one million meals to vulnerable communities last year.

PROGRAM ACTIVITY: The program includes summer meals, emergency food programs, and the Multnomah Child Hunger Coalition. Summer meal support consists of staffing at 16 SUN CS and three County libraries during the summer to serve meals for 8-12 weeks in underserved communities in Mid and East County. Food assistance programs include school-based food pantries at 12 SUN CS sites and Harvest Share free produce distributions at five sites, in partnership with the Oregon Food Bank. The Coalition leverages community partnerships to increase food security and access to healthy and fresh foods, with a focus on culturally specific populations. Program work addresses related policies, increases participation in federal nutrition programs, and examines the impact of gardens and garden education. The program is a partnership with Oregon Food Bank, six school districts, Portland Parks and Recreation, Multnomah County Library, Portland Children's Levy and Partners for a Hunger Free Oregon. The partnership leverages nearly \$2.5 million in federal and local resources including USDA meal reimbursement, private and corporate donations, and gleaned food.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of meals provided to children and families ¹	1,313,036	780,000	780,000	780,000
Outcome	Retail \$ equivalent for every \$1 County General Fund invested in pantries	\$12.71	\$8	\$8	\$8

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$101,657	\$0	\$130,398	\$0
Contractual Services	\$265,661	\$0	\$270,967	\$0
Materials & Supplies	\$6,689	\$0	\$7,865	\$0
Internal Services	\$13,885	\$0	\$15,934	\$0
Total GF/non-GF	\$387,892	\$0	\$425,164	\$0
Program Total:	\$387,892		\$425,164	
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 2018: 25147 YFS - Child & Family Hunger Relief

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

Executive Summary

The SUN Youth Advocacy (SYA) Program increases opportunity and educational success through youth development, socio-emotional and academic supports. When youth feel safe, have a sense of belonging and their culture and choices are honored, they achieve better outcomes. SYA provides year-round, school-linked, and culturally-specific supports to youth and their families, with a focus on students experiencing the greatest educational barriers – those living in poverty, students of color, immigrants, and refugees.

Program Summary

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

PROGRAM GOAL: SYA goals include increasing the sense of safety, belonging and positive cultural identity, which contributes to the key results of consistent school attendance, credit attainment and graduation for all students, and closing achievement gaps. Research on dropout prevention and improving educational outcomes for students of color shows that presence of a positive relationship with a supportive adult (mentoring) and out of school opportunities are effective strategies for promoting graduation. Youth Advocacy services that meet basic needs allow youth to focus on school and provide their caregivers with the resources to support educational success. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. The Youth Advocacy Program provides this link in schools and in the community.

PROGRAM ACTIVITY: Advocates support and mentor youth, building a strong supportive relationship with them through intensive individual support. Key services include case management with a focus on academic and life goals; advocacy in disciplinary and educational meetings; skill-building groups; academic support activities such as tutoring, mentoring, reading club, gender-specific groups, and conflict resolution classes; and parent outreach/engagement. Youth advocates work in collaboration with SUN Community Schools and other school personnel towards youth and family success. Participants in the Youth Advocacy Program are at risk for academic failure due to poor attendance, failing grades, language barriers, family instability and school disproportionate discipline. Ninety-five percent of youth served are youth of color or from a culturally specific community. Youth Advocacy targets six specific populations of youth and families of color: African American, African Immigrant, Asian Pacific Islander, Latino, Native American, and Slavic.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of students (ages 6-18) served	1500	1420	1420	1420
Outcome	% who consistently attend school (90% or more) ¹	71%	77%	77%	77%
Outcome	% of 9th graders who earn 6 credits and are on target to graduate ¹	72%	65%	65%	65%

Performance Measures Descriptions

¹Outcomes are analyzed for students who participate at a level at which outcomes can be correlated to participation (case management for 45 days or more with at least 15 hours of service). 715 youth participated at this level last year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$153,523	\$0	\$118,351	\$0
Contractual Services	\$2,273,201	\$350,000	\$2,352,763	\$200,000
Materials & Supplies	\$969	\$0	\$16,265	\$0
Internal Services	\$13,335	\$0	\$15,384	\$0
Total GF/non-GF	\$2,441,028	\$350,000	\$2,502,763	\$200,000
Program Total:	\$2,791,028		\$2,702,763	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$350,000	\$0	\$200,000
Total Revenue	\$0	\$350,000	\$0	\$200,000

Explanation of Revenues

\$200,000 - OCCF-Youth Investment

Significant Program Changes

Last Year this program was: FY 2018: 25149 YFS - SUN Youth Advocacy Program

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

Executive Summary

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

Program Summary

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

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

PROGRAM ACTIVITY: PCDS creates opportunities for parents to interact with their children in mentored settings with child development specialists. Specific services include home visits that focus on parenting education, age-appropriate parent-child playgroups, support services, developmental screening, immunization status checks and follow up and access to other social and health services. The Ages and Stages child development screening tool is used to determine the developmental stage. Children who do not meet the appropriate stage for their age are referred for intervention services. PCDS services are delivered in families' homes, communities and schools.

In recent years, the program has made several changes to improve outcomes, including: engaging families when their children are younger, increasing the duration of service and the number of home visits families receive in the first year, developing a new parent survey to understand impact; and intentionally connecting families to appropriate preschool or Head Start programs to strengthen children's readiness for kindergarten.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of children served	600 ¹	641	641	641
Outcome	% of children up to date on immunizations at exit	90%	95%	95%	95%

Performance Measures Descriptions

¹ FY17 actuals were lower than projected due to transitions in contracted service providers following the SUN Request for Proposals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$99,782	\$0	\$106,708	\$0
Contractual Services	\$1,367,200	\$370,129	\$1,415,052	\$349,822
Materials & Supplies	\$1,089	\$0	\$765	\$0
Internal Services	\$13,185	\$0	\$15,417	\$0
Total GF/non-GF	\$1,481,256	\$370,129	\$1,537,942	\$349,822
Program Total:	\$1,851,385		\$1,887,764	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$370,129	\$0	\$228,298
Other / Miscellaneous	\$0	\$0	\$0	\$121,524
Total Revenue	\$0	\$370,129	\$0	\$349,822

Explanation of Revenues

\$228,298 - OCCF Federal Family Preservation
 \$121,524 - United Way Ready for School

Significant Program Changes

Last Year this program was: FY 2018: 25151 YFS - SUN Parent & Child Development Services

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

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

Related Programs:
Program Characteristics:
Executive Summary

The Early Kindergarten Transition (EKT) program prepares entering kindergarteners and their parents so that they successfully transition into school and attend regularly, improving their educational success by ensuring a strong start. EKT recognizes that parents are a child's first teachers and services are reflective of and responsive to cultural values and norms. EKT is a three-week summer program to engage entering kindergartners, who have had little to no preschool experience, and their parents/caregivers.

Program Summary

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

PROGRAM GOAL:

The program goals are to increase parental involvement in their children's learning, attendance in kindergarten, and success in school. EKT increases familiarity with school routines and staff develops socio-emotional skills in children, and promotes family-school relationships. Research shows a strong correlation between successful kindergarten transition and overall success in elementary school for the child, their parent/caregiver, the kindergarten teacher, and other students in the class. EKT evaluation suggests a positive impact on kindergarten attendance for EKT participants as well. Children who had no early childhood education experience were one and a half times more likely to be chronically absent during kindergarten compared to those enrolled in EKT.

PROGRAM ACTIVITY:

EKT is a school-based summer program with two core components: 1) Kindergarten class time for children led by a kindergarten teacher and 2) Family engagement activities that include a facilitated parent/caregiver group and other activities intended to promote positive family-school relationships, including following up with participating families after the start of the school year. The program specifically focuses on recruiting children of color and English Language Learners who have not had prior preschool experience so that they will be more successful in school. In FY 2019 (Summer 2018) two additional schools will offer EKT programs by leveraging resources from Portland Public Schools.

EKT is a partnership with Early Learning Multnomah across six school districts, SUN Community School Lead Agencies, Portland State University (PSU), the SUN Service System and Multnomah County Library to support the successful transition into kindergarten. Research by PSU has fostered a continuous improvement approach to study the program elements during implementation and make adjustments to the program model in the subsequent year to be more effective.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of children who participate in summer Early Kindergarten Transition.	701 ¹	820	756	810
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	95%	90%	90%	90%

Performance Measures Descriptions

¹ FY17 actuals were lower than projected due to transitions in contracted service providers following the SUN Request for Proposals.

FY18 estimate and FY19 offer target numbers have been adjusted to reflect the consistent participation of 18 children per classroom, with 42 classrooms in FY18 and 45 in FY19 (one additional school in Parkrose and two in Portland Public Schools).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$103,139	\$0	\$109,585	\$0
Contractual Services	\$216,487	\$105,535	\$243,564	\$73,951
Materials & Supplies	\$11,989	\$0	\$3,005	\$0
Internal Services	\$13,435	\$0	\$15,635	\$0
Total GF/non-GF	\$345,050	\$105,535	\$371,789	\$73,951
Program Total:	\$450,585		\$445,740	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$105,535	\$0	\$73,951
Total Revenue	\$0	\$105,535	\$0	\$73,951

Explanation of Revenues

\$73,951 - Portland Public Schools SUN Community School Support

Significant Program Changes

Last Year this program was: FY 2018: 25152 YFS - Early Kindergarten Transition Program

Program reduced by \$0.2M due to reductions in the Kindergarten Innovation Grant and Portland Public Schools revenues.

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

The Early Learning Access to Preschool Task Force will bring together a diverse group of stakeholders and experts to examine the feasibility of increasing access to high quality Preschool programs for priority populations within Multnomah County. The Task Force will examine the policy, financial, infrastructure, workforce, program and implementation needs to ensure equitable access to preschool. This Task Force will produce a set of recommendations for consideration of future implementation.

Program Summary

ISSUE: Healthy child development is the foundation our community's overall health, well-being and vibrancy. Research shows that 80% of a child's brain is developed by the time they've reached age 5, and that investing early in a child's development can significantly reduce the widening opportunity gap. In Multnomah County, there are approximately 64,000 children under the age of 6, children of color represent a little less than half of all kids in the age range, but children of color make up more than two-thirds of the young children in poverty. The Oregon Department of Education reports that nearly one third of students are not reading proficiently by the third grade; 75% of students who struggle with reading in third grade never catch up, and are four times more likely to drop out of high school. This signals a need for high quality, reliable preschool access to ensure that children are ready to learn when they enter kindergarten, and can stay on track throughout their education.

PROGRAM GOAL: The goal of this effort will be to develop a set of recommendations for how to increase access to high quality preschool for priority populations in Multnomah County.

PROGRAM ACTIVITIES: The Task Force will bring together a wide range of stakeholders to examine the feasibility of implementing a Preschool for All model in Multnomah County. The Task Force will be made up of roughly 25 people who represent parents, service providers, community organizations, government agencies, business leaders, and the philanthropic community. The Task Force will be responsible for researching, completing a cost analysis, and bringing recommendations forward on the following areas: policy and financing design, current supply/demand of preschool and childcare options, program and workforce development, infrastructure development planning and implementation timeline and strategic planning. Multnomah County is working in collaboration with Social Venture Partners, Portland State University, and United Way, groups that are also contributing resources to the work of this task force.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Access to Preschool Feasibility Report and Recommendations	N/A	N/A	N/A	1
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

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

Program Summary

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

PROGRAM GOAL: The program increases school retention and success for students who experience significant discrimination, hostility, bullying and other violence in the community, in schools, and often in their homes. Research in a recent report from the Center for American Progress demonstrates the negative outcomes experienced by sexual and gender minority youth and the importance of culturally appropriate services to this population. In many schools, hostile environments push SGM students out of the classroom. SGMY are more likely to experience homelessness and poverty, are disproportionately represented in the juvenile justice system, and are three times more likely to attempt suicide compared to their non-SGM peers. Forty-five percent of transgender people ages 18 to 24 have attempted suicide.

PROGRAM ACTIVITY: The SGMYS program utilizes two primary strategies: 1) providing direct services and a safe and supportive space at the Sexual Minority Youth Resource Center (SMYRC), where sexual and gender minority youth feel comfortable and participate in supportive services that reflect their unique needs (70% of the program) and 2) enhancing the understanding and skill levels of community providers through training and consultation so that they may provide competent and relevant services to sexual and gender minority youth (30% of the program).

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth who participate in case management	82	75	75	75
Outcome	Percent of youth who remain in or re-enroll in school	94%	75%	75%	75%
Output	# of community provider and school staff trained	270	300	300	300
Outcome	% of training participants who report an increase in knowledge of SMGY issues/cultural competency	85%	85%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$282,541	\$0	\$292,430	\$0
Total GF/non-GF	\$282,541	\$0	\$292,430	\$0
Program Total:	\$282,541		\$292,430	
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 2018: 25155 YFS - Sexual & Gender Minority Youth Services

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

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

Related Programs:
Program Characteristics:

Executive Summary

Bienestar de La Familia is a social service program that promotes the well-being and advancement of Latino and Somali children and families as well as other under-served groups in the Cully neighborhood and across Multnomah County. Bienestar provides access to services and opportunities that are culturally specific and responsive to the needs of this community.

Program Summary

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

PROGRAM GOAL: The goal of Bienestar de la Familia is to ensure effective access to social services for the Latino and Somali communities. Services are aimed at reducing poverty; promoting family prosperity, educational success, and housing stability; reducing substance abuse or achieving a substance-free life; and assisting people with mental illness in leading more productive lives.

PROGRAM ACTIVITY: Bienestar provides access to a range of services. Staff provide case management, mental health assessment and counseling, alcohol and drug counseling and prevention, service linkage and coordination, nutrition resources, energy assistance, information and referral, employment assistance, school support, and advocacy to help address families' needs ranging from basic to crisis. Other activities include parent education and support groups; a weekly Women's and Men's support group; Incredible Years, an evidenced-based parenting education program; and energy and weatherization workshops. The "Mercado" Harvest Share, in partnership with the Oregon Food Bank, Franz Bakery, and the Northeast Emergency Food Program make fresh food available to households living on a fixed or low income, on a monthly basis.

On-site partnerships at Bienestar deepen service connections. SNAP outreach staff enable families to immediately sign up for SNAP benefits. Adult Protective Services staff from the Aging, Disability and Veteran's Services Division work directly with the growing population of older adults that seek support from Bienestar. Finally, Metropolitan Public Defenders and Immigration Counseling Services provide legal services to a large community of immigrant and refugees in the area. Bienestar has a Community Advisory Council that engages community members in strategic planning for the Program and is focused on guiding Bienestar to meet the needs of the diverse community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households served ¹	1732 ¹	1,500	1,500	1,500
Outcome	% of clients who reported that services they received improved their situation	98.6%	85%	85%	85%
Output	Number of families who receive food to meet basic needs	1567	1,700	1,600	1,600

Performance Measures Descriptions

¹ This number includes direct services at Bienestar: basic needs, anti-poverty, parenting, youth services, rental and housing stability, mental health & drug and alcohol services. Number is higher than projected due to significant increase in demand during FY17.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$776,270	\$0	\$858,082	\$0
Contractual Services	\$16,500	\$0	\$16,500	\$0
Materials & Supplies	\$29,246	\$0	\$32,872	\$0
Internal Services	\$170,861	\$0	\$162,797	\$0
Total GF/non-GF	\$992,877	\$0	\$1,070,251	\$0
Program Total:	\$992,877		\$1,070,251	
Program FTE	7.60	0.00	7.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25156A YFS - Bienestar Social Services

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

Executive Summary

In Multnomah County we want every child to be prepared to succeed in school and life, regardless of race, ethnicity or income. Youth & Family Services develop services and activities that support the kindergarten to school transition in SUN Community Schools.

Program Summary

ISSUE: In Multnomah County, 54% of children are at risk of arriving at kindergarten not prepared to succeed in school. Early childhood service and education systems, funding and services are not aligned and coordinated in such a way that families have the culturally appropriate supports they need to support their children as they transition into kindergarten.

PROGRAM GOAL: The goal of the Early Learning Family and School Transition supports is to create opportunities for children to more successfully transition to kindergarten - and to meaningfully involve their parent/caregiver in that transition. These supports are built into the SUN Community School where staff have trusted relationships and deep connections to the community.

PROGRAM ACTIVITY: This program area has two primary components: kindergarten teacher home visits and parent engagement prior to and during the early elementary school years (also known as Prenatal to third grade, or P-3).

The Kindergarten Teacher Family Visit project creates opportunities for kindergarten teachers to visit homes before children enter school. This builds parent and teacher connection early on so that parents feel more comfortable in the school environment and teachers understand the parent/caregiver's hopes for their child. The Kindergarten Partnership & Innovation grant from Early Learning Multnomah supports P-3 Schools, which provides parent engagement at 8 SUN Community Schools, connecting families to school before kindergarten and fostering parent leadership. This builds on research showing that when schools actively engage and connect parents in culturally appropriate ways, their children do better in school. These strategies link partners from the early learning and K-12 systems so that all partners are building a smooth transition from early learning to early grades.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	#parents/caregivers who participate in kindergarten readiness or parent leadership programming ¹	N/A	600	600	600
Outcome	% of participating parents that report that they feel comfortable or welcome at the school ¹	N/A	80%	80%	80%

Performance Measures Descriptions

¹ New measures for FY18, therefore, no data is reported for FY17; data collected via survey with parent/caregivers.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$276,940	\$270,943	\$16,606	\$43,745
Contractual Services	\$34,552	\$697,528	\$16,261	\$740,124
Materials & Supplies	\$1,467	\$19,674	\$17	\$21,078
Internal Services	\$39,255	\$32,334	\$8,023	\$6,937
Total GF/non-GF	\$352,214	\$1,020,479	\$40,907	\$811,884
Program Total:	\$1,372,693		\$852,791	
Program FTE	1.64	2.36	0.14	0.36

Program Revenues				
Indirect for Dept. Admin	\$24,192	\$0	\$5,031	\$0
Intergovernmental	\$0	\$295,904	\$0	\$0
Other / Miscellaneous	\$0	\$691,278	\$0	\$811,884
Total Revenue	\$24,192	\$987,182	\$5,031	\$811,884

Explanation of Revenues

\$811,884 - Kindergarten Innovation Grant

Significant Program Changes

Last Year this program was: FY 2018: 25158 YFS - Early Learning Multnomah HUB

2 FTE were eliminated Program Manager 1 and Program Specialist, 1 FTE Program Supervisor was moved to PO 25118 Youth and Family Services Administration.

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 25118
Program Characteristics:

Executive Summary

Understanding the impact of public and partner investments is an important aspect of public stewardship. The data and evaluation team performs tasks so that we understand the impacts of programs from Youth and Family Services and the Joint Office for Homeless Services. Activities include analyzing data, conducting evaluations, training for data entry end users, creating tools, writing queries to develop systems and program reports, and writing reports, and completing funder required reports.

Program Summary

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

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of contacts with ServicePoint & ART end users that support accurate data entry and report usage.	1606	300	1200	1200
Outcome	Percent of users who report satisfaction with YFS staff to resolve their issues using ServicePoint or ART.	95%	70%	70%	70%
Output	# program models and corresponding performance management tools developed for YFS programs. ¹	NA	8	4	4

Performance Measures Descriptions

¹ New measure for FY18, therefore, no data is reported for FY17.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,065,181	\$8,500	\$1,156,407	\$0
Materials & Supplies	\$4,800	\$0	\$7,189	\$0
Internal Services	\$128,234	\$0	\$161,246	\$0
Total GF/non-GF	\$1,198,215	\$8,500	\$1,324,842	\$0
Program Total:	\$1,206,715		\$1,324,842	
Program FTE	9.72	0.08	10.03	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25160 YFS - Data and Evaluation Services

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

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

Program Summary

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

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of students with mentors	N/A	12	12	12
Outcome	Percent of adult-youth matches that are successful at one year	N/A	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$25,000	\$0	\$25,000	\$0
Total GF/non-GF	\$25,000	\$0	\$25,000	\$0
Program Total:	\$25,000		\$25,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 25162 YFS - Family of Friends Mentoring Project

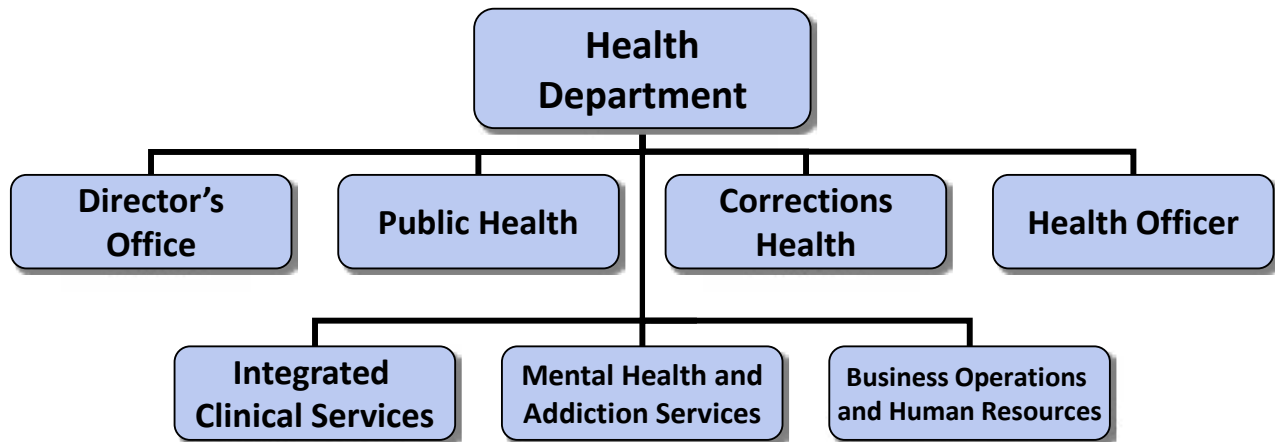
Department Overview

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 these key strategies:

- Influence federal, state, and local officials to address community health priorities in planning, policy development, financing and legislation;
- Prioritize investments in programs and infrastructure that improve health outcomes and health equity;
- Integrate the preliminary steps of trauma-and equity-informed practices across our organization;
- Partner with our diverse communities to identify, evaluate, and communicate the health equity impacts of public policies;
- Include employee voice in strategy, policy, and decision-making;
- Develop a diversity-focused succession plan that recognizes and invests in the talent and potential of employees at all levels of our organization;
- Strengthen the skill of managers and supervisors to lead with intention, transparency, and inclusion;
- Evaluate current processes and services to identify and address duplication;
- Leverage technology to drive innovation, efficiency and cost savings.



Budget Overview

The FY 2019 Health Department adopted budget is \$335.0 million, an 8.7% increase from the FY 2018 Adopted budget. General Fund expenditures, which make up \$152.3 million (45.5%) of the total, increased by approximately \$14.1 million (10.2%). Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method funds recorded in the General Fund account for \$47.6 million. The remainder of the Health budget (\$182.8 million) comes from Federal and State revenue, Medicaid (by way of Health Share of Oregon), and medical fees.

The Health Department saw increases in costs for personnel and contracted services. Overall expenditures in internal services increased by \$6.8 million, with just under \$3.0 million of that increase associated with debt service on the Department’s new headquarters. The termination of FamilyCare Health’s contract with the State of Oregon led to an assignment of 59,000 new members enrolled in HSO-Multnomah Mental Health. This 53% increase in enrollments is the primary reason the Behavioral Health Fund increased by just over \$13 million.

The Health Department FY 2019 budget includes \$63,000 of additional ongoing funding for the addition of 1.00 FTE deputy medical examiner and \$2.0 million in one-time-only investments, including:

- Pacific Islander Community Equity Study (40048B) \$175,00
- Law Enforcement Assisted Diversion (LEAD) (40085B) \$750,000
- Culturally Responsive LGBTQ MH Services (40084B) \$50,000
- Capital for Substance Abuse Treatment Facility (40095) \$350,000

A full list of programs funded one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2017	FY 2018	FY 2018	FY 2019	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,515.91	1,403.21	1,396.32	1,427.10	30.78
Personnel Services	\$167,311,568	\$164,067,614	\$167,058,417	\$178,833,310	11,774,893
Contractual Services	79,425,194	75,178,900	77,658,075	89,074,323	11,416,248
Materials & Supplies	24,097,002	26,786,345	24,565,724	22,162,072	(2,403,652)
Internal Services	35,743,762	41,138,672	37,579,255	44,397,607	6,818,352
Capital Outlay	<u>212,715</u>	<u>98,086</u>	<u>154,458</u>	<u>570,000</u>	<u>415,542</u>
Total Costs	\$306,790,241	\$307,269,616	\$307,015,929	\$335,037,312	\$28,021,383

Successes and Challenges

The Department provides critical services to a diverse population across our whole community, including:

- Primary care, pharmacy, and dental care services provided for an economically vulnerable, racially and ethnically diverse patient population across seven primary care clinics, one HIV specialty primary care clinic, twelve Student Health Centers, and one dental clinic co-located at Central City Concern's Old Town 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 with 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 our 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 in Multnomah County particularly people facing health disparities.
- Implementing 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 falls short of demand.

Our Community Health Center (FQHC) has responded to changes in the healthcare landscape, continuing to innovate in order to meet increasing needs and changing demands of vulnerable communities, all while negotiating uncertain funding and ever changing federal and state policies.

Services to people held in our jails are mandated and are a critical part of our community safety net. Working in the jails is demanding and Corrections Health has consistently struggled to staff all positions. The Health Department is taking several steps in FY 2019 to reverse this trend.

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

Equity and inclusion is a core part of the Health Department’s mission. Our goal is to hire, retain and promote a diverse and talented workforce so that we can better serve diverse communities impacted by health disparities.

This year the department has prioritized equity by hiring an Equity and Inclusion Manager. The position will help align our equity efforts and create a unified vision for our work. The Equity and Inclusion Manager is also responsible for implementing the equity goals articulated in our 2017-19 Strategic Framework and will lead the effort to implement a departmental Workforce Equity Plan.

Beyond implementing our strategic goals, the Equity and Inclusion Manager will also help foster a culture of safety, trust, and belonging. This will be accomplished by creating opportunities for leadership and staff to engage meaningfully.

As our community becomes more diverse we are prioritizing services that are culturally responsive. Numerous projects, grants, and programs across the organization provide culturally specific, community-led services and interventions.

Budget by Division

Division Name	FY 2019 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$1,356,306	0	\$1,356,306	5.00
Health Officer	6,102,983	2,316,986	8,419,969	37.50
Public Health	29,392,325	29,891,417	59,283,742	300.43
Integrated Clinical Services	55,983,069	60,127,625	116,110,694	609.98
Business Operations and Human Resources	19,233,693	0	19,233,693	101.85
Corrections Health	19,590,664	0	19,590,664	108.75
Mental Health and Addiction Services	<u>20,607,555</u>	<u>90,434,689</u>	<u>111,042,244</u>	<u>263.59</u>
Total Health Department	\$152,266,595	\$182,770,717	\$335,037,312	1,427.10

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. As the Department's mission is to ensure, promote and protect the health of Multnomah County residents, the Director's Office intentionally sets its strategic direction to fulfill this mission. The Director's Office provides leadership to more than 1,400 employees and is responsible for over \$335 million in state, county and federally funded programs and services.

The Health Director is the primary liaison to federal, state and county elected officials, and the County's department leadership. The Director works in partnership with the leaders in Business Operations, Public Health, Tri-County Health Officer, Mental Health and Addiction Services and Integrated Clinical Services, a public Community Health Center/Federally Qualified Health Center, to provide quality best practice services; engage in strategic partnerships; provide leadership and direction for public health issues; manage the stewardship of public resources; ensure continuous improvement of service delivery systems; ensure public health emergency preparedness, and employ a diverse and highly qualified workforce.

Significant Changes

Health care transformation continues to be a major focus for the Director's office, an important component of which is monitoring and responding to changes in the funding environment, continuous quality improvement and adaptation to meet the needs of the communities we serve.

Mental Health Medicaid funding for the Medicaid insurance entity is not sufficient to cover the costs of care. The department continues to negotiate with Health Share of Oregon and the two other counties in our region to set appropriate rates.

The federal funding cliff for the Community Health Center program provided two additional years of funding. The Health Department continues to closely monitor both revenue and expense drivers, making adjustments in areas where those elements can be controlled. Other policy changes put revenue at risk, such as the federal governmental strategy to severely restrict the number of people eligible for Medicaid. The Health Department will continue to partner with the local and state health care system to mitigate potential impacts that limit access to services.

Internal priorities for the Director's Office include, implementing the Workforce Equity Plan, and continuing to build the capacity of leadership and staff to create a workplace culture of safety, trust and belonging. Focusing on improving workplace culture will in turn improve our service to the community.

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 services 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 Director provide medical directions to all medical responders in the County. The Medical Examiner is responsible for establishing the causes and manner of death under special circumstances 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.

Significant Changes

In FY 2018 the EMS program will complete the process of issuing and scoring an RFP to select an exclusive emergency ambulance provider for a new contract to begin on September 1, 2018. In early FY 2019, the transition to the new emergency ambulance contract will be completed and upgrades to the system will begin.

The Health Officer program continues to lead Department efforts to anticipate and mitigate emerging threats such as Hepatitis A among the homeless and to engage and coordinate with healthcare systems and payers around the broad topic of prevention and treatment of chemical dependency.

The Medical Examiner Program responds to all unattended and suspicious deaths in the County including those by accident, homicide, suicide, and overdose/poisoning. In response to population growth an additional investigator to the program will be added to decrease delays in scene responses and reduce the need for overtime.

Public Health

The Public Health Division is statutorily responsible for promoting and protecting health and preventing disease for 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 allow the division to address inequities by incorporating community voice and culturally specific approaches alongside assessment, evaluation, research, population health monitoring, and disease investigation.

The division has three core public health functions. 1) Communicable Disease Prevention fulfills the mandate to limit the spread of reportable communicable diseases, including sexually transmitted diseases, through outbreak investigation; harm reduction; and specialty clinical services. 2) Environmental Health protects the safety of residents by inspecting licensed facilities; controlling mosquitoes and other vectors; and assuring healthy communities through lead poisoning prevention, monitoring air, water, and climate quality, and supporting neighborhood and transportation design. 3) Prevention & Health Promotion works to improve population health through building strong community partnerships, addressing inequities, and implementing culturally specific strategies. Key initiatives include chronic disease and violence prevention; health equity; epidemiology; opioid use and overdose prevention; tobacco prevention and control; adolescent health; and maternal/child health.

Significant Changes

- The Public Health Division continues to support its core public health functions while enhancing equity-based strategies that improve community health and resiliency. Significant changes for FY 2019 include:
- Continuing to combine work across health promotion and prevention programming to maximize the impact of strategies that address health inequities and the leading causes of death and disability in Multnomah County.
- Delivering on Community Health Improvement Plan strategies by moving to a community-owned training model that will expand availability of health education and capacity building curriculum.
- Implementing a Request for Programmatic Qualifications process to maintain capacity to support community partner contracts with fluctuations in Federal and State funding. For example, the Centers for Disease Control & Prevention Racial and Ethnic Approaches to Community Health and Office of Adolescent Health Teen Pregnancy Prevention grants are ending but contracts will be available support related scopes of work.
- Strengthening relationships with Coordinated Care Organizations and health systems to support public health clinical services, including childhood immunizations.
- Updating models of care for communicable disease prevention to redesign community-based tuberculosis screening.
- Supporting regional communicable disease prevention strategies through two new State funding streams, including an Outreach, Enrollment, and Education grant to support regional HIV/STD services; and a Public Health Modernization grant to support regional infrastructure.

Integrated Clinical Services

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

Clinical services are provided in 8 primary care clinic sites. Oral health and prevention services located at 6 dental sites, provide much needed access to dental care for children and adults. The School and Community Oral Health program provided exams and/or sealants to over 3,200 school children. Twelve Student Health Centers (SHC's) provide primary care services to adolescents in the schools and surrounding community.

In calendar year 2017, ICS provided medical or dental services to approximately 67,000 of Multnomah County's most vulnerable residents.

Significant Changes

Integrated Clinical Services continues to innovate in order to meet increasing needs and changing demands of the County's vulnerable residents. Health Center staff have responded to changes in the healthcare landscape, such as the closure of FamilyCare, which required our teams to quickly take on additional clients and assure that their needs were evaluated and met. Last year the Dental program piloted Advanced Access scheduling to increase access to services. After rigorous evaluation, it was determined that the pilot had not been successful in increasing access to services and therefore has been discontinued. Remodeling plans at North Portland Health Center have progressed, the Pharmacy space was completed and moved to the second floor, the completion of new medical exam rooms and the space for dental services is scheduled for June 2018. Staff continue to explore ways to address the social determinants of health, Community Health Workers (CHW) are tracking their activities in primary care and the dental program has hired their first ever CHW.

Our clients continue to represent our diverse community, with approximately 46% indicating they are best served in a language other than English. The percentage of clients over the age of 65 is slowly increasing as the population ages. And finally we continue to serve a racially and ethnically diverse population. Although the majority of services are conducted in English, our health centers serve clients speaking over 100 different languages.

Business Operations Human Resources

The Business Operations division provides leadership, policy and strategic direction to the Health Department. Its responsibilities include accounting, financial reporting, budget development and monitoring, medical account services, contracts and purchasing. Human Resources, Training and Workforce Development is a part of the division and provides for more than 1,400 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable and Contracting services manage a budget of over \$335 million.

Business Operations 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 and Workforce Development group provides guidance, consultation in administrative procedures, recruitment, employee/labor relations, class compensation, management competencies, personnel policies, labor contract interpretation, training facilitation, leadership and employee development, and legal compliance.

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 5% 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 half 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. Corrections Health continues to promote effective evaluation and treatment of behavioral health issues, including facilitating psychiatrist, mental health nurse practitioner and mental health nursing assessments.

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

Corrections Health has experienced significant enhancements in provision of assessments in a clinical setting in both adult facilities--specifically, through utilization of increased availability of clinic space, which allows for greater privacy and effectiveness of health care. Enhanced collaboration with the Multnomah County Sheriff's Office has facilitated interdisciplinary care plans, particularly for transgender clients and for those detainees with mental health needs.

Corrections Health has a serious challenge attracting and retaining qualified staff. For every one person they hire, they lose two to resignation or transfer. High staff turnover is incredibly costly. Investing in the recruitment and training of new staff only to lose them so quickly is not only costly for the County, but is demoralizing for the staff remaining at work in Corrections Health.

An out-of-target program offer will provide incentive and retention bonuses and pay adjustments, aimed at improving the employee retention rate. Also a Director of Nursing Practice was moved to Corrections Health, in order to strengthen the training, on-boarding, and supervision of Corrections Health nursing staff, and to provide oversight of nursing practice in the correctional setting.

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 experiencing mental health challenges or substance use disorder.

As a subcontractor of Health Share of Oregon, MHASD manages the mental health benefit of more than 160,000 Oregon Health Plan members. More than 40,000 residents are served annually by Multnomah Mental Health and MHASD programs. In FY 2017, 23,234 Medicaid enrollees were served.

Services cover routine, urgent and emergent needs. MHASD operates a 24/7 crisis line available to all County residents. The division also provides prevention and early intervention to youth and young adults, including school-based mental health services in more than 40 schools across the county.

MHASD prioritizes services that are culturally appropriate and supported by peers. To ensure services are consumer-driven, the division seeks input from people with lived experience and employs peers through its Office of Consumer Engagement. MHASD also strives to ensure its staff reflects the diversity of the community it serves.

Significant Changes

In FY 2018, Family Care announced it would not renew its Medicaid contract. This resulted in an additional 60,000 Multnomah Mental Health members. MHASD is taking the opportunity to expand its provider network and hire additional staff to provide support to new members.

The Unity Center opened in Feb. 2017 and served 913 individuals in the first six months. MHASD continues to collaborate with Unity and system partners to best transition clients to community-based services and ensure long term recovery.

Through a collaboration with public safety and law enforcement partners, MHASD helped launch Law Enforcement Assisted Diversion (LEAD). The pilot project diverts low-level drug offenders from jail by allowing them to enter into substance use disorder treatment with case management support.

For another year, MHASD's crisis system served the community through more than 80,000 contacts, with many receiving access to long-term services. The Mental Health Call Center and contracted providers also provided behavioral health resources to residents impacted by the 2017 Eagle Creek Wildfire.

This year, MHASD piloted an innovative program that provides culturally-responsive case management services to children in K-3 grades experiencing behavior challenges in school or at home. The program helps youth and families identify strengths and needs and develop a plan together to reach the family's goals.

Health Department

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

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Director's Office	\$1,356,306	0	\$1,356,306	5.00
Health Officer					
40002	Tri-County Health Officer	379,348	474,003	853,351	2.25
40004	Ambulance Services (Emergency Medical Services)	2,214,371	999,196	3,213,567	13.60
40005	Public Health & Regional Health Systems Emergency Preparedness	105,674	621,747	727,421	3.15
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,933,331	222,040	2,155,371	7.50
40052A	Medical Examiner	1,343,563	0	1,343,563	10.00
40052B	Adding One Deputy Medical Examiner	126,696	0	126,696	1.00
Public Health					
40001	Public Health Administration and Quality Management	2,389,500	411,802	2,801,302	13.35
40006	Tobacco Prevention and Control	510,076	481,723	991,799	6.44
40007	Health Inspections and Education	5,063,743	92,715	5,156,458	34.67
40008	Vector-Borne Disease Prevention and Code Enforcement	1,305,683	0	1,305,683	8.05
40009	Vital Records	0	950,380	950,380	7.12
40010A	Communicable Disease Prevention and Control	3,288,260	1,662,741	4,951,001	27.86
40010B	Immunizations Clinic Redesign	151,446	15,614	167,060	1.30
40011	STD/HIV/Hep C Community Prevention Program	782,037	4,668,988	5,451,025	25.27
40012	Services for Persons Living with HIV	1,488,168	8,431,500	9,919,668	36.26
40014	Immunizations	0	194,012	194,012	1.24
40018	Women, Infants, and Children (WIC)	2,066,900	2,974,809	5,041,709	38.45
40025	Adolescent Sexual Health Equity Program (ASHEP)	330,374	0	330,374	2.15
40037	Environmental Health Community Programs	155,534	411,500	567,034	2.67
40038	Health Promotion and Community Capacity Building	626,332	0	626,332	2.80

Health Department

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Public Health (Continued)					
40048A	Community Epidemiology	1,154,767	1,448,046	2,602,813	12.28
40048B	Pacific Islander Community Equity Study	175,000	0	175,000	0.30
40053	Racial and Ethnic Approaches to Community Health	1,254,018	186,369	1,440,387	7.55
40054	Nurse Family Partnership	1,810,208	1,602,590	3,412,798	13.34
40055	Home and Community Based Health Consulting	986,309	1,725,715	2,712,024	14.45
40056	Healthy Families	797,061	2,269,285	3,066,346	8.86
40057	Future Generations Collaborative	278,650	150,000	428,650	1.50
40058	Healthy Birth Initiative	923,917	1,198,920	2,122,837	12.80
40060	Chronic Disease and Violence Prevention	2,116,190	609,822	2,726,012	12.95
40061A	Harm Reduction	1,594,396	404,886	1,999,282	8.47
40061B	Safe Sharps Disposal	143,756	0	143,756	0.30
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	689,042	1,432,955	2,121,997	18.00
40017	Dental Services	14,550,179	7,765,553	22,315,732	129.49
40019	North Portland Health Clinic	2,762,583	2,682,651	5,445,234	31.00
40020	Northeast Health Clinic	3,479,368	3,314,255	6,793,623	36.20
40022	Mid County Health Clinic	7,134,016	5,149,706	12,283,722	65.40
40023	East County Health Clinic	5,146,035	5,185,413	10,331,448	55.10
40024A	School Based Health Centers	3,920,943	2,279,735	6,200,678	31.76
40024B	Student Health Centers Transition Planning	111,586	0	111,586	1.00
40026	La Clinica de Buena Salud	1,073,328	1,506,753	2,580,081	13.40
40027	Southeast Health Clinic	1,713,314	2,956,487	4,669,801	26.20
40029	Rockwood Community Health Clinic	3,272,940	2,745,151	6,018,091	34.40
40031	Pharmacy	0	20,729,923	20,729,923	52.83
40032	Lab and Medical Records	3,617,383	1,805,004	5,422,387	36.20
40033	Primary Care and Dental Access and Referral	3,003,274	658,662	3,661,936	28.50
40034	Quality Assurance	5,256,442	1,915,377	7,171,819	49.30
40036	Community Health Council and Civic Governance	252,636	0	252,636	1.20

Health Department

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Business Operations					
40003	Health Department Leadership Team Support	507,169	0	507,169	4.00
40039	Human Resources and Training	3,515,971	0	3,515,971	22.75
40040	Budget & Finance	3,437,861	0	3,437,861	26.80
40041	Medical Accounts Receivable	2,045,241	0	2,045,241	15.00
40042	Contracts & Procurement	1,676,436	0	1,676,436	13.50
40043	Health Department Operations	5,724,978	0	5,724,978	16.80
40044	Health Clinical Data and Reporting	2,326,037	0	2,326,037	3.00
Corrections Health					
40049	Corrections Health Juvenile Detention	893,188	0	893,188	4.10
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,013,630	0	3,013,630	19.50
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,617,413	0	2,617,413	10.30
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	2,792,825	0	2,792,825	17.85
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	3,355,760	0	3,355,760	20.40
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,811,477	0	1,811,477	6.50
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,546,877	0	1,546,877	8.30
40059	Corrections Health Mental Health Services	3,559,494	0	3,559,494	21.80
Mental Health and Addiction Services					
40065	Mental Health & Addiction Services Administration	537,807	1,243,436	1,781,243	8.48
40067	Medical Records for MHASD	178,785	795,370	974,155	8.30
40068	Mental Health Quality Management & Protective Services	924,229	7,872,875	8,797,104	36.20
40069	Behavioral Health Crisis Services	2,406,875	10,215,034	12,621,909	21.23
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	664,520	4,093,869	4,758,389	0.00
40072	Mental Health Commitment Services	1,275,110	2,967,953	4,243,063	24.10
40073	Peer-run Supported Employment Center	109,940	0	109,940	0.00
40074A	Mental Health Residential Services	1,088,945	12,581,155	13,670,100	11.68
40074B	Mental Health Residential Services - Restoration	65,000	0	65,000	0.00
40075	Adult Mental Health Initiative (AMHI)	0	4,201,908	4,201,908	11.66

Health Department

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Mental Health (Continued)					
40076	Mental Health Services for Adults	0	14,520,664	14,520,664	0.00
40077	Mental Health Treatment & Medication for the Uninsured	1,364,322	0	1,364,322	0.00
40078	Early Assessment & Support Alliance	0	1,856,184	1,856,184	11.04
40079	Mental Health Services for Victims and Survivors of Domestic Violence	65,000	0	65,000	0.00
40080	Community Based MH Services for Children & Families	1,815,108	2,643,849	4,458,957	17.58
40081	Multnomah Wraparound	0	5,380,316	5,380,316	29.67
40082	School Based Mental Health Services	1,840,149	1,613,524	3,453,673	25.55
40083	Mental Health First Aid	181,286	0	181,286	1.00
40084	Culturally Specific Mental Health Services	1,674,369	0	1,674,369	0.00
40084B	Culturally Responsive LGBTQ MH Services	50,000	0	50,000	0.00
40085A	Adult Addictions Treatment Continuum	2,675,256	8,988,562	11,663,818	7.35
40085B	Law Enforcement Assisted Diversion (LEAD)	750,000	0	750,000	0.00
40086	Addiction Services Gambling Treatment & Prevention	0	810,250	810,250	0.15
40087	Addiction Services Alcohol & Drug Prevention	0	324,251	324,251	1.00
40088	Coordinated Diversion for Justice Involved Individuals	822,737	1,639,734	2,462,471	12.70
40089	Addictions Detoxification & Post Detoxification Housing	1,630,390	1,296,616	2,927,006	0.00
40090	Family & Youth Addictions Treatment Continuum	137,727	493,647	631,374	0.00
40091	Family Involvement Team	0	445,107	445,107	0.00
40094	Medicaid Insurance Plan Administration and Operations	0	6,450,385	6,450,385	35.90
40095	Capital for Development of Substance Abuse Treatment Facility	<u>350,000</u>	<u>0</u>	<u>350,000</u>	<u>0.00</u>
Total Health Department		\$152,266,595	\$182,770,717	\$335,037,312	1,427.10

(this page intentionally left blank)

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Invite board employee engagement through All Staff and Employee Resource Groups (ERG) 1:1 meetings*	0	0	0	18
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions).	\$223 mil	\$233 mil	\$221 mil	\$238 mil

Performance Measures Descriptions

*New measure for FY2019, discontinued the measure "Increased access to Health Dept. services as measured by # of clients served."

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	2018	2018	2019	2019
Personnel	\$856,330	\$0	\$998,563	\$0
Contractual Services	\$51,500	\$0	\$114,500	\$0
Materials & Supplies	\$130,968	\$0	\$143,988	\$0
Internal Services	\$77,313	\$0	\$99,255	\$0
Total GF/non-GF	\$1,116,111	\$0	\$1,356,306	\$0
Program Total:	\$1,116,111		\$1,356,306	
Program FTE	4.00	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 2018: 40000 Health Department Director's Office

Retirement of Joanne Fuller in September 2017 resulted in the County's Chief Operating Officer naming Wendy Lear and Vanetta Abdellatif as Co-Interim Department Directors in October 2017. There is a national recruitment for a permanent Health Department Director.

Department: Health Department **Program Contact:** Jessica Guernsey

Program Offer Type: Support **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership, administration, and quality management to support the foundational public health competencies of the Public Health Division (PHD). The PHD promotes and protects health, and prevents disease of all residents within Multnomah County. PHA-QM sets the strategic direction of the PHD and ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, and effective financial management.

Program Summary

Through leadership, administration, quality and project management, Public Health Administration and Quality Management (PHA-QM) enables the Public Health Division (PHD) to meet the foundational capabilities and legal requirements to act as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, community partnerships, planning, and assessment. The following program areas support these strategies.

Leadership: This program area includes the Office of the Public Health Director. The Director is responsible for leadership and oversight of public health functions in Multnomah County. This unit sets the strategic direction of the PHD and anticipates future needs of public health in Multnomah County through division-wide strategic planning and active participation in regional and statewide public health systems. Major areas of focus include assessment and implementation of public health system reform and leadership on the Coalition of Local Health Officials, the Governor-appointed Public Health Advisory Board of the Oregon Health Authority, and the Multnomah County Public Health Advisory Board.

Administration: This program area provides core administrative functions for the PHD. Division-wide administration ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, effective financial management, and the PHD Strategic Plan.

Quality and Project Management: Oversees quality assurance, quality improvement, performance measurement, and information management activities for public health assessment, service delivery, community engagement, and partnerships. Other key functions include public health workforce development; public health informatics; project management for emerging public health issues with departmental and community significance (such as the prescription opioid epidemic); and academic partnerships.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Multnomah County Public Health Advisory Board meetings	12	12	9	12
Outcome	% of identified quality improvement, strategic projects, and strategic plan objectives successfully completed	80%	80%	80%	80%
Output	Number of grant proposals written	39	30	30	30
Outcome	Dollar amount (in millions) of grants funded	\$30.5	\$24	\$24	\$24

Performance Measures Descriptions

Measures 3 and 4 for new performance measures for FY2019.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,554,628	\$216,435	\$1,570,368	\$302,048
Contractual Services	\$108,852	\$28,500	\$420,362	\$28,500
Materials & Supplies	\$65,543	\$14,713	\$137,239	\$16,679
Internal Services	\$285,700	\$35,461	\$261,531	\$64,575
Total GF/non-GF	\$2,014,723	\$295,109	\$2,389,500	\$411,802
Program Total:	\$2,309,832		\$2,801,302	
Program FTE	11.41	1.74	11.24	2.11

Program Revenues				
Indirect for Dept. Admin	\$20,496	\$0	\$29,631	\$0
Intergovernmental	\$0	\$295,109	\$0	\$411,802
Total Revenue	\$20,496	\$295,109	\$29,631	\$411,802

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: \$119,889
 Fed BJA Hal Rogers PDMP Grant: \$291,913

Significant Program Changes

Last Year this program was: FY 2018: 40001 Public Health Administration and Quality Management

Department: Health Department

Program Contact: Paul Lewis

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to improve the consistency and quality of public health services; increase learning and collaboration across the counties; and improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties. Clackamas and Washington Counties contract with Multnomah County for their health officer services.

Program Summary

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

In Multnomah County the Health Officer is also the TriCounty Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, Sexually Transmitted Infection, Tuberculosis, and Environmental Health Food Service programs. The Health Officer oversees the EMS Program, the Public Health Emergency Preparedness Program, and the regional 6 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 partners 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 provides leadership on chronic disease prevention programs, addresses issues of communicable disease control, leads the regional opiate safety coalition, leads the regional response to Emergency Department and Emergency Medical System overload that occurs nearly every winter, provides 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 and is on the Governors Opioid Task Force.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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.	100%	100%	100%	100%

Performance Measures Descriptions

Measured by renewal of intergovernmental agreement through FY19. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY19 will be negotiated and finalized by June 30, 2018. These will provide guidance for work priorities and program activities. Annual survey completed in January 2018 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	2018	2018	2019	2019
Personnel	\$326,205	\$402,527	\$349,518	\$412,516
Materials & Supplies	\$12,038	\$9,825	\$534	\$7,837
Internal Services	\$33,340	\$50,902	\$29,296	\$53,650
Total GF/non-GF	\$371,583	\$463,254	\$379,348	\$474,003
Program Total:	\$834,837		\$853,351	
Program FTE	1.00	1.50	0.80	1.45

Program Revenues				
Indirect for Dept. Admin	\$38,117	\$0	\$40,467	\$0
Intergovernmental	\$0	\$463,254	\$0	\$474,003
Total Revenue	\$38,117	\$463,254	\$40,467	\$474,003

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 > \$400,000 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2018: 40002 Tri-County Health Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$444,626	\$0	\$420,043	\$0
Materials & Supplies	\$24,478	\$0	\$21,325	\$0
Internal Services	\$111,455	\$0	\$65,801	\$0
Total GF/non-GF	\$580,559	\$0	\$507,169	\$0
Program Total:	\$580,559		\$507,169	
Program FTE	5.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40003 Health Department Leadership Team Support

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

Executive Summary

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

Program Summary

The MC EMS Program has the following major functions:

1. Administration of the exclusive emergency ambulance contract to assure that the performance criteria are met by the ambulance provider under franchise with the County.
2. Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including Emergency Medical Technicians and Paramedics. Immediate medical advice for responders is provided via a contract with OHSU and the County under the direction and coordination of the MC EMS Medical Director.
3. MC EMS establishes quality standards for EMS services provided to the public and uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided by the system.
4. Regulation of all ambulance business in the County in accordance with the ambulance service plan ordinance, MCC 21.400, and administrative rules. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care. This includes planning activities to maintain the Ambulance Service Plan, County Code, Administrative Rules, and subsequent procurement, contracts and agreements.
5. Coordination of medical first response and 911 medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 911 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS provider agencies. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR).
6. MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, and EMS disaster planning in the County with Emergency Medical Service provider agencies.
7. MC EMS provides supervision and coordination of the Tri-County 911 program. This includes coordination of care for the frequent users of the medical 911 system in Clackamas, Washington, and Multnomah County EMS systems.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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	2018	2018	2019	2019
Personnel	\$1,108,860	\$803,592	\$1,106,127	\$828,562
Contractual Services	\$809,124	\$76,608	\$679,134	\$0
Materials & Supplies	\$172,507	\$13,751	\$194,938	\$3,153
Internal Services	\$143,880	\$220,263	\$234,172	\$167,481
Total GF/non-GF	\$2,234,371	\$1,114,214	\$2,214,371	\$999,196
Program Total:	\$3,348,585		\$3,213,567	
Program FTE	7.03	6.75	6.55	7.05

Program Revenues				
Indirect for Dept. Admin	\$63,898	\$0	\$81,282	\$0
Fees, Permits & Charges	\$1,860,811	\$0	\$1,619,316	\$0
Intergovernmental	\$263,132	\$0	\$280,055	\$0
Other / Miscellaneous	\$109,882	\$985,383	\$120,000	\$999,196
Total Revenue	\$2,297,723	\$985,383	\$2,100,653	\$999,196

Explanation of Revenues

Program costs are recovered from licenses, franchise fee, contracts, and fines. The fees are established and collected through agreements with the exclusive emergency ambulance provider 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 fees directly fund system oversight and support functions provided by the County. The fines fund system improvements.

Emergency Ambulance Franchise and other Ambulance License Fees: \$1,321,527

EMS Medical Direction contracts: \$280,055, First Responder Supply reimbursement: \$141,539

Agency Joint Training reimbursement from Emergency Ambulance vendor: \$156,250

Ambulance Contract and Code Enforcement Fines (estimated): \$120,000

Coordinated Care Organization grants of TC911 Program: Health Share: \$999,196

County General Funds to provide TC911 services to those not covered by CCO \$195,000

Significant Program Changes

Last Year this program was: FY 2018: 40004A Ambulance Services (Emergency Medical Services)

The County's updated Ambulance Service Plan and Code changes approved by the Board in Dec. 2016 will become effective Sept. 1, 2018.

The County will start a new exclusive emergency ambulance contract initiating on Sept. 1, 2018 selected through a competitive request for proposal process.

Preparedness

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

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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	100%	98%	98%	99%
Quality	Program satisfaction	95%	96%	96%	97%

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	2018	2018	2019	2019
Personnel	\$105,123	\$280,577	\$51,485	\$526,735
Contractual Services	\$0	\$59,713	\$0	\$0
Materials & Supplies	\$3	\$6,513	\$12,432	\$9,687
Internal Services	\$26,953	\$92,824	\$41,757	\$85,325
Total GF/non-GF	\$132,079	\$439,627	\$105,674	\$621,747
Program Total:	\$571,706		\$727,421	
Program FTE	0.80	1.97	0.00	3.15

Program Revenues				
Indirect for Dept. Admin	\$38,771	\$0	\$51,674	\$0
Intergovernmental	\$0	\$568,458	\$0	\$621,747
Total Revenue	\$38,771	\$568,458	\$51,674	\$621,747

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 \$259,028 and Cities Readiness Initiative \$30,336
 OHA, Health Security, Preparedness, and Response Program: \$274,383; Urban Area Security Initiative (UASI): \$58,000

Significant Program Changes

Last Year this program was: FY 2018: 40005 Public Health & Regional Health Systems Emergency Preparedness

Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA 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.

Senate Bill 754 (Oregon Laws 2017, Chapter 701)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$391,837	\$297,143	\$409,996	\$330,632
Contractual Services	\$2,000	\$0	\$1,123	\$16,000
Materials & Supplies	\$33,734	\$1,148	\$25,202	\$3,484
Internal Services	\$82,505	\$106,709	\$73,755	\$131,607
Total GF/non-GF	\$510,076	\$405,000	\$510,076	\$481,723
Program Total:	\$915,076		\$991,799	
Program FTE	3.66	2.70	3.64	2.80

Program Revenues				
Indirect for Dept. Admin	\$28,139	\$0	\$32,435	\$0
Fees, Permits & Charges	\$510,076	\$0	\$510,076	\$0
Intergovernmental	\$0	\$405,000	\$0	\$481,723
Total Revenue	\$538,215	\$405,000	\$542,511	\$481,723

Explanation of Revenues

Program revenues include OHA Oregon Public Health Division Tobacco Prevention and Education grant (\$481,723) and Tobacco retail licenses general fund fees (\$510,076).

Significant Program Changes

Last Year this program was: FY 2018: 40006 Tobacco Prevention and Control

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40008, 40037
Program Characteristics:

Executive Summary

Health Inspections and Education is a fee-supported program that helps protect the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County with national standards. The inspection program received an outstanding rating in the 2014 Oregon Health Authority triennial review.

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 as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the following program functions.

Inspected Facilities: The Health Inspections program has responsibility for assuring health and safety in 5,236 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 527 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 914 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 44 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 investigate local foodborne illness complaints 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of licenses issued	6,633	8,011	6,719	7,271
Outcome	Number of Priority & Priority Foundation violations	11,858	11,042	14,060	14,060
Output	Number of facility inspections	14,580	13,734	15,003	16,626
Output	Number of Food Worker Cards issued	13,514	13,763	12,403	13,952

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	2018	2018	2019	2019
Personnel	\$3,428,825	\$84,109	\$3,938,253	\$66,096
Contractual Services	\$263,417	\$0	\$274,040	\$15,000
Materials & Supplies	\$195,004	\$2,729	\$175,587	\$3,285
Internal Services	\$625,285	\$10,229	\$675,863	\$8,334
Total GF/non-GF	\$4,512,531	\$97,067	\$5,063,743	\$92,715
Program Total:	\$4,609,598		\$5,156,458	
Program FTE	31.21	0.89	34.02	0.65

Program Revenues				
Indirect for Dept. Admin	\$7,966	\$0	\$6,483	\$0
Fees, Permits & Charges	\$4,512,531	\$0	\$5,063,743	\$0
Intergovernmental	\$0	\$97,067	\$0	\$92,715
Total Revenue	\$4,520,497	\$97,067	\$5,070,226	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140.

In FY18, the Inspections Program received a 3-year, \$70,000 per year, FDA Grant to assist culturally diverse food establishments to understand the food code, reduce violations, and improve inspection scores.

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: \$5,063,743

Significant Program Changes

Last Year this program was: FY 2018: 40007 Health Inspections and Education

Between FY16 and FY18 fees have been raised by 28% to fund new inspectors and staff to support the operations of the health inspection program. This increase was requested and supported by the Multnomah County Food Service Advisory Committee and brings the program in better compliance with state mandates.

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40007, 40037
Program Characteristics:

Executive Summary

The Vector program protects the public from emerging and imminent vector-borne (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Major vector-borne diseases include Hantavirus, West Nile Virus and Zika virus. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) 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 2017, six counties in Oregon reported 97 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of acres treated for mosquitoes	493	2,000	1,500	1,500
Outcome	Mosquitoes prevented (in billions)	0.49	1.25	1.0	1.0
Efficiency	Number of acres treated for mosquitoes per FTE	99	300	150	150
Output	Number of rodent inspections conducted	1,077	1,000	1,025	1,025

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	2018	2018	2019	2019
Personnel	\$987,015	\$0	\$901,861	\$0
Contractual Services	\$26,500	\$0	\$26,500	\$0
Materials & Supplies	\$102,663	\$0	\$101,770	\$0
Internal Services	\$255,444	\$0	\$275,552	\$0
Total GF/non-GF	\$1,371,622	\$0	\$1,305,683	\$0
Program Total:	\$1,371,622		\$1,305,683	
Program FTE	9.60	0.00	8.05	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$290,935	\$0
Total Revenue	\$292,435	\$0	\$292,435	\$0

Explanation of Revenues

Local municipalities' revenue contracts equal \$292,435. This include \$1,000 penalties;\$66,935 City of Portland - Sustainability, \$500 Special Animal Permits, and \$224,000 City of Portland - BES.

Significant Program Changes

Last Year this program was: FY 2018: 40008 Vector-Borne Disease Prevention and Code Enforcement

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$657,449	\$0	\$722,783
Contractual Services	\$0	\$19,537	\$0	\$19,537
Materials & Supplies	\$0	\$16,194	\$0	\$17,221
Internal Services	\$0	\$170,155	\$0	\$190,839
Total GF/non-GF	\$0	\$863,335	\$0	\$950,380
Program Total:	\$863,335		\$950,380	
Program FTE	0.00	6.91	0.00	7.12

Program Revenues				
Indirect for Dept. Admin	\$62,260	\$0	\$70,906	\$0
Fees, Permits & Charges	\$0	\$863,335	\$0	\$950,380
Total Revenue	\$62,260	\$863,335	\$70,906	\$950,380

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): \$950,380

Significant Program Changes

Last Year this program was: FY 2018: 40009 Vital Records

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40014
Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through appropriate disease control interventions. CDS upholds the State of Oregon communicable disease statutes, responding to over 5,000 disease reports each year, ranging from tuberculosis (TB) and pertussis to E. coli 0157 and Zika. CDS responds 24/7 to events of public health importance.

Program Summary

The vision of Communicable Disease Services (CDS) is to be a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDS works with communities to provide health education, and offers immunizations through our downtown clinic. 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 is also the frontline of an international system that tracks communicable disease threats, collecting and sharing essential information 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 assured 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of disease report responses	5,240	5,850	5,560	5,560
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	NA	70%	70%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	90%	94%	90%

Performance Measures Descriptions

1) Disease & laboratory reports received/reviewed/responded to. 2) New in FY18: Timeliness of response. Potentially exposed persons. Excludes chronic Hepatitis B cases. 3) National goal for completing TB treatment (90% per OHA & CDC).

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	2018	2018	2019	2019
Personnel	\$2,352,046	\$1,178,836	\$2,306,994	\$1,433,375
Contractual Services	\$59,065	\$32,952	\$63,449	\$32,209
Materials & Supplies	\$113,354	\$15,201	\$173,453	\$16,974
Internal Services	\$580,950	\$141,323	\$744,364	\$180,183
Total GF/non-GF	\$3,105,415	\$1,368,312	\$3,288,260	\$1,662,741
Program Total:	\$4,473,727		\$4,951,001	
Program FTE	19.12	10.68	16.59	11.27

Program Revenues				
Indirect for Dept. Admin	\$96,682	\$0	\$126,676	\$0
Intergovernmental	\$0	\$1,135,826	\$0	\$1,363,699
Other / Miscellaneous	\$0	\$176,882	\$0	\$180,288
Service Charges	\$0	\$37,477	\$0	\$118,754
Total Revenue	\$96,682	\$1,350,185	\$126,676	\$1,662,741

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): \$1,391,638
 Refugee Health Promotion (Direct Federal): \$198,239
 Medical Fees: \$72,864

Significant Program Changes

Last Year this program was: FY 2018: 40010 Communicable Disease Prevention and Control

Due to reductions in this Program Offer and related offer 40014, the CDS Clinic will close one day a week and TB shelter screening and support for the shelter Blue Card program will not be provided. Direct provision of a reduced number of immunizations has been moved into this Program Offer from offer 40014.

Department: Health Department
Program Offer Type: Existing Operating Program

Program Contact: Kim Toevs
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

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 disease control interventions. This one-time-only offer focuses on specialty clinical and outreach services for tuberculosis and immunizations that directly support communicable disease prevention work. The program has been working closely with Community Care Organization (CCO) partners to help stabilize funding for these services, with a completed agreement expected during FY19.

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 health education and screening, and offers immunizations through our downtown clinic. For people who already have diseases like TB, CDS assures access to evaluations, medications, and TB case management services.

As part of assuring access to tuberculosis evaluation, screening & treatment and immunizations, the program provides point-of-care services through a downtown clinic, home visits, and community sites, like the Transition Projects Day Center. Because the public health model used to deliver these services does not easily fit into fee-for-service medical care reimbursement models, CDS has been working diligently with a CCO to identify an alternate payment mechanism for these point of care services (per ORS 414.153, based on HB 3650, Section 24). An agreement for a payment model supporting point of care services should be completed in FY 2019. This model should provide a mechanism through which CCOs and payors can provide appropriate compensation for clinical services and supports provided to their clients, using public health models of care for specialty conditions directly related to the control of communicable diseases in the community. This compensation should allow CDS to maintain a comprehensive disease prevention system. Specifically, services eliminated from 40010A-19 will be restored from July to December 2018 – keeping the CDS Clinic open 5 days/week (current Program Offer limits to 4 days/week), and maintaining staff who support both the provision of immunizations as well as TB screening for shelter residents (the Blue Card program). This program offer will also bring FTE Data Analyst Senior up to 0.70 FTE to support reporting for the new CCO compensation agreement. If an agreement cannot be reached, the remainder of FY19 will be used to engage stakeholders – including those representing persons experiencing homelessness as well as regional medical providers – on how to move forward without the Blue Card program and with decreased capacity as a provider of last resort for immunizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Implemented compensation model with CCO for clinical point-of-care services for TB and immunizations.	NA	NA	NA	1
Outcome	Maintain current CDS service level for shelter screening (shelter clients screened or evaluated).	NA	NA	NA	2,500
Outcome	Maintain current CDS service level for immunizations (immunization doses administered added back).	NA	NA	NA	1,000

Performance Measures Descriptions

1) Compensation model with CCO for clinical point-of-care services for TB and immunizations, with payment mechanisms in place. 2) Number of shelter clients likely to be screened or evaluated for TB if the shelter screening program is restored. 3) Number of doses of vaccine provided likely to be added back if immunizations-specific LPN position is restored.

Legal / Contractual Obligation

For CCO: ORS 414.153, based on HB 3650, Section 24

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$140,220	\$13,748
Materials & Supplies	\$0	\$0	\$11,226	\$132
Internal Services	\$0	\$0	\$0	\$1,734
Total GF/non-GF	\$0	\$0	\$151,446	\$15,614
Program Total:	\$0		\$167,060	
Program FTE	0.00	0.00	1.20	0.10

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$1,349	\$0
Service Charges	\$0	\$0	\$0	\$15,614
Total Revenue	\$0	\$0	\$1,349	\$15,614

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40061, 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 Pre Exposure Prophylaxis (PrEP). New HIV cases decreased 24% in past two years from previous five-year average. The increase in STDs among County residents observed over the past five years continues. Comparing new rates this year to the past five-year average. There were 260 new syphilis cases identified (increase of 4%). A total of 2,085 new cases of gonorrhea (increase of 19%) and 5,230 new cases of chlamydia (increase of 23%). These infections threaten fertility and pregnancy outcomes and have permanent neurological consequences. The syphilis rate for gay and bisexual men is as much as 200 times higher than for heterosexual men. New syphilis cases are increasing among heterosexual women, which is very concerning due to potentially devastating outcomes in pregnancy. There have been seven cases of syphilis in pregnancy among County residents the past 12 months.

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 - Disease Intervention Specialists contact infected people and their sex/needle-sharing partners, link them to testing and treatment, and counsel for behavior change. STD Clinical Services - Medical 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. Staff provide HIV prevention medication (PrEP) to at-risk individuals. Additionally, staff provide consultations and continuing medical education to medical providers in the community. The STD clinic is a designated training site for medical providers. Testing services are also 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. Multnomah County STD Clinic, in partnership with local public health lab surveillance, is one of only ten sentinel sites across the US that works with the Centers for Disease Control (CDC) to identify emerging drug-resistant strains of STDs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of STD and HIV test clinical encounters	5,330	5,000	5,500	5,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	19%	20%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	80%	85%	87%	85%
Output	Number of patients initiated on PrEP	127	150	160	150

Performance Measures Descriptions

2) Shows impact of program's ability to find, diagnose, and treat reportable STDs and capacity to target services to those at highest risk. Decrease in FY18 due to community partner capacity to provide targeted testing. 3) Priority diseases recommended by CDC (high priority gonorrhea also investigated although not included here). 4) HIV PrEP is a new public health intervention implemented in FY17.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,037,445	\$1,007,718	\$323,806	\$2,455,702
Contractual Services	\$159,444	\$238,500	\$134,863	\$1,674,969
Materials & Supplies	\$99,534	\$34,395	\$81,003	\$43,109
Internal Services	\$390,346	\$119,741	\$242,365	\$495,208
Total GF/non-GF	\$1,686,769	\$1,400,354	\$782,037	\$4,668,988
Program Total:	\$3,087,123		\$5,451,025	
Program FTE	8.51	10.78	2.77	22.50

Program Revenues				
Indirect for Dept. Admin	\$93,254	\$0	\$238,795	\$0
Intergovernmental	\$0	\$1,090,733	\$0	\$4,318,688
Service Charges	\$0	\$309,621	\$0	\$350,300
Total Revenue	\$93,254	\$1,400,354	\$238,795	\$4,668,988

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: \$829,913
 Federal STD Surveillance Network Grant (SSuN): \$200,000
 HIV EIO: \$3,181,744
 PH Modernization: \$107,031
 Medical Fees: \$350,300

Significant Program Changes

Last Year this program was: FY 2018: 40011 STD/HIV/Hep C Community Prevention Program

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 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 2,700 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 1,350 clients each year and is part of the County's FQHC. 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 assist clients with access to housing and other needs for support. In addition, collaboration with a community partner also makes substance abuse peer support available at the Clinic. 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. The clinic serves as a Practice Transformation Training site to mentor providers in rural FQHCs caring for clients living with HIV. 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 2,700 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unduplicated HCS clients served (all srvtypes/whole 6-county system).	2,761	2,700	2,680	2,700
Outcome	Percent of HCS clients (all 6 counties) who have had at least one CD4 or viral load test in the past year.	NA	NA	94%	95%
Output	Number of unduplicated HIV Clinic clients.	1,488	1,450	1,354	1,425
Quality	Percent of HIV Clinic clients whose last viral load test is below 200 copies.	87%	85%	87%	90%

Performance Measures Descriptions

2) Revised: Given new guidance for frequency of medical visits necessary for clients living with HIV whose disease is well managed, measuring regular lab testing is a more reliable measure of HIV monitoring than in-person medical visits. 4) 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	2018	2018	2019	2019
Personnel	\$1,099,813	\$3,287,483	\$1,058,165	\$3,510,796
Contractual Services	\$0	\$2,414,580	\$164,224	\$3,463,670
Materials & Supplies	\$182,161	\$172,148	\$56,565	\$301,698
Internal Services	\$194,112	\$996,090	\$209,214	\$1,155,336
Total GF/non-GF	\$1,476,086	\$6,870,301	\$1,488,168	\$8,431,500
Program Total:	\$8,346,387		\$9,919,668	
Program FTE	10.77	25.03	7.04	29.22

Program Revenues				
Indirect for Dept. Admin	\$377,905	\$0	\$393,904	\$0
Intergovernmental	\$0	\$5,615,169	\$0	\$7,284,680
Other / Miscellaneous	\$0	\$20,039	\$0	\$0
Service Charges	\$1,402,884	\$1,315,914	\$1,452,223	\$1,146,820
Total Revenue	\$1,780,789	\$6,951,122	\$1,846,127	\$8,431,500

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.

Federal Ryan White: \$5,129,431; OHA Ryan White: \$1,958,724; OHSU HIV: \$13,121
 Federal Access HIV Care & Treat: \$45,000; AETC AIDS Educ & Train: \$81,400
 Medical Fees: \$2,559,043; Boston U Tech: \$46,563; AIDS United: \$10,441

Significant Program Changes

Last Year this program was: FY 2018: 40012 Services for Persons Living with HIV

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

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) Programs; and assuring that schools and childcare facilities comply with state school immunization rules.

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, vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school.

CIP assures state and federally funded program components through Program Element 43, including safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers; 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 assists hundreds of 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, CIP 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of immunizations directly provided to keep children in school.	820	1,000	760	NA
Outcome	Percent of assisted facilities successful in meeting immunization law requirements.	96%	98%	90%	90%
Output	Number of schools & other facilities assisted with immunization law requirements.	452	420	440	440
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	75%	95%	95%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. This program is eliminated in the FY19 budget reduction. 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 2019.

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	2018	2018	2019	2019
Personnel	\$155,558	\$223,237	\$0	\$156,189
Contractual Services	\$2,575	\$17,062	\$0	\$18,128
Materials & Supplies	\$36,539	\$2,410	\$0	\$0
Internal Services	\$78,341	\$29,350	\$0	\$19,695
Total GF/non-GF	\$273,013	\$272,059	\$0	\$194,012
Program Total:	\$545,072		\$194,012	
Program FTE	1.06	1.84	0.00	1.24

Program Revenues				
Indirect for Dept. Admin	\$22,857	\$0	\$15,322	\$0
Intergovernmental	\$0	\$197,762	\$0	\$194,012
Service Charges	\$0	\$92,424	\$0	\$0
Total Revenue	\$22,857	\$290,186	\$15,322	\$194,012

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, and by county general fund. 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: \$194,012

Patient Fees: None (fees for immunizations provided by general CDS Clinic staff are in related Program Offer #40010)

Significant Program Changes

Last Year this program was: FY 2018: 40014 Immunizations

Due to a position elimination, direct provision of a reduced number immunizations has been moved related Program Offer 40010.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy

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

Related Programs:
Program Characteristics:
Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain other coverage. Last year, more than 16,000 clients were screened and 10,800 enrolled in OHP.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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%	12%	17%	15%

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	2018	2018	2019	2019
Personnel	\$0	\$1,261,093	\$430,228	\$1,272,492
Contractual Services	\$1,500	\$0	\$18,000	\$0
Materials & Supplies	\$5,282	\$6,390	\$10,599	\$2
Internal Services	\$91,857	\$249,556	\$230,215	\$160,461
Total GF/non-GF	\$98,639	\$1,517,039	\$689,042	\$1,432,955
Program Total:	\$1,615,678		\$2,121,997	
Program FTE	0.00	14.40	4.00	14.00

Program Revenues				
Indirect for Dept. Admin	\$102,860	\$0	\$124,831	\$0
Intergovernmental	\$0	\$294,467	\$0	\$295,693
Service Charges	\$0	\$1,095,197	\$0	\$1,137,262
Total Revenue	\$102,860	\$1,389,664	\$124,831	\$1,432,955

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): \$1,137,262
 Federal Primary Care Grant: \$295,693

Significant Program Changes

Last Year this program was: FY 2018: 40016 Medicaid/Medicare Eligibility

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

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 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 underinsured 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 and urgent dental treatment for Medicaid (Oregon Health Plan) and self-pay patients. The clinics perform outreach to patients who have not had a visit in the past 12-24 months. The clinical program also focuses on services for pregnant women in order to reduce the risk of premature birth, and to foster a good oral health learning collaboration between the dental program, and expectant mothers. 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 the poorest and most vulnerable in Multnomah County. The County dental program is heavily invested in capturing oral health metrics recently introduced at both the 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, preventive measures and improving access for patients who have recently gained insurance through our outreach efforts. The Dental program continues to search for ways to deliver the best evidence based oral healthcare services, to the most persons, in a reasonable, and cost-effective manner.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Billable patient visits (including School and Community Oral Health)	77,000	91,573	84,000	91,706
Outcome	No show rate	18%	17%	16%	15%
Quality	Opioid Prescribing by Dentists	CY 16~2,240	CY 17~1,800	CY 17~1,108	CY 18~1,000

Performance Measures Descriptions

RETIRED: Measure 3: percent of patients who say that provider always listens. As this figure was, and is consistently high, often over 90%, we feel it is not a useful benchmark going forward. It has been replaced: NEW: Measure 3: Opioid prescribing by dentists: As this measurement is critical, and impressive and valued by all HD employees, we have opted to add this important measurement for FY 19, in order to continue to emphasize its importance to the program, and the county as a whole. These figures are based on a CY. not FY.

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	2018	2018	2019	2019
Personnel	\$9,307,324	\$6,814,179	\$11,946,957	\$4,345,224
Contractual Services	\$10,000	\$320,346	\$189,186	\$223,753
Materials & Supplies	\$284,980	\$1,111,174	\$488,472	\$743,965
Internal Services	\$1,184,809	\$2,579,803	\$1,925,564	\$2,452,611
Total GF/non-GF	\$10,787,113	\$10,825,502	\$14,550,179	\$7,765,553
Program Total:	\$21,612,615		\$22,315,732	
Program FTE	62.69	72.24	81.24	48.25

Program Revenues				
Indirect for Dept. Admin	\$1,521,931	\$0	\$1,598,263	\$0
Intergovernmental	\$0	\$312,187	\$0	\$312,564
Other / Miscellaneous	\$0	\$0	\$500,000	\$0
Beginning Working Capital	\$263,961	\$0	\$263,961	\$0
Service Charges	\$10,523,152	\$10,513,315	\$13,786,218	\$7,452,989
Total Revenue	\$12,309,044	\$10,825,502	\$16,148,442	\$7,765,553

Explanation of Revenues

The primary source of revenue is Medicaid payments and patient fees.

Dental Patient Fees: \$ 20,661,947.

Federal Primary Care Grant: \$ 377,260.

Significant Program Changes

Last Year this program was: FY 2018: 40017A Dental Services

For FY 2019 the program will continue to deliver services in a compassionate, whole body manner in order to facilitate and promote integration with primary care. After completing the pilot (at the SE Dental clinic), we have decided to eliminate Open (Advanced Access) Scheduling. The county dental program has been a State leader at reducing the number of opioids prescribed by over 50% from CY 2016 compared to CY 2017. We will continue to focus on this in order to reduce the addiction/opioid epidemic in our society.

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

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 14,500 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 strive to have lasting effects so families 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.

WIC served over 23,000 different clients last year with multiple visits and provided access to other support services including prenatal and children's healthcare, immunizations, Head Start, housing and day care assistance, social services, referrals to other County public health programs, SNAP and other food assistance. 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 4,077 clients who speak 38 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of WIC clients in one year who receive healthful foods with E-WIC benefits	20,222	26,734	23,048	23,050
Outcome	Percent of WIC clients initiating breastfeeding	92%	92%	92%	93%
Outcome	Number of nutrition education contacts with WIC families	59,937	55,000	52,852	55,000
Quality	Average number of clients served per month in languages other than English	NA	4,526	4,077	4,080

Performance Measures Descriptions

1) 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) All participant contacts that include nutrition education, counseling, or support activity or interaction. 4) New in FY18: 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	2018	2018	2019	2019
Personnel	\$881,221	\$2,650,583	\$1,115,100	\$2,639,861
Contractual Services	\$40,000	\$0	\$100,085	\$0
Materials & Supplies	\$74,216	\$1,912	\$65,562	\$2,060
Internal Services	\$804,561	\$322,314	\$786,153	\$332,888
Total GF/non-GF	\$1,799,998	\$2,974,809	\$2,066,900	\$2,974,809
Program Total:	\$4,774,807		\$5,041,709	
Program FTE	9.92	27.68	11.55	26.90

Program Revenues				
Indirect for Dept. Admin	\$251,011	\$0	\$258,972	\$0
Intergovernmental	\$0	\$2,974,809	\$0	\$2,974,809
Total Revenue	\$251,011	\$2,974,809	\$258,972	\$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 2018: 40018A Women, Infants, and Children (WIC)

In FY18, WIC implemented an extensive 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 make WIC more relevant to Multnomah County families who are eligible for its services. Caseload declines have been reduced significantly with the one time only funding that WIC received in FY18 and the many quality improvements undertaken.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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 and is part of the County's FQHC. The clinic provides care to approximately 4,100 patients that identify North Portland Health Center as their medical home.

Program Summary

North Portland Health Center primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). 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 plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	4263	6000	4100	4900
Outcome	% Adolescent Well Visits Completed	n/a	51%	60%	51%

Performance Measures Descriptions

Output: Number of patients with a NPHC assigned PCP seen within the last 12 months.
Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$2,336,551	\$1,442,761	\$2,128,824	\$1,814,064
Contractual Services	\$0	\$62,475	\$0	\$54,603
Materials & Supplies	\$7,410	\$739,264	\$46,583	\$157,500
Internal Services	\$277,911	\$940,845	\$587,176	\$656,484
Capital Outlay	\$0	\$154,458	\$0	\$0
Total GF/non-GF	\$2,621,872	\$3,339,803	\$2,762,583	\$2,682,651
Program Total:	\$5,961,675		\$5,445,234	
Program FTE	22.80	7.40	12.60	18.40

Program Revenues				
Indirect for Dept. Admin	\$342,934	\$0	\$386,797	\$0
Intergovernmental	\$0	\$1,311,787	\$0	\$583,281
Service Charges	\$2,565,220	\$2,028,016	\$2,755,354	\$2,099,370
Total Revenue	\$2,908,154	\$3,339,803	\$3,142,151	\$2,682,651

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 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: \$4,854,724

Federal Primary Care grant PC 330: \$123,281

Federal Primary Care/Homeless grant: \$450,000

State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40019 North Portland Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland and is part of the County's FQHC. 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 5700 patients that identify Northeast Health Center as their primary care home.

Program Summary

Northeast Health Clinic primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Northeast Health Center assigned PCP	5943	7500	5700	6100
Outcome	% Adolescent Well Visits Completed	n/a	51%	52.5%	51%

Performance Measures Descriptions

Outcome: Number of patients with a NEHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$2,767,811	\$2,146,081	\$2,554,827	\$2,109,215
Contractual Services	\$0	\$111,049	\$0	\$119,063
Materials & Supplies	\$30,036	\$271,024	\$20,712	\$330,258
Internal Services	\$346,935	\$1,289,958	\$903,829	\$755,719
Total GF/non-GF	\$3,144,782	\$3,818,112	\$3,479,368	\$3,314,255
Program Total:	\$6,962,894		\$6,793,623	
Program FTE	16.50	23.90	12.92	23.28

Program Revenues				
Indirect for Dept. Admin	\$458,871	\$0	\$457,544	\$0
Intergovernmental	\$0	\$976,002	\$0	\$1,035,816
Service Charges	\$3,218,691	\$2,842,110	\$3,472,882	\$2,278,439
Total Revenue	\$3,677,562	\$3,818,112	\$3,930,426	\$3,314,255

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 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: \$5,656,691; Federal Primary Care grant: \$1,025,816
 State Family Planning grant: \$10,000; Legacy Health CARES grant: \$94,630

Significant Program Changes

Last Year this program was: FY 2018: 40020 Northeast Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for the community and is part of the County's FQHC. 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, Lutheran Community Services). 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	10923	14000	11000	11000
Outcome	% Adolescent Well Visits Completed	n/a	51%	55.5%	51%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC assigned PCP seen within the last 12 months
Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$4,762,981	\$3,262,116	\$5,602,369	\$2,807,555
Contractual Services	\$0	\$326,832	\$529,481	\$0
Materials & Supplies	\$5,506	\$498,481	\$81,519	\$574,929
Internal Services	\$1,524,948	\$906,318	\$920,647	\$1,767,222
Total GF/non-GF	\$6,293,435	\$4,993,747	\$7,134,016	\$5,149,706
Program Total:	\$11,287,182		\$12,283,722	
Program FTE	49.90	18.70	38.70	26.70

Program Revenues				
Indirect for Dept. Admin	\$764,603	\$0	\$822,420	\$0
Intergovernmental	\$0	\$661,474	\$0	\$689,061
Service Charges	\$6,288,021	\$4,482,905	\$7,127,012	\$4,460,645
Total Revenue	\$7,052,624	\$5,144,379	\$7,949,432	\$5,149,706

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), Medicaid/Medicare fees, and county general fund.

Medical Fees: \$11,561,224
 Federal Primary Care grant: \$679,061
 State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40022 Mid County Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County and is part of the County's FQHC. 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.

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 plays a significant role in providing safety net medical services to residents in the community. The clinic provides a medical home to over 10,500 patients.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a East County Health Center assigned PCP	10,535	14,500	10,500	11,000
Outcome	% Adolescent Well Care Visits Completed	n/a	51%	53.3%	51%

Performance Measures Descriptions

Outcome: Number of patients with a ECHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$4,342,037	\$2,167,491	\$3,737,875	\$3,632,749
Contractual Services	\$66,040	\$96,023	\$0	\$348,126
Materials & Supplies	\$16,609	\$364,258	\$76,662	\$318,691
Internal Services	\$529,334	\$1,721,680	\$1,331,498	\$885,847
Total GF/non-GF	\$4,954,020	\$4,349,452	\$5,146,035	\$5,185,413
Program Total:	\$9,303,472		\$10,331,448	
Program FTE	34.50	17.10	19.38	35.72

Program Revenues				
Indirect for Dept. Admin	\$599,279	\$0	\$723,059	\$0
Intergovernmental	\$0	\$1,249,324	\$0	\$1,311,143
Service Charges	\$4,958,280	\$3,100,128	\$5,132,328	\$3,874,270
Total Revenue	\$5,557,559	\$4,349,452	\$5,855,387	\$5,185,413

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 Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$9,006,598; Federal Primary Care grant: \$1,291,143; State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40023 East County Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Student Health Center (SHC) (formerly School Based Health Centers) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 12 school based health centers and is part of the County's FQHC. Without this safety net many school-aged youth would not receive necessary health care.

Program Summary

The SHC sites provide critical points of access to health care regardless of insurance status. SHCs 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 SHC program operates 12 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.

SHC is working with the Youth Advisory Councils (YACs) to launch rebranding and media campaign aimed at client education and engagement. SHC is also working to support East County School District plans for new health centers.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of patients with one or more visits with a risk assessment in the last year	74%	70%	72%	70%
Outcome	% of patients with persistent asthma prescribed appropriate medications	92%	92%	92%	90%

Performance Measures Descriptions

Legal / Contractual Obligation

SHC complies with the Bureau of Primary Health Care grant, Joint Commission accreditation requirements and CCO contractual obligations. SHC 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	2018	2018	2019	2019
Personnel	\$2,146,195	\$1,815,414	\$2,423,809	\$1,678,164
Contractual Services	\$9,294	\$65,467	\$3,264	\$68,659
Materials & Supplies	\$366,080	\$70,425	\$290,266	\$93,490
Internal Services	\$953,976	\$431,211	\$1,203,604	\$439,422
Total GF/non-GF	\$3,475,545	\$2,382,517	\$3,920,943	\$2,279,735
Program Total:	\$5,858,062		\$6,200,678	
Program FTE	14.76	16.08	16.62	15.14

Program Revenues				
Indirect for Dept. Admin	\$312,518	\$0	\$337,649	\$0
Intergovernmental	\$0	\$1,169,791	\$0	\$1,015,169
Service Charges	\$1,829,533	\$1,212,726	\$2,075,300	\$1,264,566
Total Revenue	\$2,142,051	\$2,382,517	\$2,412,949	\$2,279,735

Explanation of Revenues

SHCs 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: \$3,339,866

State SHC grant: \$620,000

Federal Primary Care grant: \$375,169

State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40024 School Based Health Centers

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs: 40024A
Program Characteristics: One-Time-Only Request

Executive Summary

The Student Health Center (SHC) (formerly School-Based Health Centers) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 12 school-based health centers and is part of the County's FQHC. Without this safety net, many school-aged youths would not receive necessary health care.

Program Summary

The SHC sites provide comprehensive preventive primary care for school-aged youth to keep them healthy and focused on learning. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

This program offer creates a sustainable and operationally efficient program that maximizes health impact for children and youth in Multnomah County and supports staffing, transition planning, and community engagement with students served by SHCs in K-8 and middle schools, as well as continuing planning work with East County School Districts. The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate and remain in school.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	N/A	N/A	N/A	N/A	N/A
Outcome	Increase total number of students ages 5-13 obtaining a health assessment across all SHC high schools.	N/A	N/A	N/A	250

Performance Measures Descriptions

Legal / Contractual Obligation

SHC complies with the Bureau of Primary Health Care grant, Joint Commission accreditation requirements and CCO contractual obligations. SHC 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	2018	2018	2019	2019
Personnel	\$115,364	\$150,492	\$111,586	\$0
Contractual Services	\$1,405	\$0	\$0	\$0
Materials & Supplies	\$21,769	\$17,623	\$0	\$0
Internal Services	\$91,755	\$20,220	\$0	\$0
Total GF/non-GF	\$230,293	\$188,335	\$111,586	\$0
Program Total:	\$418,628		\$111,586	
Program FTE	1.06	1.19	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$19,610	\$0	\$0	\$0
Intergovernmental	\$0	\$111,284	\$0	\$0
Service Charges	\$74,251	\$77,051	\$0	\$0
Total Revenue	\$93,861	\$188,335	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40012, 40060
Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Sexual Health Equity Program (ASHEP) aims to create a culture that affirms and advocates for individual and relationship health and justice of youth, and address the root causes of health inequities including racism. Through training, ASHEP builds community capacity in schools and community partners and provides direct evidence-based health promotion with youth, parents, and caring/mentoring adults. Goals: support school districts to meet state requirements, reduce youth/teen dating violence, eliminate sexual/reproductive health disparities, and promote youth development.

Program Summary

The Adolescent Sexual Health Equity Program (ASHEP) promotes individual and relationship health through empowering partners to provide 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. Locally, significant sexual and reproductive health inequities exist among Latinos, Native Americans, and African Americans. LGBTQ youth populations are also disproportionately impacted by violence and sexually transmitted infection when compared to the county as a whole. Both health inequities and trauma related to violence can interrupt education and limit future opportunities impacting the long-term fertility and health of youth. In FY19, ASHEP will reach over 2,000 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; development and adoption of child sexual abuse prevention programs for students in grades K-12; and that all youth, regardless of income, citizenship status, gender identity or type of insurance, have access to the full range of preventive reproductive health services. ASHEP plays a key role in supporting schools to meet this goal, and to help ensure community members have the information and support systems needed to access and advocate for their own health care. ASHEP trains educators and adult mentors in evidence-based sexual and relationship health curricula and teen-dating violence prevention curricula. ASHEP staff evaluate programs and adapt/translate curricula to provide effective education to special populations. ASHEP Health Educators also reach high-need youth not enrolled in mainstream public schools. 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 providing technical support to 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of participants in educational sessions/training	11,035	11,200	10,500	2,500
Outcome	Percent of trained educators who feel confident teaching evidence-based sexuality and/or violence prevention curr	90%	85%	90%	85%
Quality	Percent of classes taught to fidelity	85%	89%	90%	85%

Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) See significant changes 2) The percentage of educators, after training, that feel confident they can implement an evidence-based sexual health or violence prevention curriculum. 3) The percentage of observed classes that include key components of evidence-based curricula.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$176,616	\$528,389	\$230,915	\$0
Contractual Services	\$0	\$637,520	\$0	\$0
Materials & Supplies	\$4,723	\$19,839	\$959	\$0
Internal Services	\$114,194	\$64,251	\$98,500	\$0
Total GF/non-GF	\$295,533	\$1,249,999	\$330,374	\$0
Program Total:	\$1,545,532		\$330,374	
Program FTE	1.72	5.13	2.15	0.00

Program Revenues				
Indirect for Dept. Admin	\$50,038	\$0	\$0	\$0
Intergovernmental	\$0	\$1,249,999	\$0	\$0
Total Revenue	\$50,038	\$1,249,999	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40025 Adolescent Sexual Health Equity Program (ASHEP)

The significant decrease in our OUTPUT performance measure is due to a loss of federal funding in 2018. AHEP had received a multi-year Teen Pregnancy Prevention (TPP) grant from the federal Office of Adolescent Health (OAH). National TPP funding was eliminated mid-contract cycle, resulting in a local loss of half of AHEP personnel and ending financial support to community partners for staff and program implementation. However, positive impact for youth continues due to continuation of work by trained school and community partners.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood and is part of the County's FQHC. 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 1900 patients that identify La Clinica de Buena Salud Health Center as their medical home.

Program Summary

La Clinica provides culturally appropriate services, and Patient Centered Primary Care Home (PCPCH) 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a La Clinica assigned PCP	1857	3000	1900	2000
Outcome	% Adolescent Well Visits Completed	n/a	51%	53.1%	51%

Performance Measures Descriptions

Outcome: Number of patients with a La Clinica assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$554,347	\$1,071,467	\$794,480	\$1,080,664
Contractual Services	\$0	\$33,891	\$0	\$39,254
Materials & Supplies	\$6,699	\$102,643	\$13,664	\$102,231
Internal Services	\$189,904	\$376,450	\$265,184	\$284,604
Total GF/non-GF	\$750,950	\$1,584,451	\$1,073,328	\$1,506,753
Program Total:	\$2,335,401		\$2,580,081	
Program FTE	2.60	9.40	3.40	10.00

Program Revenues				
Indirect for Dept. Admin	\$142,422	\$0	\$183,952	\$0
Intergovernmental	\$0	\$772,212	\$0	\$800,776
Service Charges	\$750,950	\$812,239	\$1,065,180	\$705,977
Total Revenue	\$893,372	\$1,584,451	\$1,249,132	\$1,506,753

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: \$1,771,157

Federal Primary Care/Homeless grant: \$780,776

State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40026 La Clinica de Buena Salud

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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 and is part of the County's FQHC. 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 23% of the Health Department's clients live in Southeast Portland, 12% are homeless or at risk for homelessness.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (SE 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 Patient Centered Primary Care Home (PCPCH) 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. The clinic provides a medical home to approximately 3,200 patients.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	3749	4500	3200	3500
Outcome	% Adolescent Well Visits Completed	n/a	51%	43.7%	51.0%

Performance Measures Descriptions

Outcome: Number of patients with a SEHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$1,273,380	\$1,838,956	\$1,309,684	\$2,022,528
Contractual Services	\$0	\$58,111	\$0	\$59,029
Materials & Supplies	\$6,319	\$177,177	\$37,460	\$139,799
Internal Services	\$169,122	\$911,261	\$366,170	\$735,131
Total GF/non-GF	\$1,448,821	\$2,985,505	\$1,713,314	\$2,956,487
Program Total:	\$4,434,326		\$4,669,801	
Program FTE	12.75	13.15	7.30	18.90

Program Revenues				
Indirect for Dept. Admin	\$283,816	\$0	\$326,891	\$0
Intergovernmental	\$0	\$1,392,469	\$0	\$1,391,635
Service Charges	\$1,549,545	\$1,593,036	\$1,702,133	\$1,564,852
Total Revenue	\$1,833,361	\$2,985,505	\$2,029,024	\$2,956,487

Explanation of Revenues

Southeast Health Clinic is supported by federal BPHC grant, as well as 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: \$3,266,985
 Federal Primary Care grant: \$172,463
 Federal Primary Care/Homeless grant: \$1,209,172
 State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40027 Southeast Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy

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

Related Programs:
Program Characteristics:
Executive Summary

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 and is part of the County's FQHC. 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 5400 patients that identify Rockwood Health Center as their medical home.

Program Summary

Rockwood Community Health Center primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). 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.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Rockwood assigned PCP	5320	6000	5400	5800
Outcome	% Adolescent Well Visits Completed	n/a	51%	51%	51%

Performance Measures Descriptions

Outcome: Number of patients with a Rockwood assigned PCP seen within the last 12 months.

Outcome: % Adolescent Well Visits Completed

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	2018	2018	2019	2019
Personnel	\$2,508,462	\$1,314,561	\$2,534,215	\$1,813,726
Contractual Services	\$432	\$92,866	\$0	\$186,099
Materials & Supplies	\$7,552	\$279,194	\$95,546	\$134,962
Internal Services	\$310,050	\$959,044	\$643,179	\$610,364
Total GF/non-GF	\$2,826,496	\$2,645,665	\$3,272,940	\$2,745,151
Program Total:	\$5,472,161		\$6,018,091	
Program FTE	19.00	13.20	16.40	18.00

Program Revenues				
Indirect for Dept. Admin	\$355,095	\$0	\$426,534	\$0
Intergovernmental	\$0	\$724,606	\$0	\$774,768
Service Charges	\$2,860,776	\$1,921,059	\$3,263,139	\$1,970,383
Total Revenue	\$3,215,871	\$2,645,665	\$3,689,673	\$2,745,151

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 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: \$5,233,522; Federal Primary Care grant: \$764,768
State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40029 Rockwood Community Health Clinic

Department: Health Department **Program Contact:** Vanetta Abdellatif
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

Medical Directors Office:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.
7. Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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 Medical Board, 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	2018	2018	2019	2019
Personnel	\$1,380,409	\$87,024	\$1,448,537	\$58,182
Contractual Services	\$82,500	\$142,040	\$91,000	\$142,040
Materials & Supplies	\$95,896	\$25,311	\$150,930	\$8,356
Internal Services	\$269,550	\$10,582	\$242,864	\$13,462
Total GF/non-GF	\$1,828,355	\$264,957	\$1,933,331	\$222,040
Program Total:	\$2,093,312		\$2,155,371	
Program FTE	7.10	0.00	7.00	0.50

Program Revenues				
Indirect for Dept. Admin	\$88,452	\$0	\$83,634	\$0
Intergovernmental	\$0	\$264,957	\$0	\$222,040
Other / Miscellaneous	\$200,000	\$0	\$200,000	\$0
Service Charges	\$750,000	\$0	\$900,000	\$0
Total Revenue	\$1,038,452	\$264,957	\$1,183,634	\$222,040

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is funded with county general fund and BPHC/HRSA grant revenue.

Federal Primary Care grant: \$142,040
 State Family Planning: \$80,000
 Patients Fees: \$1,100,000

Significant Program Changes

Last Year this program was: FY 2018: 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

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

Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy program fills approximately 350,000 prescriptions per year. Targeted clinical pharmacy services are provided to clients referred from MCHD Primary Care.

Program Summary

Pharmacy Services utilize various contracts to procure medications that have been prescribed for clients, including uninsured and under-served clients. Services are provided to a significant number of clients who may lack secure housing, have mental health concerns, or addiction issues. Pharmacy Services provide prescription medication to clients of public health programs such as the HIV/STD/Adolescent Sexual Health Equity and Communicable Disease Services; as well as to youth seen in the Student Health Centers. 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 Student Health Center 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Prescription Volume	395,036	370,000	394,975	396,000
Outcome	Average prescription cost (excluding cost of medication)	24.18	27.62	24.33	25.35
Quality	Adherence Monitoring	130	130	168	175

Performance Measures Descriptions

1. Prescription volume (prescriptions filled) reflects the number of actual prescriptions being filled.
2. 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).
3. Adherence Monitoring reflects the number of clients enrolled in appointment based refill programs or who receive specialized packaging services to assist in the proper use of their medication.

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	2018	2018	2019	2019
Personnel	\$0	\$7,638,327	\$0	\$7,725,473
Contractual Services	\$0	\$183,100	\$0	\$167,990
Materials & Supplies	\$0	\$10,166,510	\$0	\$10,493,551
Internal Services	\$0	\$1,772,436	\$0	\$1,892,909
Capital Outlay	\$0	\$0	\$0	\$450,000
Total GF/non-GF	\$0	\$19,760,373	\$0	\$20,729,923
Program Total:	\$19,760,373		\$20,729,923	
Program FTE	0.00	56.78	0.00	52.83

Program Revenues				
Indirect for Dept. Admin	\$723,349	\$0	\$757,868	\$0
Service Charges	\$0	\$19,760,373	\$0	\$20,729,923
Total Revenue	\$723,349	\$19,760,373	\$757,868	\$20,729,923

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and directly paid patient fees.

Prescription Fees: \$20,343,608

Patient Fees: \$300,000

Significant Program Changes

Last Year this program was: FY 2018: 40031 Pharmacy

Increased expense for the purchase of drugs for dispensing.

Department: Health Department **Program Contact:** Ritchie Longoria
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Central Lab and the Health Information Management program provide essential clinical support to health delivery and emergency preparedness programs in the Health Department. These programs support the delivery of care to clients of Health Department services (including Primary Care, School-Based Health Clinics, Disease Prevention Clinics, Dental, and Corrections Health). The lab handles approximately 290,000 specimens per year. Medical Records fulfills 14,000 medical records requests 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 health (medical/dental) 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of records requests completed (HIM)	16,975	16,000	13,000	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/dental 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	2018	2018	2019	2019
Personnel	\$2,626,438	\$1,190,266	\$2,726,518	\$1,239,362
Contractual Services	\$0	\$39,600	\$1,000	\$68,000
Materials & Supplies	\$87,708	\$72,388	\$55,786	\$73,356
Internal Services	\$714,619	\$255,682	\$834,079	\$304,286
Capital Outlay	\$0	\$0	\$0	\$120,000
Total GF/non-GF	\$3,428,765	\$1,557,936	\$3,617,383	\$1,805,004
Program Total:	\$4,986,701		\$5,422,387	
Program FTE	24.30	11.90	24.21	11.99

Program Revenues				
Indirect for Dept. Admin	\$344,092	\$0	\$389,053	\$0
Intergovernmental	\$0	\$269,904	\$0	\$270,782
Other / Miscellaneous	\$1,810,000	\$0	\$2,320,000	\$0
Service Charges	\$1,150,000	\$1,288,032	\$1,050,000	\$1,534,222
Total Revenue	\$3,304,092	\$1,557,936	\$3,759,053	\$1,805,004

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: \$4,904,222

Federal Primary Care Grant: \$270,782

Significant Program Changes

Last Year this program was: FY 2018: 40032 Lab and Medical Records

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Center Operations (HCO) Program (formerly Primary Care and Dental Access and Referral-PCARD) is the gateway for all new patients assigned and/or seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs, and for patients already established with our Primary Care program. HCO also provides written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

HCO is the point of entry for scheduling new and established clients for the Primary Care clinics. HCO also schedules new and established dental clients seeking both urgent and routine dental services. HCO provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. HCO also provides information for MCHD medical, dental, social services and key community service partners.

HCO's Language Services program 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. Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates those clients with limited English proficiency receive culturally competent interpretation throughout all of the MCHD programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of calls answered	273,000	n/a	292,000	300,000
Outcome	Average telephone abandonment is at or below 10%	24%	8%	18%	12%

Performance Measures Descriptions

New output measure in FY19: Number of calls answered by HCO staff. Removed output measure "# of new patients who received appointments."

Outcome: Number of calls through the Patient Access Center phone queue where the client ended the call before being answered by a staff member.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,348,030	\$702,830	\$2,029,792	\$584,906
Contractual Services	\$112,244	\$0	\$105,000	\$0
Materials & Supplies	\$16,703	\$0	\$12,032	\$0
Internal Services	\$752,275	\$59,875	\$856,450	\$73,756
Total GF/non-GF	\$2,229,252	\$762,705	\$3,003,274	\$658,662
Program Total:	\$2,991,957		\$3,661,936	
Program FTE	11.50	8.40	21.05	7.45

Program Revenues				
Indirect for Dept. Admin	\$178,394	\$0	\$251,452	\$0
Intergovernmental	\$0	\$658,627	\$0	\$658,662
Other / Miscellaneous	\$500,000	\$0	\$890,000	\$0
Service Charges	\$1,331,284	\$0	\$1,809,184	\$0
Total Revenue	\$2,009,678	\$658,627	\$2,950,636	\$658,662

Explanation of Revenues

Health Center Operations (HCO) Program is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

Medical Fees: \$2,699,184
 Federal Primary Care grant: \$658,622

Significant Program Changes

Last Year this program was: FY 2017: 40033 Primary Care and Dental Access and Referral

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external benchmarking organizations relative to performance indicators. Program works with the Community Health Council (consumer majority governing Board) and integrates 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 CCO's Pay-for-(quality) Performance, 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 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of CCHC clinics that pass annual ICS Quality Department audit.	100%	new measure	100%	100%
Outcome	Maintain compliance with BPHC and JCAHO standards.	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) Changed previous measure (Number of hours, includes licensed health care volunteers who work at CCHC clinic sites) New Measure, 100% of CCHC clinics pass annual ICS Quality audit; 2) Good standing as a fully accredited organization under the Joint Commission's standards for health organizations 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	2018	2018	2019	2019
Personnel	\$3,406,256	\$1,354,230	\$4,055,774	\$1,409,247
Contractual Services	\$59,280	\$43,650	\$68,500	\$6,000
Materials & Supplies	\$111,707	\$30,191	\$136,315	\$19,784
Internal Services	\$849,529	\$407,391	\$995,853	\$480,346
Total GF/non-GF	\$4,426,772	\$1,835,462	\$5,256,442	\$1,915,377
Program Total:	\$6,262,234		\$7,171,819	
Program FTE	31.50	11.10	36.37	12.93

Program Revenues				
Indirect for Dept. Admin	\$411,715	\$0	\$535,838	\$0
Intergovernmental	\$0	\$1,383,006	\$0	\$1,525,377
Other / Miscellaneous	\$3,130,000	\$7,550	\$3,182,519	\$240,000
Service Charges	\$999,443	\$444,906	\$1,956,061	\$150,000
Total Revenue	\$4,541,158	\$1,835,462	\$5,674,418	\$1,915,377

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with HRSA grant revenue, quality incentive payments and County General Fund. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

Medical Fees: \$5,288,580
 Federal Primary Care grant: \$1,371,457
 State Family Plan: \$153,920
 ED Utilization RCHC: \$120,000
 ED Utilization SEHC: \$120,000

Significant Program Changes

Last Year this program was: FY 2018: 40034 Quality Assurance

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	2018	2018	2019	2019
Personnel	\$121,391	\$0	\$125,537	\$0
Contractual Services	\$102,997	\$0	\$104,670	\$0
Materials & Supplies	\$4,988	\$0	\$5,436	\$0
Internal Services	\$12,975	\$0	\$16,993	\$0
Total GF/non-GF	\$242,351	\$0	\$252,636	\$0
Program Total:	\$242,351		\$252,636	
Program FTE	1.30	0.00	1.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40036 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40007, 40008, 40053, 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 with 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 lead through home inspections and case management; 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Community Members receiving information on environmental threats	39,031	45,000	69,986	52,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	29	40	29	35
Output	Number of households with reduced household hazards	56+	100	109	NA
Outcome	Number of health-based policy recommendations made that are adopted	9	15	34	30

Performance Measures Descriptions

1) Includes all program areas (phone counseling, referral, educational materials, website & events). 2) HUD and EPA best-practice measure of effectiveness. 4) 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	2018	2018	2019	2019
Personnel	\$43,076	\$270,979	\$61,985	\$234,186
Contractual Services	\$150,881	\$28,286	\$9,820	\$97,580
Materials & Supplies	\$194	\$40,189	\$26,323	\$16,765
Internal Services	\$25,287	\$97,416	\$57,406	\$62,969
Total GF/non-GF	\$219,438	\$436,870	\$155,534	\$411,500
Program Total:	\$656,308		\$567,034	
Program FTE	0.20	2.15	0.62	2.05

Program Revenues				
Indirect for Dept. Admin	\$25,662	\$0	\$22,974	\$0
Intergovernmental	\$0	\$436,870	\$0	\$239,000
Service Charges	\$0	\$0	\$0	\$172,500
Total Revenue	\$25,662	\$436,870	\$22,974	\$411,500

Explanation of Revenues

FY18 revenue includes \$196,500 from the City of Portland; \$10,000 from the State Lead Program; \$172,500 from Fish Advisory Outrch funding; State Maternal Child Health Perinatal fund \$32,500.

Significant Program Changes

Last Year this program was: FY 2018: 40037 Environmental Health Community Programs

Department: Health Department **Program Contact:** Pei-ru Wang
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
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 the following program areas.

Community Health Worker (CHW) Training: The CCC uses popular (empowerment) education to train CHWs. 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, working with community-based organizations (CBOs), has provided certification training for over 390 CHWs. Several culturally specific community-based organizations expressed a strong interest in developing their own CHW training programs. The CCC supports CBOs to further develop their own training capacity by providing CHW facilitator training, curriculum consultation, and mentoring.

Training, Facilitation and Consultation: The CCC assists in building system capacity through community training, facilitation, and engagement by providing popular (empowerment) education facilitator training, meeting facilitation, and consultation to county programs and external CBOs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of organizations provided TA in developing CHW training capacity	NA	NA	2	5
Outcome	Number of Community Health Workers trained by partner organizations	NA	NA	25	50
Output	# of county staff trained to apply appropriate strategies for community training and engagement	NA	NA	45	100
Outcome	% of county staff trained who have increased confidence in providing facilitation and community engagement	NA	NA	NA	80%

Performance Measures Descriptions

1) New measure. 2) New measure. 3) New measure. 4) New measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$578,237	\$89,619	\$362,315	\$0
Contractual Services	\$1,500	\$374,456	\$57,600	\$0
Materials & Supplies	\$28,519	\$23,310	\$35,262	\$0
Internal Services	\$141,744	\$10,281	\$171,155	\$0
Total GF/non-GF	\$750,000	\$497,666	\$626,332	\$0
Program Total:	\$1,247,666		\$626,332	
Program FTE	4.47	0.85	2.80	0.00

Program Revenues				
Indirect for Dept. Admin	\$609	\$0	\$0	\$0
Fees, Permits & Charges	\$142,000	\$0	\$0	\$0
Other / Miscellaneous	\$0	\$497,666	\$0	\$0
Total Revenue	\$142,609	\$497,666	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40038 Health Promotion and Community Capacity Building

United Way will contract directly with Oregon Community Health Worker Association, rather than Multnomah County acting as a pass-through agent.

Department: Health Department **Program Contact:** Holly Calhoun
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Training & Workforce Development Group provides guidance and consultation in administrative procedures, recruitment, employee/labor relations, Class Comp, core management competencies, personnel policies and labor contract interpretation, training facilitation, employee/leadership development and legal compliance. Objectives are achieved through (a) applying business best practices, (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance.

Program Summary

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) **Organizational Effectiveness:** Creates and implement processes that are evaluated and improved for efficiency, effectiveness and flexibility. Provides custom forms, manager guides and process maps to reflect the various workflows specific to the Health Department human resources functions. Tracks and management core HR metrics including workforce hiring, promotional and separation trends, investigatory themes and key opportunities, recruitment trends, etc so that the data can be used to drive improved performance standards.
- 2) **Workforce Development:** Promotes equitable access and invests in workforce development through education, training and diversity focused succession planning. Provides staff and organization development opportunities that support high performance, leadership development, and improved collaboration and communication. This includes a customized leadership development training program called "Intentional Leadership" that focuses on developing the core skills and competencies the Health Dept finds critical for managers and supervisors. Additional support to the Health Dept includes organizational development consultation, change management, team building and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination, and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 3) **Quality Assurance and Compliance:** Ensures federal, state, organizational and contractual compliance and integrity. Ensures Human Resources' systems, processes and personnel rules are implemented and consistently followed. Guides and directs all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, and recruitment. Maintains record and retention compliance with County Personnel Rules, department guidelines and labor contracts, to reduce liability and costs of unlawful employment practices. Monitors HR departmental compliance as it relates to FMLA/OFLA, ADA, HIPAA, etc.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% increase in diversity of workforce	N/A	11%	5%	6%
Outcome	% increase in diversity of hires, through the increase focus on diversity focused recruitment strategies	N/A	3%	2%	3%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	N/A	35%	50%	44%
Output	# of Mgrs attending custom Health Leadership Development Training (created this FY)	N/A	22	70	85

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	2018	2018	2019	2019
Personnel	\$2,447,714	\$0	\$2,925,913	\$0
Contractual Services	\$80,411	\$0	\$84,243	\$0
Materials & Supplies	\$112,310	\$0	\$86,383	\$0
Internal Services	\$410,011	\$0	\$419,432	\$0
Total GF/non-GF	\$3,050,446	\$0	\$3,515,971	\$0
Program Total:	\$3,050,446		\$3,515,971	
Program FTE	19.30	0.00	22.75	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40039 Human Resources and Training

Department: Health Department

Program Contact: Robert Stoll

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 40041 and 40042

Program Characteristics:
Executive Summary

This program is responsible for providing all financial reporting and forecasting, grant accounting, budget development and monitoring, and accounts payable for the Health Department. They are liaisons for the department with the Department of County Management (e.g. Budget Office, Central Finance) and are responsible for adhering to County budget, financial and administrative procedures, policies and practices.

Program Summary

This program manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department's financial reports and forecasting, as well as develops and maintains the Department's budget. Accounts Payable and travel and training services are also provided.

Budget and Finance works closely with county staff in the CFO's office, Budget Office, and Central Finance. Compliance with a multitude of federal, state and county financial policies and procedures is a key responsibility of this division.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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	2018	2018	2019	2019
Personnel	\$2,778,428	\$0	\$3,132,027	\$0
Contractual Services	\$41,200	\$0	\$0	\$0
Materials & Supplies	\$65,606	\$0	\$47,411	\$0
Internal Services	\$272,525	\$0	\$258,423	\$0
Total GF/non-GF	\$3,157,759	\$0	\$3,437,861	\$0
Program Total:	\$3,157,759		\$3,437,861	
Program FTE	26.00	0.00	26.80	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40040 Budget & Finance

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,359,907	\$0	\$1,630,560	\$0
Contractual Services	\$10,330	\$0	\$10,400	\$0
Materials & Supplies	\$176,029	\$0	\$215,590	\$0
Internal Services	\$104,424	\$0	\$188,691	\$0
Total GF/non-GF	\$1,650,690	\$0	\$2,045,241	\$0
Program Total:	\$1,650,690		\$2,045,241	
Program FTE	13.00	0.00	15.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40041 Medical Accounts Receivable

Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,371,133	\$0	\$1,496,347	\$0
Materials & Supplies	\$42,340	\$0	\$33,467	\$0
Internal Services	\$90,982	\$0	\$146,622	\$0
Total GF/non-GF	\$1,504,455	\$0	\$1,676,436	\$0
Program Total:	\$1,504,455		\$1,676,436	
Program FTE	12.00	0.00	13.50	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40042 Contracts & Procurement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,244,796	\$0	\$2,388,043	\$0
Contractual Services	\$11,500	\$0	\$70,080	\$0
Materials & Supplies	\$138,944	\$0	\$121,261	\$0
Internal Services	\$283,367	\$0	\$3,145,594	\$0
Total GF/non-GF	\$2,678,607	\$0	\$5,724,978	\$0
Program Total:	\$2,678,607		\$5,724,978	
Program FTE	16.60	0.00	16.80	0.00

Program Revenues				
Other / Miscellaneous	\$9,406,881	\$0	\$10,751,502	\$0
Total Revenue	\$9,406,881	\$0	\$10,751,502	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40043 Health Department Operations

Department: Health Department**Program Contact:** Mark Lewis**Program Offer Type:** Support**Program Offer Stage:** As Adopted**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, licensing 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, student health centers, corrections health, STD and other specialty Public Health clinics, early childhood and other community and home 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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	2018	2018	2019	2019
Personnel	\$389,838	\$0	\$417,014	\$0
Materials & Supplies	\$2,613,525	\$0	\$1,879,158	\$0
Internal Services	\$38,736	\$0	\$29,865	\$0
Total GF/non-GF	\$3,042,099	\$0	\$2,326,037	\$0
Program Total:	\$3,042,099		\$2,326,037	
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 2018: 40044 Health Clinical Data and Reporting

Department: Health Department **Program Contact:** Dr. Frank Franklin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Community Epidemiology Services (CES) provides the fundamental capacity that enables the Public Health Division to make data-driven decisions, program improvements, and policy recommendations. CES helps public health leaders, policy makers, clinicians, and community members assess the magnitude of disease, disorder, and injury burden among community populations. CES identifies the drivers of health and disease determinants and captures whether health interventions are working well.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease, and promote and protect health among all County populations. CES includes Program Design and Evaluation Services (PDES), a unit shared between PHD and the Oregon Health Authority. PDES secures about \$3 million annually in grants and contracts to provide evaluation support to PHD, State public health, and other agencies, and to conduct applied public health research projects to improve community health, shape public policy, reduce health inequities, and study key emerging issues. CES functions include:

- 1) Leading PHD programs in coordinated public health data and epidemiologic analysis: 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. CES provides support in quantitative and qualitative methods, guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, and data management. In addition, CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines.
- 2) Informing program and policy: CES provides, analyzes, and reports on population and health system data to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). 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. CES serves a key role in evaluating whether programs and policies are effective, collaborating with partners to identify areas for improvement and highlight successes (e.g., Healthy Birth Initiative, REACH, and STRYVE).
- 3) Disseminating analytic findings: CES shares findings through public health data reports, peer-reviewed scientific manuscripts, policy briefs, web-based reports, and presentations to County and State leadership, programs, and community partners. Examples include the development, maintenance, and dissemination of the County Maternal Child and Family Health Data Book, Report Card on Racial and Ethnic Disparities, and the morbidity and mortality publications, which provides data on emerging policy issues (e.g., retail marijuana legalization).

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	14	15	14	15
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	23	23	20	18

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	2018	2018	2019	2019
Personnel	\$843,623	\$1,314,679	\$910,846	\$998,052
Contractual Services	\$8,000	\$421,752	\$50,195	\$285,000
Materials & Supplies	\$53,068	\$45,912	\$90,805	\$39,140
Internal Services	\$67,885	\$159,864	\$102,921	\$125,854
Total GF/non-GF	\$972,576	\$1,942,207	\$1,154,767	\$1,448,046
Program Total:	\$2,914,783		\$2,602,813	
Program FTE	6.15	9.34	5.80	6.48

Program Revenues				
Indirect for Dept. Admin	\$124,499	\$0	\$97,910	\$0
Intergovernmental	\$0	\$1,942,207	\$0	\$1,448,046
Total Revenue	\$124,499	\$1,942,207	\$97,910	\$1,448,046

Explanation of Revenues

State Local Public Health Authority IGA: \$633,022
Natl Institutes of Health: \$60,000
State Of Alaska: \$552,000
State Office of Multicultural Health: \$26,500
AK Chronic Retainer: \$120,000
Public Health Modernization: \$56,524

Significant Program Changes

Last Year this program was: FY 2018: 40048 Community Epidemiology

Department: Health Department **Program Contact:** Frank Franklin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Native Hawaiians and Pacific Islanders are one of the fastest growing and most diverse racial groups in the U.S. There is a lack of data on health care access, quality of life and health outcomes and a lack of culturally specific health strategies for these communities in Multnomah County. This program offer is a collaboration between Pacific Islander community groups and Community Epidemiology Services to provide a culturally sensitive approach to collecting community health data from Native Hawaiians and Pacific Islanders to inform culturally specific health promotion strategies.

Program Summary

Every year, the Oregon Public Health Division collects community health data using a telephone survey called the Behavioral Risk Factor Surveillance System (BRFSS). Topics covered including physical activity, diet, smoking, health care access and utilization, disease screening and diagnoses, and other factors that can affect health. Although the BRFSS is an effective tool for collecting health information from dominant culture groups, many communities in Oregon have expressed concerns about the overall approach. Specifically, the BRFSS asks respondents to share sensitive health information over the phone. Several communities—particularly those within the Pacific Islander population—have indicated that this approach is not culturally appropriate. In addition, the telephone survey has traditionally only been offered in English and Spanish.

Respondent-driven sampling (RDS) is an alternative method used by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for collecting information from populations where methods like the BRFSS are less effective. RDS is a person-to-person method that allows for community-centered trust building among participants. The study begins with a few people, and each of them recruits other participants through their social networks. The process continues until the desired number of respondents is reached for meaningful analysis.

RDS has the potential to be a more appropriate method for collecting community health from groups like Native Hawaiians and Pacific Islanders. The RDS method has the potential to become a more culturally sensitive approach to informing a broader understanding of the health status and health care access within the Pacific Islander community.

Working in collaboration with Pacific Islander community groups, the Public Health Division Community Epidemiology Services staff will provide both technical assistance in data collection and analysis and a health status report. This project addresses the limitations and concerns expressed by the Pacific Islander community as a result of the Pacific Islander supplement to the 2014 Multnomah County Report Card on Racial and Ethnic Disparities. This one-time-only request is the result of new and developing partnerships between the Health Equity Initiative, Pacific Islander community groups and Community Epidemiology Services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# individuals surveyed in a respondent-driven sample	N/A	N/A	N/A	150
Outcome					
Output	Native Hawaiian and Pacific Islander Health Assessment Report	N/A	N/A	N/A	1

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$117,773	\$0
Contractual Services	\$0	\$0	\$49,000	\$0
Materials & Supplies	\$0	\$0	\$8,227	\$0
Total GF/non-GF	\$0	\$0	\$175,000	\$0
Program Total:	\$0		\$175,000	
Program FTE	0.00	0.00	0.30	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:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 80 detained youth at any one time (+3,500 per year) from Multnomah, Washington and Clackamas counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Program Summary

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of client visits conducted by a CH nurse per yr	2,503	2,500	2,800	2,500
Outcome	% of detained youth receiving mental health medications monthly	36%	40%	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	2018	2018	2019	2019
Personnel	\$870,969	\$0	\$689,936	\$0
Materials & Supplies	\$43,913	\$0	\$51,747	\$0
Internal Services	\$110,795	\$0	\$151,505	\$0
Total GF/non-GF	\$1,025,677	\$0	\$893,188	\$0
Program Total:	\$1,025,677		\$893,188	
Program FTE	6.00	0.00	4.10	0.00

Program Revenues				
Total Revenue	\$0	\$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 2018: 40049 Corrections Health Juvenile Detention

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

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

Related Programs:
Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to all detained individuals is the responsibility of Corrections Health. From first entering into the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and are equivalent to other correctional facilities across the country.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 70 newly booked individuals each day. Nurses (24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. TB screening is an essential component of the screening process, to treat the individual as well as to protect the health of other detainees, staff and the community. An additional history and physical examination is performed on all individuals incarcerated for 14 days. Additionally, staff assess and treat acute and chronic medical and mental health issues as appropriate during each individual's incarceration. Suicide and self harm symptom identification is an essential mental health function. The Mental Health team is composed of a psychiatrist, PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. One half of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Average # of Reception Screening ("EPF"=Entry Progress Form") completed in a month	na/-	na/-	1,900	1,900
Outcome	% of + screenings resulting in a referral to the mental health team per year	30%	30%	30%	30%

Performance Measures Descriptions

FY18: 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	2018	2018	2019	2019
Personnel	\$2,637,717	\$0	\$2,501,409	\$0
Contractual Services	\$100,000	\$0	\$105,000	\$0
Materials & Supplies	\$100,000	\$0	\$332,800	\$0
Internal Services	\$28,923	\$0	\$74,421	\$0
Total GF/non-GF	\$2,866,640	\$0	\$3,013,630	\$0
Program Total:	\$2,866,640		\$3,013,630	
Program FTE	19.60	0.00	19.50	0.00

Program Revenues				
Service Charges	\$40,000	\$0	\$0	\$0
Total Revenue	\$40,000	\$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: FY 2018: 40050A Corrections Health Multnomah County Detention Center (MCDC)

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

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

Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community, and are equivalent to other correctional facilities across the country.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operator, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. The 4th floor also contains a nursing station, administrative areas and a medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care are provided in the jail instead of a high cost hospital. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This health care is delivered effectively through providing the right care in the right setting.

The fourth floor housing unit 4D is acute mental health. There are 10 beds in that unit. Both medical and mental health services are provided to these chronically ill clients.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,357	1,300
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	na/-	160	90	100

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, captures management of detainees felt to be at risk, better reflecting resource needs.

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	2018	2018	2019	2019
Personnel	\$1,549,009	\$0	\$1,535,919	\$0
Contractual Services	\$360,000	\$0	\$319,321	\$0
Materials & Supplies	\$225,130	\$0	\$386,508	\$0
Internal Services	\$86,142	\$0	\$375,665	\$0
Total GF/non-GF	\$2,220,281	\$0	\$2,617,413	\$0
Program Total:	\$2,220,281		\$2,617,413	
Program FTE	9.30	0.00	10.30	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 2018: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

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

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,300	1,300
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	na/-	160	90	90

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, captures management of detainees felt to be at risk, better reflecting resource needs.

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	2018	2018	2019	2019
Personnel	\$1,983,674	\$0	\$2,313,610	\$0
Contractual Services	\$200,000	\$0	\$224,321	\$0
Materials & Supplies	\$100,479	\$0	\$0	\$0
Internal Services	\$207,962	\$0	\$254,894	\$0
Total GF/non-GF	\$2,492,115	\$0	\$2,792,825	\$0
Program Total:	\$2,492,115		\$2,792,825	
Program FTE	16.70	0.00	17.85	0.00

Program Revenues				
Service Charges	\$0	\$0	\$40,000	\$0
Total Revenue	\$0	\$0	\$40,000	\$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 2018: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operator, one mental health and one triage/treatment room are available for office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

Mental health services are also provided to inmates at MCIJ. Inmates typically are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occurs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, measure added for FY18.

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	2018	2018	2019	2019
Personnel	\$2,538,142	\$0	\$2,165,226	\$0
Contractual Services	\$200,000	\$0	\$200,000	\$0
Materials & Supplies	\$290,157	\$0	\$548,744	\$0
Internal Services	\$218,733	\$0	\$441,790	\$0
Total GF/non-GF	\$3,247,032	\$0	\$3,355,760	\$0
Program Total:	\$3,247,032		\$3,355,760	
Program FTE	18.40	0.00	20.40	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 2018: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

Last year this program was also: Corrections Health MCIJ Supplemental Staffing

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and is equivalent to other correctional facilities across the country.

This offer represents a variety of health, mental health, and dental services to 430 men and women in the open Dorms at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, evaluation of injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases. This health care is delivered effectively through providing the right care in the right settings.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, added for FY18.

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	2018	2018	2019	2019
Personnel	\$1,063,945	\$0	\$1,358,772	\$0
Contractual Services	\$140,000	\$0	\$224,321	\$0
Materials & Supplies	\$27,000	\$0	\$95,066	\$0
Internal Services	\$164,500	\$0	\$133,318	\$0
Total GF/non-GF	\$1,395,445	\$0	\$1,811,477	\$0
Program Total:	\$1,395,445		\$1,811,477	
Program FTE	9.00	0.00	6.50	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. 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 2018: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

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

Executive Summary

Corrections Health Multnomah County 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, added for FY18.

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	2018	2018	2019	2019
Personnel	\$954,908	\$0	\$1,322,556	\$0
Contractual Services	\$122,000	\$0	\$224,321	\$0
Materials & Supplies	\$24,001	\$0	\$0	\$0
Internal Services	\$120,500	\$0	\$0	\$0
Total GF/non-GF	\$1,221,409	\$0	\$1,546,877	\$0
Program Total:	\$1,221,409		\$1,546,877	
Program FTE	7.90	0.00	8.30	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 2018: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Department: Health Department **Program Contact:** Kathryn Richer

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

Related Programs:
Program Characteristics:
Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,500 yearly deaths fall into this category. ME Office activities are highly visible to the public when a questionable death occurs in the community. ME staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

Program Summary

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME's Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME's Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of deaths requiring investigation	2,233	2,500	2,350	2,500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	80%	82%	73%	73%

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	2018	2018	2019	2019
Personnel	\$1,127,733	\$0	\$1,119,259	\$0
Contractual Services	\$16,516	\$0	\$17,010	\$0
Materials & Supplies	\$76,968	\$0	\$76,687	\$0
Internal Services	\$95,213	\$0	\$130,607	\$0
Total GF/non-GF	\$1,316,430	\$0	\$1,343,563	\$0
Program Total:	\$1,316,430		\$1,343,563	
Program FTE	10.10	0.00	10.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40052 Medical Examiner

Department: Health Department **Program Contact:** Kathryn Richer
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40052A
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 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 Medical Examiner's Office provides two full time staff members to conduct and assist with autopsies for both County and State cases. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Increase Number of deaths requiring investigation- no impact on program output	N/A	N/A	N/A	2,550
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls-improvement in outcome	N/A	N/A	N/A	80%

Performance Measures Descriptions

This out of target offer for an additional investigator will help the program achieve its performance goals in FY2019.

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	2018	2018	2019	2019
Personnel	\$0	\$0	\$119,477	\$0
Materials & Supplies	\$0	\$0	\$7,219	\$0
Total GF/non-GF	\$0	\$0	\$126,696	\$0
Program Total:	\$0		\$126,696	
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:

The Multnomah County Medical Examiner's Office (MCMEO) currently employs a staff of six full-time Deputy Medical Examiners (aka Death Investigators) and one Chief Deputy Medical Examiner to cover an ORS-required 24/7/365 operation. The number of Death Investigators has remained the same since the early 1970s, despite a population increase of 30%. The objective of this proposal is to fund a new 1.0 FTE Deputy Medical Examiner position to: 1) Increase the number of personnel available to respond to death scene investigations, death notifications and associated activities; 2) Increase death scene investigation response times; 3) Decrease the percentage of cases being reviewed by phone; 4) Decrease overtime of full-time staff, and improve case load, and decrease costs for on-call employees.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 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 (Community Powered Change): 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 by promoting culturally-specific and population level approaches.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of county-community partnerships to improve health outcomes in populations with health inequities	50	16	80	80
Outcome	Percent of racial/ethnic minorities with increased access to health promoting interventions	30%	25%	30%	30%
Output	Percent of PHD projects or strategies provided technical assistance in applying culturally responsive strategies	40%	75%	50%	50%
Outcome	% of PHD programs implementing baseline recommendations for Title VI of Civil Rights Act of 1964	NA	75%	25%	75%

Performance Measures Descriptions

3) Revised from programs to projects or strategies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$858,661	\$156,696	\$886,281	\$92,648
Contractual Services	\$200,000	\$114,680	\$200,000	\$67,500
Materials & Supplies	\$67,159	\$24,841	\$61,291	\$14,538
Internal Services	\$163,919	\$87,158	\$106,446	\$11,683
Total GF/non-GF	\$1,289,739	\$383,375	\$1,254,018	\$186,369
Program Total:	\$1,673,114		\$1,440,387	
Program FTE	6.80	1.57	6.80	0.75

Program Revenues				
Indirect for Dept. Admin	\$14,839	\$0	\$9,089	\$0
Intergovernmental	\$0	\$383,375	\$0	\$186,369
Total Revenue	\$14,839	\$383,375	\$9,089	\$186,369

Explanation of Revenues

CDC REACH Grant: \$186,369

Significant Program Changes

Last Year this program was: FY 2018: 40053A Racial and Ethnic Approaches to Community Health

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40055, 40056, 40058
Program Characteristics:

Executive Summary

Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by more than 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served	440	425	425	350
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	56%	65%	66%	65%
Quality	Client retention in prenatal phase of NFP program	56%	70%	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	2018	2018	2019	2019
Personnel	\$1,169,510	\$1,274,812	\$708,417	\$1,323,737
Contractual Services	\$538,766	\$108,853	\$603,843	\$101,388
Materials & Supplies	\$80,796	\$2,015	\$70,111	\$10,960
Internal Services	\$310,605	\$211,484	\$427,837	\$166,505
Total GF/non-GF	\$2,099,677	\$1,597,164	\$1,810,208	\$1,602,590
Program Total:	\$3,696,841		\$3,412,798	
Program FTE	8.62	8.99	4.78	8.56

Program Revenues				
Indirect for Dept. Admin	\$130,775	\$0	\$129,534	\$0
Intergovernmental	\$0	\$237,108	\$0	\$217,120
Service Charges	\$0	\$1,466,166	\$0	\$1,385,470
Total Revenue	\$130,775	\$1,703,274	\$129,534	\$1,602,590

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: \$192,120
 Target Case Management Babies First fees: \$750,000
 Medicaid Maternity Case Management fees: \$635,470
 Early Home Visiting grant: \$25,000

Significant Program Changes

Last Year this program was: FY 2018: 40054 Nurse Family Partnership

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40056, 40058, 40037
Program Characteristics:

Executive Summary

This program includes the Healthy Homes Asthma Home Visiting program, the Empezando con Salud/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 Empezando con Salud/Maternal/Child Medical Home (MCMH) project began in FY17 and focuses on Latinix families at the Department's East County Health Center. The project recruits Latinix families through prenatal patients and patients ages 0-3; and works with patients and Latinix-serving community organizations to develop a trauma-informed, culturally responsive, coordinated care model. MCMH care coordination includes prenatal, developmental, and Adverse Childhood Experiences (ACEs) screenings; and a menu of clinical, group, home visiting, and behavioral health services. The Empezando con Salud/MCMH project has focused on planning, workforce development, and refining the model. The subsequent months of intervention will provide services to approximately 600 families at East County Health Center and continue refining the intervention. The Health Department's Integrated Clinical Services and Racial and Ethnic Approaches to Community Health are key organizational partners.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served by the Empezando con Salud/Maternal Child Medical Home	50	400	150	400
Outcome	Number of families receiving an environmental home inspection	NA	40	20	NA
Quality	% completion of nursing assessments for families seen more than three times	100%	95%	100%	100%
Output	% of prenatal clients in the Maternal/Child Medical Home completing a self assessment of needs screening	100%	60%	75%	75%

Performance Measures Descriptions

1) Due to delay in program implementation, FY18 Purchased goals not fully achieved. 2) Due to reductions in Title V Maternal and Child Health Services Block Grant Program funding, the environmental health inspections portion of this program has been eliminated in FY19.

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	2018	2018	2019	2019
Personnel	\$587,608	\$1,246,097	\$636,229	\$1,256,102
Contractual Services	\$30,000	\$83,650	\$204,656	\$99,984
Materials & Supplies	\$9,168	\$82,068	\$64,756	\$103,272
Internal Services	\$131,392	\$338,504	\$80,668	\$266,357
Total GF/non-GF	\$758,168	\$1,750,319	\$986,309	\$1,725,715
Program Total:	\$2,508,487		\$2,712,024	
Program FTE	5.92	12.11	5.44	9.01

Program Revenues				
Indirect for Dept. Admin	\$114,591	\$0	\$116,799	\$0
Intergovernmental	\$0	\$1,325,759	\$0	\$1,255,466
Service Charges	\$0	\$424,560	\$0	\$470,249
Total Revenue	\$114,591	\$1,750,319	\$116,799	\$1,725,715

Explanation of Revenues

This program offer is funded by the following:

\$993,957: CareOR MatrnI Med Hm
 \$166,992: Medicaid TCM/Babies First
 \$303,257: Healthy Homes TCM
 \$227,509: DDSD-CHN
 \$17,000: OCDG EHS-CHN
 \$17,000: MHCC Head Start

Significant Program Changes

Last Year this program was: FY 2018: 40055 Home and Community Based Health Consulting

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, evidence-based program that is part of the state-wide Healthy Families of Oregon (HFO) network. HFMC provides early childhood risk screening and home visiting for children and families at-risk of poor early childhood outcomes. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three. HFMC will screen approximately 1,000 families for eligibility, enrolling approximately 600 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 prenatal period or birth of a new 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. The program supports improved equity in communities of color and low income communities. Long-term benefits to the County include increasing the number of healthy children who enter kindergarten ready to learn, a healthier workforce and decreased costs to County systems by preventing future child welfare involvement, school absenteeism, juvenile crime and chronic disease.

The program has two components: 1) Welcome Baby screens families for service eligibility and refers families who may be experiencing risk indicators for parent stress. 2) HFMC home visiting delivers the accredited, evidence-based Healthy Families America model, delivered by highly trained staff at community-based agencies. Home visiting teams have a culturally-specific focus, including African American, immigrant/refugee, Latino families, teen parents, and parents with significant substance abuse or trauma history. HFMC collaborates with the Healthy Birth Initiative (HBI) to improve services for African American families. All families who receive prenatal services with HBI are offered three years HFMC home visiting services after their child is born. A Maternal Child and Family Health Advisory Council guides the program.

HFMC partners with Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs. ELM 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 further the County's collective impact, HFMC adopted ELM priority populations as new priority screening and service populations. The HFMC program maximizes investments HealthShare of Oregon made in FY18 to develop and pilot a new tri-county early childhood resource referral and service tracking database with the goal of closing service gaps for families most at risk. HFMC home visitors leverage Medicaid Administrative Claiming (MAC) funds which provide culturally-specific, African American Mental Health Consultation (MHC) and other program supports that strengthen service delivery and improve family engagement and retention in services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served with intensive home visiting	575	575	611	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	64%	66%	NA	66%
Outcome	% of families served who fit Early Learning Multnomah (ELM) priority populations (People of Color/low income)	NA	83%	90%	90%

Performance Measures Descriptions

3) Current Year Estimate unavailable due to a transition in data systems at the state Early Learning Division. In the future, the program will have the ability to independently draw data reports from a State of Oregon database.

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	2018	2018	2019	2019
Personnel	\$406,127	\$689,898	\$363,182	\$616,561
Contractual Services	\$456,935	\$1,480,838	\$214,564	\$1,574,975
Materials & Supplies	\$24,295	\$12,929	\$25,715	\$0
Internal Services	\$50,000	\$191,796	\$193,600	\$77,749
Total GF/non-GF	\$937,357	\$2,375,461	\$797,061	\$2,269,285
Program Total:	\$3,312,818		\$3,066,346	
Program FTE	3.00	6.65	3.21	5.65

Program Revenues				
Indirect for Dept. Admin	\$65,333	\$0	\$60,485	\$0
Intergovernmental	\$0	\$2,375,461	\$0	\$2,237,285
Other / Miscellaneous	\$0	\$0	\$0	\$32,000
Total Revenue	\$65,333	\$2,375,461	\$60,485	\$2,269,285

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: \$2,037,285
 Medicaid Administrative Claiming: \$200,00
 HSO: Help Me Grow Grant:\$32,000

Significant Program Changes

Last Year this program was: FY 2018: 40056 Healthy Families

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

Executive Summary

The Future Generations Collaborative (FGC) is a collective impact model whose partners include Native American and Alaska Native community members, Native-serving organizations, and government agencies. The FGC seeks to increase healthy pregnancies and healthy births and strengthen families in Native American and Alaska Native communities.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to Native American women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health effects, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally-specific, trauma-informed collective impact model to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The FGC builds community capacity to mobilize, educate, and inform community through peer-to-peer support and training; increasing use of the relational world view and trauma-informed approaches within health and social service systems; and enhancing participation of Native-identified community health workers and community members in policy and systems changes. Finally, the FGC plays a unique role in Multnomah County, providing culturally-relevant and trauma-informed technical assistance and training to health and social service providers, including community health workers, to more effectively adapt systems and programs to support people and families affected by FASD.

The work of the FGC responds to the 2014 Report Card on Racial and Ethnic Disparities, as well as other local and regional community health assessments and community health improvement plans. The FGC addresses the underlying causes of health inequities by focusing on the social determinants of health, operating in a life course health perspective, and building capacity within the Native community and Native-serving organizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of TA and capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	15	12	14	14
Outcome	% participants w/increased awareness of FASD prevention & effective support for those affected by FAS	NA	90%	90%	90%
Quality	# of Elders/Natural Helpers and Native-identified community health workers engaged in policy advocacy	42	13	24	20
Quality	# Meaning Making meetings to gather and integrate input on successes and process improvements for the FGC	3	2	2	2

Performance Measures Descriptions

2) Due to transition in evaluation, quantitative participant outcomes weren't tracked at each training or TA session. A new Indigenized process has been developed with greater emphasis on qualitative evaluation. 3) Revised: measures changed from unique clients to not unique contacts as some individuals engage in more than one event.

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). The FGC is seeking additional grant funds to sustain the current scope of work and supplement general fund contribution to the collaborative.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$147,265	\$0	\$171,112	\$0
Contractual Services	\$71,334	\$263,435	\$81,476	\$150,000
Materials & Supplies	\$2,143	\$0	\$2,058	\$0
Internal Services	\$15,626	\$0	\$24,004	\$0
Total GF/non-GF	\$236,368	\$263,435	\$278,650	\$150,000
Program Total:	\$499,803		\$428,650	
Program FTE	1.35	0.00	1.50	0.00

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$113,435	\$0	\$0
Total Revenue	\$0	\$263,435	\$0	\$150,000

Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund, Local Public Health Authority Title V funds, In FY18, Title V support will be increased.

Maternal Child Health Federal Block Grant: \$150,000

Significant Program Changes

Last Year this program was: FY 2018: 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:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40056
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 250 new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 15 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health outcome disparities 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served	165	225	200	250
Outcome	Percent of mothers initiating breastfeeding after delivery	95%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old	80%	85%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	92%	95%	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	2018	2018	2019	2019
Personnel	\$572,083	\$926,607	\$659,694	\$818,191
Contractual Services	\$116,000	\$91,875	\$97,000	\$75,375
Materials & Supplies	\$36,721	\$53,155	\$71,213	\$25,744
Internal Services	\$62,862	\$233,393	\$96,010	\$279,610
Total GF/non-GF	\$787,666	\$1,305,030	\$923,917	\$1,198,920
Program Total:	\$2,092,696		\$2,122,837	
Program FTE	5.43	8.05	6.00	6.80

Program Revenues				
Indirect for Dept. Admin	\$77,701	\$0	\$80,265	\$0
Intergovernmental	\$0	\$750,000	\$0	\$750,000
Service Charges	\$0	\$448,920	\$0	\$448,920
Total Revenue	\$77,701	\$1,198,920	\$80,265	\$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
Targeted Case Management: \$448,920

Significant Program Changes

Last Year this program was: FY 2018: 40058 Healthy Birth Initiative

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40050-40051
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 80 juveniles. Over 36,000 adult individuals are cared for each year with approximately 30% having mental health and behavioral issues. Over 2,000 juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the facilities 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 mental health services to adults in the MCDC and MCIJ facilities and juveniles in the JDH facility. 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. At MCIJ, approximately 600 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial are housed. 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. Mental health services are also provided to inmates at MCIJ, both individually and in groups. 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. 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 addition to the services provided by mental health professions, mental health and behavioral issues are screened for and addressed by nursing and other staff in a variety of circumstances: intake/reception screening, 14-Day Health Assessment, response to medical request forms, management in observation units and at release. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 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	90	90
Output	Avg number of evaluations performed by Mental Health Consultants for all Corrections Health sites per month	na	na	840	900
Outcome	% of detained youth receiving mental health medications monthly	36%	40%	40%	40%

Performance Measures Descriptions

Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.
NEW Output Measure: Tracking MHC evaluations helps to assess access to care and resource utilization
NEW Outcome Measure: Tracking percentage of youth receiving psychotropic medications allows for monitoring of needs at the JDH facility.

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	2018	2018	2019	2019
Personnel	\$3,016,255	\$0	\$3,192,760	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$295,803	\$0	\$19,724	\$0
Internal Services	\$121,855	\$0	\$307,010	\$0
Total GF/non-GF	\$3,473,913	\$0	\$3,559,494	\$0
Program Total:	\$3,473,913		\$3,559,494	
Program FTE	23.20	0.00	21.80	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. 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. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2018: 40059 Corrections Health Mental Health Services

The description of mental health program components in all facilities comprising mental health delivery services have been consolidated into this program. Positions and expenditures were also previously budgeted in Program Offers 40050B Corrections Health Multnomah County Detention Center (MCDC), 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8, 40051B Corrections Health MCIJ General Housing Dorms 4 - 11, 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053, 40006, 40025, 40037, 40038
Program Characteristics:

Executive Summary

Chronic Disease and Violence Prevention (CDVP) includes the STRYVE, Defending Childhood Initiative (DCI), and Healthy Communities programs. These programs respond to documented health inequities by working in neighborhoods with the highest rates of crime and disease. Prevention strategies include community-informed planning and decision-making; training and technical assistance, community health worker initiatives; and activities that improve policies, systems, and environments.

Program Summary

Research shows that an individual's zip code is a main determinant of health and wellbeing. Locally, geographic areas with higher poverty, lower educational attainment, and neighborhoods subjected to disinvestment and/or gentrification also have significant health disparities, including for chronic disease and exposure to violence and trauma. CDVP programs work alongside community members to improve and prevent these inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, health care, and physical environments.

Violence Prevention strategies are implemented by STRYVE (Striving to Reduce Youth Violence Everywhere) and DCI (Defending Childhood Initiative). STRYVE prevents youth violence through community health workers (CHWs) who work in partnership with youth and adults to address community trauma, increase resilience, and build system capacity to use a public health approach to violence. Activities improve neighborhood livability through peace poles, murals, and other projects that are community-led and provide summer employment programs for youth. DCI works with partners to enhance capacity to recognize, respond to, and prevent childhood exposure to all forms of violence and trauma. Activities include providing professional development and training; collaborating with stakeholders to ensure policies and programs support community needs; and utilizing public awareness campaigns to highlight key issues. STRYVE and DCI co-convene multi-sectoral partners to plan and implement violence prevention activities through the Violence Prevention Coordination Team, contracts, and coordination with the Department's Adolescent Sexual Health Equity Program.

Chronic disease prevention strategies are implemented by Healthy Communities. Chronic diseases are among the leading causes of death in the County and reducing these mortality rates can only be done by addressing racial and ethnic disparities. The program's main focuses are on health and socioeconomic inequities, poor health outcomes, and chronic conditions caused by poor nutrition, physical inactivity, and tobacco and nicotine. Activities include increasing access to physical activity through integrating health and equity into transportation planning; increasing access to evidence-based lactation and nutrition improvements in worksites; conducting assessments to better understand barriers to preventative health screenings; and decreasing use of and exposure to tobacco and nicotine. Key partners include governments, health systems and community organizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Youth and community members and professional engaged in STRYVE activities and DCI activities	3,200	3,000	3,200	3,700
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease	43	15	22	15
Output	Number of Violence Prevention Coordination Team meetings	3	16	15	16
Outcome	# of community sites involved in chronic disease and/or violence prevention activities in areas of highest need	33	12	36	29

Performance Measures Descriptions

1) FY19 offer includes DCI. 2) 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) 12 monthly meetings, 4 quarterly grant meetings. 4) FY19 offer includes DCI.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,102,466	\$506,853	\$1,062,436	\$379,184
Contractual Services	\$215,000	\$225,433	\$729,197	\$121,354
Materials & Supplies	\$133,055	\$74,426	\$139,327	\$33,232
Internal Services	\$135,792	\$126,985	\$185,230	\$76,052
Total GF/non-GF	\$1,586,313	\$933,697	\$2,116,190	\$609,822
Program Total:	\$2,520,010		\$2,726,012	
Program FTE	9.85	5.00	9.35	3.60

Program Revenues				
Indirect for Dept. Admin	\$58,471	\$0	\$37,199	\$0
Intergovernmental	\$0	\$950,407	\$0	\$609,822
Total Revenue	\$58,471	\$950,407	\$37,199	\$609,822

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 (\$412,240) and Oregon Health Authority Healthy Communities funding (\$197,582).

Significant Program Changes

Last Year this program was: FY 2018: 40060 Chronic Disease and Violence Prevention

This program offer consolidates functions formerly associated with FY18 25045 YFS-DCI: Safe and Thriving Communities into the Health Department from County Human Services.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40061
Program Characteristics:

Executive Summary

Drug abuse is a serious health issue that affects almost every community and family in some way. The opioid epidemic, and an increase in methamphetamine use, has led to a sustained rise in injection drug use. Portland-area surveys show an increase in the percent of heroin users hooked on prescription opioids before ever using heroin - from 45% in 2011 to 51% in 2016. This program saves lives by training people who inject drugs how to respond to overdoses, reduces HIV/AIDS, hepatitis and other infections by engaging people who inject drugs in syringe exchange.

Program Summary

The harm reduction program works with people who may not be ready to stop substance use, offering strategies to reduce risks and negative outcomes for people who inject drugs and those around them. In the last 5 years syringe exchange demand has increased 31% in clients served, 143% in encounters, and 122% in syringes collected. This program provides access to sterile syringes in exchange for used ones, serving over 6,500 unique clients exchanging over 4 million syringes in FY17. Exchanging on behalf of a social network occur at 20% of client encounters and new client registration averages 190 per month. Services address improperly discarded syringe debris through distribution and return of sharps containers. With 70% of clients reporting houselessness or temporary/unstable housing, these containers empower clients to return syringes and enable a return rate of 100.8% for CY17; supporting studies that show syringes obtained from programs are more likely to be safely disposed. Staff administer the Healthy Streets community-based syringe drop box project, providing convenient public disposal to reduce the number of improperly discarded syringes. Activities include outreach, engagement and safe disposal education.

Opioid overdose prevention and naloxone distribution (a medication that reverses overdoses) help clients recognize and respond to overdose. Before receiving a naloxone kit, all clients complete a training with staff. With the influx of new clients every month, training needs continue. Clients report saving lives - an increase of 26% in overdose rescues reported in FY16. This program provides regional and statewide capacity building trainings allowing local CBOs to purchase naloxone for on-site rescues. This work is supported by a two-year SAMHSA grant to provide technical assistance to Washington, Columbia and Clatsop Counties. Since the program began in 2013, the number of heroin overdose deaths in Multnomah County has decreased every year. This trend is unusual at a time when heroin deaths continue to increase both nationally and in other Oregon counties where naloxone is not readily available.

This program operates a Harm Reduction Clinic which couples syringe exchange/overdose prevention with acute/urgent care and sexual health services. The only program of its kind in Oregon, this low barrier clinic creates an access point for individuals not otherwise engaged in healthcare and aims to increase readiness to improve health outcomes and reduce emergency room visits. An Addictions Benefits Coordinator assists clients to enter addictions treatment programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of syringe exchange client encounters.	51,193	50,000	50,000	50,000
Outcome	Number of overdose rescues reported.	749	750	800	750
Output	Number of unique syringe exchange clients served.	6,639	NA	6,500	6,500
Outcome	% clients who felt prepared for a future overdose rescue.	88%	80%	85%	85%

Performance Measures Descriptions

- 1) Visits to MCHD and Outside In. 2) Overdose rescues reported to MCHD and Outside In. Previously tracked in 40061B. 3) Revised: Changed from 'number of new clients' to more accurately reflect service volume. Includes MCHD and Outside In.
- 4) Clients from MCHD and Outside In. Previously tracked in 40061B.

Legal / Contractual Obligation

Federal Program Requirements

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$456,304	\$41,528	\$663,976	\$222,817
Contractual Services	\$292,230	\$22,540	\$277,417	\$114,320
Materials & Supplies	\$329,029	\$22,520	\$402,738	\$39,651
Internal Services	\$222,735	\$5,050	\$250,265	\$28,098
Total GF/non-GF	\$1,300,298	\$91,638	\$1,594,396	\$404,886
Program Total:	\$1,391,936		\$1,999,282	
Program FTE	4.61	0.25	6.15	2.32

Program Revenues				
Indirect for Dept. Admin	\$3,933	\$0	\$21,859	\$0
Intergovernmental	\$0	\$91,638	\$0	\$360,360
Other / Miscellaneous	\$0	\$0	\$0	\$44,526
Total Revenue	\$3,933	\$91,638	\$21,859	\$404,886

Explanation of Revenues

\$83,418 - HIV Prevention Block Grant:
\$8,320 - Healthy Streets Grant:
\$44,526 - CCC Wound Care:
\$268,622- PH SAMSHA

Significant Program Changes

Last Year this program was: FY 2018: 40061A Harm Reduction

Last year this program was also: 40061B Overdose Prevention Strategy.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40061A
Program Characteristics: One-Time-Only Request

Executive Summary

The Healthy Streets project launched in February 2016 in response to the growing concern of discarded syringes in downtown Portland. This community-based disposal strategy established safe sharps disposal boxes on the Waterfront Esplanade to encourage safe disposal of used needles by people who inject drugs (PWID). FY 2019 services will expand Healthy Streets by adding five additional safe sharps disposal boxes outside of the downtown core to address inappropriate syringe disposal and public safety.

Program Summary

The Healthy Streets project is one component of a strategy to reduce the number of improperly discarded syringes and provide the public a safe community-based disposal option. Over the past several years, injection drug use has dramatically increased as part of the overall rise in opioid addiction and methamphetamine use. Syringe exchange surveys conducted by Multnomah County Public Health show an increase in the percentage of heroin users using prescription opioids before ever using heroin (from 45% in 2011 to 51% in 2016). Increases in community members experiencing substance use disorders and living in public spaces due to homelessness, along with safe disposal options community wide, has contributed to an increase in discarded syringes.

Members of the general public have become increasingly concerned as the number of syringes found in neighborhoods, public spaces and businesses increases. Safe sharps disposal boxes create a 24/7 disposal option for safe disposal of syringes by community members finding used syringes. Members of the public comfortable with taking action when finding syringes are able to call Multnomah County for guidance and/or access safe disposal information.

This program is a collaboration between the Public Health Division and Multnomah County Department of County Assets Facilities Unit. Facilities purchase, install and maintain drop boxes. A biohazard waste disposal company is contracted to routinely monitor, empty and clean the sharps disposal boxes.

In addition to safe sharps disposal boxes, the Public Health Division supplies small syringe disposal units to community partners for distribution directly to PWID. This program offer will expand the number of community partnerships for distribution of safe disposal units.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# new syringe drop boxes installed	N/A	3	2	5
Outcome					
Output	# new community partnerships for distribution of small disposal units and referral to needle exchange	N/A	N/A	N/A	4

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$9,981	\$0	\$23,756	\$0
Contractual Services	\$20,000	\$0	\$80,000	\$0
Materials & Supplies	\$19	\$0	\$40,000	\$0
Total GF/non-GF	\$30,000	\$0	\$143,756	\$0
Program Total:	\$30,000		\$143,756	
Program FTE	0.00	0.00	0.30	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:** David Hidalgo
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40067, 40068
Program Characteristics:

Executive Summary

Multnomah County's Mental Health and Addiction Services Division (MHASD) administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices, MHASD serves low-income, uninsured, and individuals who are homeless, as well as any of the 766,000 county residents experiencing a behavioral health crisis. MHASD provides a continuum of services directly and through a provider network. In total, these programs serve more than 40,000 annually.

Program Summary

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, MHASD Administration provides oversight and management of all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. MHASD is organized into three units: 1) Multnomah Mental Health, the county's managed care organization, a federally funded insurance program for children, youth and adults enrolled in Oregon Health Plan. Multnomah Mental Health is a founding member of the coordinated care organization Health Share of Oregon. 2) The Community Mental Health Program (CMHP) provides safety net and basic services that include involuntary commitment, crisis services, and addiction treatment. 3) Direct Clinical Services (DCS) which encompasses all programs for children, youth, and families where services are delivered by MHASD staff. These services may be reimbursed by Multnomah Mental Health, by the state, or by another funding source.

MHASD administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. MHASD does this through frequent provider, adult system and child system advisory meetings, focus groups and ad hoc meetings.

MHASD administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The Division monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, MHASD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. MHASD management participates in planning at the state level to influence the policy decisions that affect the community we serve. MHASD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total Adult/Child MHASD Advisory Meetings ¹	26	26	26	26
Outcome	Advisors agree with the statement, "Overall, MHASD does its job well"	na/-	na/-	75%	75%

Performance Measures Descriptions

¹Includes AMHSAAC, Family Youth Advisory Council, Wraparound CPC, & Wraparound Exec Committee meetings.

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	2018	2018	2019	2019
Personnel	\$483,201	\$633,048	\$518,044	\$669,498
Contractual Services	\$4,000	\$250,000	\$4,000	\$301,563
Materials & Supplies	\$9,914	\$73,595	\$10,540	\$74,786
Internal Services	\$34,370	\$120,356	\$5,223	\$197,589
Total GF/non-GF	\$531,485	\$1,076,999	\$537,807	\$1,243,436
Program Total:	\$1,608,484		\$1,781,243	
Program FTE	4.65	3.83	4.65	3.83

Program Revenues				
Indirect for Dept. Admin	\$21,824	\$0	\$32,476	\$0
Intergovernmental	\$0	\$911,840	\$0	\$1,243,436
Other / Miscellaneous	\$0	\$165,159	\$0	\$0
Total Revenue	\$21,824	\$1,076,999	\$32,476	\$1,243,436

Explanation of Revenues

\$ 880,089 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 363,347 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40065 Mental Health & Addiction Services Administration

Department:	Health Department	Program Contact:	Joan Rice
Program Offer Type:	Support	Program Offer Stage:	As Adopted
Related Programs:	40065, 40068		
Program Characteristics:			

Executive Summary

The Medical Records Program is responsible for the internal management of all of the Mental Health and Addiction Services Division's (MHASD) clinical records and Multnomah Mental Health records required by Oregon Administrative Rules. In support of MHASD programs, Medical Records indexed close to 40,000 documents into the electronic health record (EHR) in the last fiscal year.

Program Summary

MHASD Medical Records Unit ensures that mental health, alcohol and drug, and Multnomah Mental Health managed care records are maintained in compliance with federal and state laws and regulations, and county and departmental rules, policies and procedures.

Program staff provide multiple record services including: document indexing; quality assurance; billing and administrative rule compliance auditing; data entry for reporting; utilization review support; archiving and retrieval; forms design and management; authorization/release of information; direct messaging support; legal requests for records; notary services; and health information management expertise to county staff.

As the Local Mental Health Authority, MHASD is responsible for programs such as involuntary commitment, commitment monitor, trial visit and residential services which require maintenance of individual records. The MHASD programs where services are provided by county staff are expected to serve more than 27,000 individuals, each requiring a medical record.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Count of record items processed annually plus scanned document count ¹	129,162	111,966	136,033	139,284
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules ²	100%	100%	100%	100%

Performance Measures Descriptions

¹ Increase in volume due to more frequent claims auditing and implementation of the direct messaging initiative. Offer increased to account for projected impact of health plan changes that begin in February 2018.

² Health Information Technicians audit representative sample sizes of all records each month to evaluate presence of required documentation for Medicaid Billing. Percent lower than 100% means inadequate compliance with MHASD audit plans.

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	2018	2018	2019	2019
Personnel	\$179,124	\$460,944	\$174,918	\$571,682
Contractual Services	\$0	\$0	\$0	\$33,923
Materials & Supplies	\$0	\$7,862	\$66	\$7,832
Internal Services	\$0	\$165,111	\$3,801	\$181,933
Total GF/non-GF	\$179,124	\$633,917	\$178,785	\$795,370
Program Total:	\$813,041		\$974,155	
Program FTE	2.11	5.19	1.96	6.34

Program Revenues				
Indirect for Dept. Admin	\$34,879	\$0	\$42,917	\$0
Intergovernmental	\$0	\$633,917	\$0	\$795,370
Total Revenue	\$34,879	\$633,917	\$42,917	\$795,370

Explanation of Revenues

\$ 656,793 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
 \$ 138,577 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40068 Mental Health Quality Management & Protective Services

Department:	Health Department	Program Contact:	Joan Rice
Program Offer Type:	Support	Program Offer Stage:	As Adopted
Related Programs:	40065, 40067		
Program Characteristics:			

Executive Summary

Quality Management (QM) assures quality of MHASD and contracted providers by: agency audits, investigations, and monitoring mental health contract performance. MHASD serves approximately 135,000 Multnomah Mental Health Oregon Health Plan (OHP) members, 52 mental health agencies and 72 residential/foster facilities. QM offer also includes the Decision Support Unit which is responsible for oversight and maintenance of the central Electronic Health Record system, reporting for the Division Multnomah Mental Health Plan billing support, as well as Adult Protective Services.

Program Summary

Quality Management protects and supports mentally ill adults and children in Multnomah County by providing specific services including: coordinating compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and Multnomah Mental Health contracts; measuring client outcomes; conducting Medicaid compliance audits for community mental health agencies; assuring compliance with grievance procedures; auditing and providing technical support to 52 mental health agencies; coordinating residential quality and tracking approximately 13,000 reportable residential adverse events annually; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; monitoring progress of providers found out of compliance with OARs; and investigating abuse allegations and providing protective services to approximately 250 mental health clients annually. These investigations serve to protect some of the most vulnerable individuals in our mental health system.

Additionally, QM includes the Decision Support Unit which is responsible for oversight/administration of the MHASD central Electronic Health Record (EHR) system, Multnomah Mental Health Plan Billing Support and reporting for the Division.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of clinical reviews/protective service investigations/incident reports reviewed ¹	19,206	16,200	22,464	22,637
Outcome	Percent of protective service reports investigated ²	39%	43%	20%	35%
Output	Number of requests managed by Decision Support ³	10,440	9,000	11,500	13,000

Performance Measures Descriptions

¹17% increase in incident reports reviewed as acuity in adult residential treatment facilities increases due to decreases state hospital length of stay. Additional 17% increase in adult abuse reports screened. ²As number of abuse reports increases and statutory changes increase the number of reports meeting abuse definitions but staffing stays the same, the percent of reports investigated decreases unless additional state funding is available. ³Increases due to 60,000 additional members-reporting. importing client record. provider requests for billing assistance. additional support for division growth.

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	2018	2018	2019	2019
Personnel	\$816,884	\$3,063,682	\$773,439	\$3,649,427
Contractual Services	\$0	\$2,940,240	\$0	\$3,091,435
Materials & Supplies	\$878	\$421,339	\$1,221	\$297,804
Internal Services	\$72,188	\$685,783	\$149,569	\$834,209
Total GF/non-GF	\$889,950	\$7,111,044	\$924,229	\$7,872,875
Program Total:	\$8,000,994		\$8,797,104	
Program FTE	7.04	25.79	6.09	30.11

Program Revenues				
Indirect for Dept. Admin	\$221,377	\$0	\$264,499	\$0
Intergovernmental	\$0	\$7,111,044	\$0	\$7,872,875
Total Revenue	\$221,377	\$7,111,044	\$264,499	\$7,872,875

Explanation of Revenues

\$ 6,866,245 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
 \$ 1,006,630 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40068 Mental Health Quality Management & Protective Services

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

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system, including a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week walk-in clinic.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Call Center – operated by Multnomah County 24/7, 365 days/year. The Call Center coordinates emergency mental health services for all county residents regardless of insurance status. Interpretation services are available as needed. It also provides the following: deploys mobile crisis resources, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorization for Multnomah Mental Health members, and authorizations for indigent medications, crisis housing and transportation.

Utilization Review - This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis.

Project Respond – Mobile outreach service that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to those in crisis regardless of insurance status. In FY17, total number of clients served was 2,210. Hospital Outreach Liaisons- in the Project Respond program assist in diverting 301 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total Crisis System Contacts ¹	76,290	84,000	80,000	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	99.5%	96%	98.4%	96%

Performance Measures Descriptions

¹ FY17 totals include Cascadia UWIC Report: 4,168, FY17 Project Respond: 2,210. CATC: 611, ED Liaison Contacts: 301, Calls to call center: 68,923

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	2018	2018	2019	2019
Personnel	\$1,180,472	\$1,308,847	\$958,648	\$2,108,972
Contractual Services	\$1,822,446	\$5,475,838	\$1,335,876	\$7,686,679
Materials & Supplies	\$487	\$30,923	\$1,691	\$18,944
Internal Services	\$59,198	\$341,086	\$110,660	\$400,439
Total GF/non-GF	\$3,062,603	\$7,156,694	\$2,406,875	\$10,215,034
Program Total:	\$10,219,297		\$12,621,909	
Program FTE	9.82	10.08	7.44	13.79

Program Revenues				
Indirect for Dept. Admin	\$68,432	\$0	\$145,305	\$0
Intergovernmental	\$0	\$7,156,694	\$0	\$10,150,484
Beginning Working Capital	\$0	\$0	\$0	\$64,550
Total Revenue	\$68,432	\$7,156,694	\$145,305	\$10,215,034

Explanation of Revenues

- \$ 6,282,192 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
- \$ 3,213,159 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children
- \$ 30,820 - Fee for Service Insurance Reimbursement Family Care
- \$ 409,446 - Washington County Crisis
- \$ 64,550 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40069A Behavioral Health Crisis Services

Last year this program was also: 40069B Crisis Service Current Capacity Funding

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

Executive Summary

The 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 350 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	320	376	306	306
Outcome	Number of admissions that are Non-HSO Multnomah Members	67	40	56	56
Output	Number of inpatient days for Non-HSO Multnomah Adults	11,801	11,153	10,797	10,800
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members:	17.3%	9.62%	15.5%	15%

Performance Measures Descriptions

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	2018	2018	2019	2019
Contractual Services	\$642,048	\$2,354,195	\$664,520	\$4,093,869
Internal Services	\$24	\$0	\$0	\$0
Total GF/non-GF	\$642,072	\$2,354,195	\$664,520	\$4,093,869
Program Total:	\$2,996,267		\$4,758,389	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,354,195	\$0	\$4,093,869
Total Revenue	\$0	\$2,354,195	\$0	\$4,093,869

Explanation of Revenues

\$ 4,093,869 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2018: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

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

Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority.

Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

Involuntary Commitment Program: An emergency psychiatric hold (E-Hold) keeps an individual in a hospital while ICP staff investigates the individual's mental health status. Through an investigation, staff determines if the person has a mental illness and is dangerous to self or others, or is unable to meet their basic needs. ICP staff files for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge.

Emergency Hold: When an individual is appropriately placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

Commitment Monitors: Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of E-Holds ¹	3,540	3,500	3,425	3,500
Outcome	% of investigated E-Holds that did not go to Court hearing ²	88.4%	93%	86.9%	87%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment ²	92.5%	91%	93.3%	91%
Output	# of commitments monitored annually ³	389	380	412	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	2018	2018	2019	2019
Personnel	\$1,077,624	\$1,924,853	\$1,018,819	\$2,121,684
Contractual Services	\$20,000	\$683,195	\$20,700	\$569,722
Materials & Supplies	\$45	\$41,308	\$946	\$39,990
Internal Services	\$146,656	\$318,598	\$234,645	\$236,557
Total GF/non-GF	\$1,244,325	\$2,967,954	\$1,275,110	\$2,967,953
Program Total:	\$4,212,279		\$4,243,063	
Program FTE	9.00	15.50	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,954	\$0	\$2,967,953
Total Revenue	\$0	\$2,967,954	\$0	\$2,967,953

Explanation of Revenues

\$2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2018-2019 IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2018: 40072 Mental Health Commitment Services

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

Executive Summary

This program offer provides an ongoing portion of the funding necessary for a peer-run supported employment program. Additional funding will come from private foundations and in-kind donations. These peer-run employment and education programs typically secure funding from federal, state, and local governments including municipal mental health departments and the national Substance Abuse and Mental Health Services Administration (SAMHSA). Every dollar of county general fund would directly provide employment assistance for a person with a mental illness.

Program Summary

This program offer supports the peer-run supported employment center through continued funding of positions and operating costs. The Supported Employment center offers employment, wellness and administrative support to adults with a mental illness who want to become employed. Continued funding through this offer would ensure that staff can continue to meet the training standards required for Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, employment and volunteer opportunities and advocating for reasonable accommodations.

The World Health Organization in their Health Impact Assessment and the Robert Wood Johnson Foundation have both endorsed increased education and employment as determinants of good health. This program provides the opportunity for those with mental illness to pursue both educational and employment opportunities that can be factors in improved health outcomes for those experiencing mental health issues.

Performance Measures					
Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of active members	168	240	168	168
Outcome	Percent of members in paid employment positions	35%	38%	35%	35%
Output	Average daily attendance (ADA)	25	35	25	25

Performance Measures Descriptions

Performance measures reflect gradual increase in the total number of members enrolled in program.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$112,618	\$0	\$109,940	\$0
Total GF/non-GF	\$112,618	\$0	\$109,940	\$0
Program Total:	\$112,618		\$109,940	
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 2018: 40073 Peer-run Supported Employment Center

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

Executive Summary

This program includes Mental Health Residential Services with 562 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 approximately 136 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 Choice Model-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 Transitional Housing programs that receive funding provide 96 Single Room occupancy units that serve approximately 136 individuals annually. 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of New Residential Services Referrals ¹	361	400	360	360
Outcome	% of County Residential Services referrals placed ²	38%	35%	35%	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	2018	2018	2019	2019
Personnel	\$376,077	\$820,453	\$565,872	\$788,125
Contractual Services	\$521,804	\$11,897,888	\$501,521	\$11,625,137
Materials & Supplies	\$3,165	\$10,408	\$3,980	\$7,729
Internal Services	\$145,078	\$55,008	\$17,572	\$160,164
Total GF/non-GF	\$1,046,124	\$12,783,757	\$1,088,945	\$12,581,155
Program Total:	\$13,829,881		\$13,670,100	
Program FTE	3.50	7.64	5.00	6.68

Program Revenues				
Indirect for Dept. Admin	\$15,023	\$0	\$16,398	\$0
Intergovernmental	\$0	\$12,783,757	\$0	\$12,514,649
Beginning Working Capital	\$0	\$0	\$0	\$66,506
Total Revenue	\$15,023	\$12,783,757	\$16,398	\$12,581,155

Explanation of Revenues

- \$ 293,600 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates.
- \$ 43,278 - Washington County Older Adult Behavioral Health Coordination
- \$ 43,278 - Clackamas County Older Adult Behavioral Health Coordination
- \$ 12,134,493 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 66,506 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40074 Mental Health Residential Services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$65,000	\$0
Total GF/non-GF	\$0	\$0	\$65,000	\$0
Program Total:	\$0		\$65,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Adult Mental Health Initiative (AMHI) Renamed by the Oregon Health Authority (OHA) The Choice Model Program as of 7/1/16: diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develops supports to maximize independent living. 683 individuals were served in FY17.

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.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Clients Served in AMHI	683	680	685	680
Outcome	% of clients receiving direct client assistance to meet basic needs (NEW) ¹	NA	NA	18.2%	18%

Performance Measures Descriptions

¹ Direct client assistance includes housing assistance, moving fees, guardianship, secure transportation and storage.

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	2018	2018	2019	2019
Personnel	\$0	\$1,049,409	\$0	\$1,388,400
Contractual Services	\$0	\$1,544,963	\$0	\$2,518,457
Materials & Supplies	\$0	\$8,467	\$0	\$5,533
Internal Services	\$0	\$240,916	\$0	\$289,518
Total GF/non-GF	\$0	\$2,843,755	\$0	\$4,201,908
Program Total:	\$2,843,755		\$4,201,908	
Program FTE	0.00	9.33	0.00	11.66

Program Revenues				
Indirect for Dept. Admin	\$47,852	\$0	\$73,095	\$0
Intergovernmental	\$0	\$2,843,755	\$0	\$4,137,358
Beginning Working Capital	\$0	\$0	\$0	\$64,550
Total Revenue	\$47,852	\$2,843,755	\$73,095	\$4,201,908

Explanation of Revenues

\$ 1,323,271 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 2,077,119 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2017-2019 IGA with State of Oregon

\$ 64,550 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40075 Adult Mental Health Initiative (AMHI)

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$11,766,460	\$0	\$14,520,664
Total GF/non-GF	\$0	\$11,766,460	\$0	\$14,520,664
Program Total:	\$11,766,460		\$14,520,664	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$11,766,460	\$0	\$14,520,664
Total Revenue	\$0	\$11,766,460	\$0	\$14,520,664

Explanation of Revenues

\$ 14,520,664 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2018: 40076 Mental Health Services for Adults

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

Executive Summary

The 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total # of adults who received county-funded outpatient services or medication	957	550	872	872
Outcome	Percentage of MTF clients that are hospitalized	15.7%	25%	14.6%	15%

Performance Measures Descriptions

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	2018	2018	2019	2019
Contractual Services	\$1,169,766	\$0	\$1,364,322	\$0
Total GF/non-GF	\$1,169,766	\$0	\$1,364,322	\$0
Program Total:	\$1,169,766		\$1,364,322	
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 2018: 40077A Mental Health Treatment & Medication for the Uninsured

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

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 12-25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing 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 and other supports in treatment. The program will provide services for approximately 180 referred individuals.

Program Summary

EASA is an evidence- and fidelity-based model formed by years of research indicating that early intervention and immediate access to treatment can directly reduce hospitalization rates and the long term disabling consequences of psychosis. The multidisciplinary team approach and program activities and services are designed to meet the standards of the model as required by the state. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment support specialists, an occupational therapist, and a nurse. Treatment is community-based and is comprised of services tailored to meet the unique needs of each client. Clients are paired with a psychiatrist and a mental health consultant based on age and personal preferences. Clients can choose from any of the following services to support their unique goals and needs considered through treatment planning: medication management, case management, support for employment, occupational therapy assessment and intervention, multi-family groups, individual and/or family psychotherapy, psycho-education, and social skills building groups.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total individuals enrolled in the EASA program receiving services	131	140	132	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	92%	80%	93%	85%
Output	Number of unduplicated individuals referred to the EASA program	188	170	185	185

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	2018	2018	2019	2019
Personnel	\$0	\$1,240,331	\$0	\$1,313,301
Contractual Services	\$0	\$185,960	\$0	\$186,200
Materials & Supplies	\$0	\$16,867	\$0	\$20,389
Internal Services	\$0	\$231,292	\$0	\$336,294
Total GF/non-GF	\$0	\$1,674,450	\$0	\$1,856,184
Program Total:	\$1,674,450		\$1,856,184	
Program FTE	0.00	11.04	0.00	11.04

Program Revenues				
Indirect for Dept. Admin	\$15,153	\$0	\$16,581	\$0
Intergovernmental	\$0	\$1,541,289	\$0	\$1,714,891
Service Charges	\$0	\$133,161	\$0	\$141,293
Total Revenue	\$15,153	\$1,674,450	\$16,581	\$1,856,184

Explanation of Revenues

- \$ 255,079 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
- \$ 141,293 - Fee For Service Insurance Receipts
- \$ 10,124 - State Community Mental Block Grant
- \$ 12,000 - State Vocational Rehabilitation Award
- \$ 1,437,688 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 113,020 - SMHG MHS 38

Significant Program Changes

Last Year this program was: FY 2018: 40078 Early Assessment & Support Alliance

Department: Health Department **Program Contact:** David Hidalgo**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Adopted**Related Programs:****Program Characteristics:****Executive Summary**

This program offer funds 1 FTE to perform mental health assessments of approximately 128 individuals receiving domestic violence-related services in Multnomah County, including at domestic violence shelters and the Gateway Center for Domestic Violence Services. Individuals receive additional mental health services such as; individual and group therapy, crisis intervention and case management.

Program Summary

Individuals who are receiving domestic violence-related services in Multnomah County receive on-site mental health assessments, including the four domestic violence shelters and the Gateway Center for Domestic Violence Services. The clinician who serves as a liaison between domestic violence, mental health, and additional providers travels to each of the shelters on a regular basis, and spends approximately two-thirds of the time at the Gateway Center. The clinician attends the appropriate domestic violence community meetings and events (such as the monthly Family Violence Coordinating Council meetings) and provides training to facilitate increased knowledge and understanding among the mental health and domestic violence providers. The clinician also carries a small caseload of uninsured consumers and provides evidence-based group services such as Seeking Safety and a domestic violence process group that supplements what is offered within the domestic violence settings.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unique clients served annually ¹	454	370	470	450
Outcome	Percentage of clients reporting they are better able to make informed decisions.	100%	98%	100%	98%

Performance Measures Descriptions

¹ Reflects all MH services provided to unique individuals.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$67,000	\$0	\$65,000	\$0
Total GF/non-GF	\$67,000	\$0	\$65,000	\$0
Program Total:	\$67,000		\$65,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40079 Mental Health Services for Victims and Survivors of Domestic Violence

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

Executive Summary

Community Based Mental Health for children and youth serves over 11,000 at risk children up to age 21 through a continuum of prevention, early intervention and treatment services. The majority of funding is contracted to Certified Mental Health Providers in Multnomah County. A small portion supports Early Childhood 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. Health Share of Oregon 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total children receiving outpatient services ¹	4,089	4,200	4,057	4,100
Outcome	% of children demonstrating improvement in their global distress score ²	72.5	75%	69.5%	69.5%
Output	Total children (0-6) receiving prevention services ³	3,644	3,600	3,600	3,600
Output	Numbers of children enrollment in early childhood culturally specific treatment services ³	27	48	48	48

Performance Measures Descriptions

¹ Measure is # of unduplicated children and youth ages 0-17, with at least one reported mental health or substance use 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 Two clinicians. 12 clients each. 50% productivity (Program enrollments started Dec 1st. 2016).

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	2018	2018	2019	2019
Personnel	\$1,441,524	\$538,523	\$1,520,943	\$695,116
Contractual Services	\$142,340	\$1,539,347	\$172,827	\$1,848,224
Materials & Supplies	\$73	\$21,005	\$1,622	\$20,073
Internal Services	\$132,460	\$93,244	\$119,716	\$80,436
Total GF/non-GF	\$1,716,397	\$2,192,119	\$1,815,108	\$2,643,849
Program Total:	\$3,908,516		\$4,458,957	
Program FTE	11.95	4.30	12.32	5.26

Program Revenues				
Indirect for Dept. Admin	\$9,360	\$0	\$22,680	\$0
Intergovernmental	\$0	\$2,143,447	\$0	\$2,592,047
Service Charges	\$111,432	\$48,672	\$111,500	\$51,802
Total Revenue	\$120,792	\$2,192,119	\$134,180	\$2,643,849

Explanation of Revenues

\$ 1,827,456 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
\$ 111,500 - Federally Qualified Health Centers Medicaid Wraparound Funds
\$ 137,292 - Head Start Contracts
\$ 51,802 - Fee For Services Insurance Receipt
\$ 282,682 - Care NorthWest Family contracts
\$ 344,617 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40080 Community Based MH Services for Children & Families

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

Executive Summary

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 the State Hospital, 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 Health Share of Oregon 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unique children served in Youth Care Coordination ¹	440	457	536	525
Outcome	% score measuring family's satisfaction and progress in Wraparound ²	86.8%	84%	85.4%	85%
Outcome	% of families completing a Wraparound WFI-EZ survey	28%	33%	31%	31%
Output	Number of unique children screened for Youth Care Coordination eligibility	268	270	269	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.

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	2018	2018	2019	2019
Personnel	\$0	\$2,562,349	\$0	\$3,431,115
Contractual Services	\$23,236	\$1,139,596	\$0	\$992,689
Materials & Supplies	\$0	\$10,248	\$0	\$16,872
Internal Services	\$0	\$677,316	\$0	\$939,640
Total GF/non-GF	\$23,236	\$4,389,509	\$0	\$5,380,316
Program Total:	\$4,412,745		\$5,380,316	
Program FTE	0.00	22.67	0.00	29.67

Program Revenues				
Indirect for Dept. Admin	\$242,578	\$0	\$334,073	\$0
Intergovernmental	\$0	\$4,389,509	\$0	\$5,380,316
Total Revenue	\$242,578	\$4,389,509	\$334,073	\$5,380,316

Explanation of Revenues

\$ 5,139,535 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 172,656 - Community Mental Health Block Grant

\$ 68,125 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40081 Multnomah Wraparound

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40080
Program Characteristics: Measure 5 Education

Executive Summary

School Based Mental Health is a vital component of the system of care for children and families, serving over 1,600 children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public School Districts. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

Program Summary

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 1600 underserved families. This program reaches youth who have not accessed services in a mental health clinic and over 43% of those served were children of color. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority. Cultural alignment with the students served, increases therapeutic alliance which assists with addressing challenges to school attendance, contributes to school completion which is a strong indicator for lifelong economic well being and improved health. Approximately 75% of the children served were insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/support for students and their families. No one partner is prepared or responsible for all the needs that are identified. School Based Mental Health Consultants provided 1,700 hours of Prevention, Education and Outreach to over 6,000 students, school staff or families.

School based mental health consultants provide screening; crisis intervention; mental health assessment; individual, group and family treatment; and clinical case management. School based mental health consultants provide consultation to education staff to optimize educational planning for children with mental health challenges. Mental health consultants are co-located in School-Based Health Clinics when possible to provide integrated physical and mental health services.

Locating mental health services in schools is a best practice and Multnomah County has been a leader in the nation by providing this program since 1989. Through this program children and teens with mental health disorders or at risk of harming themselves or others are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services and improve lifelong socio-economic and wellness outcomes.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total unduplicated children receiving mental health services	1,595	1,700	1,574	1,700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	69%	65%	69%	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	2018	2018	2019	2019
Personnel	\$1,429,480	\$1,565,720	\$1,719,661	\$1,469,474
Contractual Services	\$0	\$0	\$14,654	\$0
Materials & Supplies	\$14,730	\$3,166	\$10,625	\$3,774
Internal Services	\$308,238	\$253,874	\$95,209	\$140,276
Total GF/non-GF	\$1,752,448	\$1,822,760	\$1,840,149	\$1,613,524
Program Total:	\$3,575,208		\$3,453,673	
Program FTE	12.59	12.83	14.17	11.38

Program Revenues				
Indirect for Dept. Admin	\$37,087	\$0	\$48,939	\$0
Intergovernmental	\$0	\$1,522,759	\$0	\$1,372,033
Service Charges	\$139,828	\$300,001	\$139,828	\$241,491
Total Revenue	\$176,915	\$1,822,760	\$188,767	\$1,613,524

Explanation of Revenues

- \$ 139,828 - Federally Qualified Health Center Medicaid Wraparound payments
- \$ 214,900 - Local Public Health Agency IGA with State of Oregon for School Based Clinics
- \$ 22,500 - Parkrose School District
- \$ 75,000 - Centennial School District
- \$ 241,491 - Fee for Service Insurance Receipts
- \$ 177,000 - Portland Public Schools
- \$ 882,633 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40082A School Based Mental Health Services

Last year this program was also: 40082B Supplemental Case Management & Psychiatric Consultation Services

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

Executive Summary

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid increases mental health literacy in the community, providing a preventive and empowering tool to the community. It provides the public with the education necessary to intervene before an individual potentially reaches mental health crisis. The program offer funds a minimum of two trainings per month with up to 30 participants per training. 772 people were trained in FY17.

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. During the two-day interactive session, participants learn to intervene and help prevent risk of suicide. In FY18, we estimate that 150 community members will have been trained in ASIST.

In FY18, we estimate that 587 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY19, 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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST ¹ , QPR and/or CALM	772	650	737	700
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	87%	88%	86%	86%

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	2018	2018	2019	2019
Personnel	\$98,036	\$0	\$104,845	\$0
Contractual Services	\$46,473	\$0	\$37,260	\$0
Materials & Supplies	\$21,000	\$0	\$20,556	\$0
Internal Services	\$23,894	\$0	\$18,625	\$0
Total GF/non-GF	\$189,403	\$0	\$181,286	\$0
Program Total:	\$189,403		\$181,286	
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 2018: 40083 Mental Health First Aid

\$181,286-County General Fund Support

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

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 914 indigent individuals received services in FY17.

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.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total culturally diverse individuals receiving services ¹	914	900	931	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.5	4.1	3.6	3.6

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	2018	2018	2019	2019
Contractual Services	\$1,618,420	\$0	\$1,674,369	\$0
Total GF/non-GF	\$1,618,420	\$0	\$1,674,369	\$0
Program Total:	\$1,618,420		\$1,674,369	
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 2018: 40084 Culturally Specific Mental Health Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

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.

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, Native American/ Alaskan Native, and the LGBTQ+.

LGBT individuals continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for LGBT populations. Thus, there is an urgent need to provide inclusive, high-quality mental health services to LGBTQ+ community so that they can achieve the highest possible level of health. A growing population of LGBTQ+ individuals needing mental health services and supports are increasingly being identified in the community. Through stakeholder discussions and behavioral health provider meetings there are strong requests for culturally-specific mental health and co-occurring services.

Culturally-specific LGBTQ+services address mental health problems through access to culturally responsive treatment to address the disparities for the LGBTQ+ community by providing trauma-informed outpatient mental health treatment and supports including outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of LGBTQ individuals receiving treatment	0	0	0	N/A
Outcome	Increase capacity for data collection regarding LGBTQ individuals served	0	0	0	100%

Performance Measures Descriptions

Increase capacity for data collection regarding LGBTQ individuals served determined by implementation of a tracking system at provider agency (outcome met = 100%)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$50,000	\$0
Total GF/non-GF	\$0	\$0	\$50,000	\$0
Program Total:	\$0		\$50,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

This program serves over 3,000 individuals per year and consists of a continuum of adult addictions treatment and recovery support services for adult residents of Multnomah County. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc). Research shows every dollar invested in addiction treatment yields a cost savings of nearly \$11.00.

Program Summary

Substance use disorders impact many areas of the County, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification. A recent review of Multnomah County Medicaid members revealed that, on average, receiving treatment reduced physical healthcare costs by \$4,400 per person relative to individuals who didn't receive treatment.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of alcohol and other drug abuse; target specific issues that are barriers to recovery; and teach pro-social/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. Community treatment and service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout Multnomah County by a network of state licensed community providers. These providers are culturally competent and many have bilingual staff. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, women, and parents whose children live with them while they are residential treatment.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number served in treatment (all levels of care)	3,371	1,856	3,371	3,371
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	46%	45%	46%	46%

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. (See, Significant Program Changes section, for additional comments regarding Performance Measure 1). 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.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention/ treatment resources and federal Ryan White grant funds targeting individuals with HIV, as well as, 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 and Marijuana tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$92,868	\$652,450	\$96,153	\$777,662
Contractual Services	\$2,327,386	\$7,062,008	\$2,503,200	\$8,074,278
Materials & Supplies	\$4,694	\$6,933	\$6,470	\$5,390
Internal Services	\$88,017	\$85,468	\$69,433	\$131,232
Total GF/non-GF	\$2,512,965	\$7,806,859	\$2,675,256	\$8,988,562
Program Total:	\$10,319,824		\$11,663,818	
Program FTE	0.65	5.70	0.65	6.70

Program Revenues				
Indirect for Dept. Admin	\$21,238	\$0	\$32,230	\$0
Intergovernmental	\$0	\$7,806,859	\$0	\$8,988,562
Total Revenue	\$21,238	\$7,806,859	\$32,230	\$8,988,562

Explanation of Revenues

[\$ 376,453 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates] [\$ 352,510 - Ryan White Award]
 [\$ 1,235,869 - Local 2145 Beer and Wine Tax] [\$2,643,899 - SAPT Block Grant]
 [\$ 125,000 - Safe Neighborhoods Advocacy Partnership] [\$ 170,576 - TANF A&D67 Award]
 [\$ 47,145 - Stop ACT Grant] [\$ 249,999 - OHA Peer Delivered Services]
 Revenue below is from the State Mental Health grant based on 2017-2019 IGA with State of Oregon
 \$ 2,197,319 - State Mental Health Grant
 Residential Treatment
 \$ 1,589,791 - State Mental Health Grant

Significant Program Changes

Last Year this program was: FY 2018: 40085A Adult Addictions Treatment Continuum

Two changes related to Performance Measures are important to articulate. In the FY 2018 offer, individuals served through CBEN, a program that provides support for basic needs to individuals in treatment, was not included. In order to more accurately reflect the total unique number of individuals served through our Adult Addictions Treatment Continuum, this population was included in this current program offer. Additionally, in previous program offers it appears that some of the youth (individuals aged 18 or younger) served through youth addictions treatment and recovery support services were included in the total unique number of individuals served. For this current program offer, those unique youth served were taken out of this Performance Measure and included in FY 2019: 40090 Family and Youth Addictions Treatment Continuum.

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Law Enforcement Assisted Diversion (LEAD) is a new innovative pilot program developed to address low-level drug street crime in downtown Portland. The goal of LEAD is to improve community health and safety by using a harm reduction and assertive engagement model and coordinating with law enforcement.

Program Summary

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program that allows police officers to redirect low-level offenders engaged in drug activity to community-based services instead of jail and prosecution. This program focuses on low-level misdemeanor and felony drug possession crimes. LEAD is modeled after a similar program by the same name in Seattle, WA. The Seattle program has been thoroughly evaluated and found to reduce crime (and associated costs) and improve participant outcomes like employment, housing, and health.

LEAD eligible individuals are referred to a treatment provider from the central precinct if they are deemed eligible for the program. LEAD is based on the collaboration between arresting officers with the Portland Police Bureau and treatment provider case managers. The goal is to engage individuals during pre-arrest in efforts to provide support and resources for basic needs and SUD treatment versus entering 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 and Multnomah County Sheriff's Office. Eligible individuals will then be connected with a LEAD intensive case manager who 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 vetted through the LEAD policy committee.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of referred eligible diverted participants who are screened	na/-	100%	100%	100%
Outcome	Participants will be assessed and have at least one primary need met within a six (6) month period.	na/-	65%	65%	65%

Performance Measures Descriptions

Legal / Contractual Obligation

Multnomah County contracts with Central City Concern for \$750,000 dollars to provide LEAD services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$750,000	\$0	\$750,000	\$0
Total GF/non-GF	\$750,000	\$0	\$750,000	\$0
Program Total:	\$750,000		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on FY16/17 data the county's community-based providers treated approximately 241 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 FY16/17, 203 gamblers enrolled in treatment. As noted, family participation is important, and 38 family members enrolled in treatment.

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. Newly established is the Latino Problem Gambling Tri-County Services. This is a Latino culturally specific gambling treatment in the Tri-County region administered through Lewis and Clark College and funded direct by the State.

Problem gambling prevention strategies address widespread lack of awareness among youth, parents and other adults in our communities. The problem gambling prevention provider, Volunteers of America of Oregon (VOA), offers problem gambling prevention information to parents, teachers and school administrators, as well as implementing two curricula -- "Wanna Bet?" and "Stacked Deck" -- to their students.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	241	360	350	350
Outcome	Gambler successful treatment completion rate ²	35.4%	50%	45%	45%

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	2018	2018	2019	2019
Personnel	\$0	\$18,797	\$0	\$19,927
Contractual Services	\$0	\$778,708	\$0	\$788,119
Materials & Supplies	\$0	\$2,203	\$0	\$2,204
Internal Services	\$0	\$11,293	\$0	\$0
Total GF/non-GF	\$0	\$811,001	\$0	\$810,250
Program Total:	\$811,001		\$810,250	
Program FTE	0.00	0.15	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$811,001	\$0	\$810,250
Total Revenue	\$0	\$811,001	\$0	\$810,250

Explanation of Revenues

\$ 38,500 - State Mental Health Grant: Local Administration - Addictions Services based on 2017-2019 IGA with State of Oregon.

\$ 700,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2017-2019 IGA with State of Oregon.

\$ 71,750 - State Mental Health Grant: Problem Gambling Prevention Services based on 2017-2019 IGA with State of Oregon, Oregon Health Authority (OHA).

Significant Program Changes

Last Year this program was: FY 2018: 40086 Addiction Services Gambling Treatment & Prevention

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

Executive Summary

The Alcohol and Drug Prevention Education Program (ADPEP) uses Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to address risk and protective factors for youth substance use that can lead to alcohol, tobacco and drug abuse and addiction. These State-funded efforts include prevention education, youth leadership activities, and support for schools and parents. With the prevention grant program now transitioned to the Oregon Health Authority's Public Health division, new emphases on tobacco prevention and environmental strategies have been introduced.

Program Summary

Beginning in FY18, Multnomah County's State-funded substance abuse prevention program refocused to begin a pilot prevention program offering services to schools, community organizations, parents and other groups. The key focus is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess needs, and offering prevention activities at school sites and organizations serving youth and parents. Year 1 activities include conducting key informant interviews and parent focus groups, partnering with local coalition efforts, and starting to offer prevention activities and classes.

The goal for FY19 (Year 2 of the pilot program) will be to identify additional schools and community programs seeking prevention programming and support for youth, parents and staff. Depending on identified needs within participating schools, prevention programming may include introducing evidence-based prevention curricula, student groups, campus-wide leadership initiatives and early intervention and referrals; offering positive youth activities (that include skill-building, health promotion, etc.); and providing presentations and educational materials at parent/family events. These prevention strategies can also be delivered to community-based groups and venues.

The prevention program became ADPEP -- the Alcohol and Drug Prevention Education Program -- when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division/Health Promotion and Chronic Disease Prevention unit. The Multnomah County 2017-19 Biennial ADPEP Local Plan now includes a tobacco policy strategy following up on the new "T21" law raising the minimum legal age to purchase tobacco in Oregon to 21. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to engage in T21 education and outreach emphasizing that it is no longer legal for tobacco or inhalant delivery systems to be purchased by 18-20 year olds.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Adults and youth served by substance abuse prevention services and programming ¹	NA	NA	100	275
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes ¹	NA	NA	75%	75%

Performance Measures Descriptions

¹ FY18 output and outcome measures will ultimately reflect prevention programming requested by participating schools, community organizations and other prevention partners. FY17 actual and FY18 purchased outcome measures are not applicable (NA) because they are incompatible with the new FY18 and FY19 offer outcomes, and were based on previous program goals before the program transition to the new pilot project.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$113,853	\$0	\$118,700
Contractual Services	\$0	\$393,068	\$0	\$193,069
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$11,977	\$0	\$7,632
Total GF/non-GF	\$0	\$523,748	\$0	\$324,251
Program Total:	\$523,748		\$324,251	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$523,748	\$0	\$324,251
Total Revenue	\$0	\$523,748	\$0	\$324,251

Explanation of Revenues

\$ 324,251 - Oregon Health Authority. Federal Substance Abuse Prevention and Treatment (SAPT) block grant and State general funds.

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

Significant Program Changes

Last Year this program was: FY 2018: 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. Now funded through the Oregon Health Authority's Public Health Division Health Promotion and Chronic Disease Prevention unit, the Alcohol and Drug Prevention Education Program (ADPEP) is transitioning to include more environmental strategies as well as tobacco prevention strategies.

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

Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for individuals experiencing a severe mental health issue. Mental health professionals staff the Community Court, Mental Health Court and Forensic Diversion Program. Programs provide intensive support, with the goal of connecting to appropriate community treatment options. Each program diverts individuals experiencing a serious mental health issue from lengthy jail stays and promote stability in the community. Clients served in FY17; Community Court: 751, Forensic Diversion: 484, Mental Health Court: 115 .

Program Summary

The three coordinated diversion programs target persons in the criminal justice system who are experiencing serious mental health issues 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 45 new participants in FY17.

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 Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community as an alternative to extended time in the Multnomah County Detention Center.

The three diversion programs address the needs of residents experiencing a severe mental health issue who can be safely diverted from jail and/or the State Hospital, by providing support for successful completion of court directives as well as providing linkage to community services that increase mental health 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 spent in jail or the State Hospital.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of participants in Community Court	751	1,000	690	690
Outcome	% of participants in good standing or have successfully completed services	54%	55%	55%	55%
Output	# of participants served by Forensic Diversion	484	400	509	450
Outcome	% of participants served in the Community by Forensic Diversion (NEW)	N/A	N/A	33%	33%

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	2018	2018	2019	2019
Personnel	\$472,338	\$1,167,191	\$249,429	\$1,275,267
Contractual Services	\$0	\$1,157,322	\$302,287	\$354,879
Materials & Supplies	\$1,070	\$15,794	\$3,392	\$5,604
Internal Services	\$90,283	\$122,923	\$267,629	\$3,984
Total GF/non-GF	\$563,691	\$2,463,230	\$822,737	\$1,639,734
Program Total:	\$3,026,921		\$2,462,471	
Program FTE	4.00	11.00	2.00	10.70

Program Revenues				
Indirect for Dept. Admin	\$22,292	\$0	\$3,100	\$0
Intergovernmental	\$0	\$2,463,230	\$0	\$1,620,273
Beginning Working Capital	\$0	\$0	\$0	\$19,461
Total Revenue	\$22,292	\$2,463,230	\$3,100	\$1,639,734

Explanation of Revenues

- \$ 87,035 - Multnomah Behavioral Health Treatment Court (MBHTC) federal grant from SAMHSA
- \$ 1,533,238 - State Mental Health Grant: MHS Special Projects based on 2017-2019 IGA with State of Oregon
- \$ 19,461 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40088 Coordinated Diversion for Persons with Mental Illness

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

Executive Summary

Alcohol and drug detoxification, or medically monitored withdrawal management, medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol and drug treatment and connects them to other services needed to resolve homelessness and health issues. There are approximately 2,400 admissions to detox services annually. Supportive Housing targets homeless addicted individuals who have completed detoxing from substances, providing additional engagement and stability to enhance outcomes of continued treatment.

Program Summary

The detoxification and stabilization program supports capacity for withdrawal management services to be provided 24 hours/day, 7 days/week under medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. Services are also provided in an integrated medical clinic with primary care and dual-diagnosis capability and include culturally specific considerations for African American and Latino populations. Stabilization services include counseling; case management; referrals related to housing, food and transportation, and such economic independence resources as job training, employment referrals, benefits eligibility screening; and discharge linkage to continuing care treatment.

Supportive Housing greatly increases post-detoxification treatment engagement rates. For people who are homeless, addicted, and newly sober, it can be a vital resource in the work towards long-term recovery. Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Supportive housing (\$29/day) is an evidence-based, lower-cost resource when compared to either Level 3.7 Medically Monitored Inpatient Withdrawal Management (\$945/ day) or Level 3.2 A&D Residential treatment (\$120/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	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of admissions annually to detoxification ¹	2,559	2,400	2,564	2,600
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	94%
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 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	2018	2018	2019	2019
Contractual Services	\$1,798,612	\$1,296,616	\$1,607,167	\$1,296,616
Internal Services	\$0	\$0	\$23,223	\$0
Total GF/non-GF	\$1,798,612	\$1,296,616	\$1,630,390	\$1,296,616
Program Total:	\$3,095,228		\$2,927,006	
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

\$ 908,733 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon.
\$ 387,883 - 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 2018: 40089 Addictions Detoxification & Post Detoxification Housing

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

Executive Summary

This program provides a continuum of services for youth in outpatient, residential, early recovery, and culturally-specific outpatient addiction treatment services. Additionally, this program provides alcohol/drug-free supportive housing resources for families of adult parent(s) who are in addictions treatment. Annually, approximately 90 families receive housing supports in family-focused recovery housing communities.

Program Summary

A 2015 report from the Center for Behavioral Health Statistics and Quality cites the fact that around 37,000 adolescents in Oregon (almost 13% of the total adolescents) per year report using illicit drugs. Youth alcohol and drug treatment focuses on the developmental issues of youth up to age 18 to mitigate the immediate and long-term consequences of substance abuse. Our youth treatment continuum reflects collaboration with schools, juvenile justice, and a network of community-based treatment and recovery support providers. This collaborative network provides outreach/engagement services, outpatient treatment, residential treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level.

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. FAN provides a clean, safe and sober living environment in which parents can raise their children while in a recovery supported environment. FAN offers families an array of services, 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; supports to enhance family stability, economic self-sufficiency, pro-social/ drug-free relationships and community involvement; and placement in permanent housing. The FAN Housing Coordination program helps those families in early recovery as they transition from residential treatment to locate suitable Alcohol and Drug Free Communities (ADFC) recovery-focused housing, as well as providing assistance with housing maintenance and referrals to other supportive resources. Access to this supportive ADFC housing in turn lays a foundation for families' future self-sufficiency and ability to obtain permanent housing. FAN Rent Assistance provides payment of rent and associated expenses inclusive of deposits, move-in costs, and utilities.

Altogether, the services embedded within the family and youth addictions treatment continuum are vital to serving youth and families, many of whom struggle with a myriad of challenges such as trauma histories, dual diagnoses, generational cycles of poverty, incarceration, and fragmented family structures among other difficulties.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households that received rent assistance	115	75	100	85
Outcome	Exiting families that move into long-term permanent housing	%87	54%	%73	%73
Output	Number of families that received housing coordination services	140	90	120	120
Output	Number of youth served in outpatient treatment	45	45	45	45

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. (See, Significant Program Changes section, for additional comments regarding Performance Measure 1).

Legal / 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). 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	2018	2018	2019	2019
Contractual Services	\$211,709	\$640,709	\$137,727	\$493,647
Total GF/non-GF	\$211,709	\$640,709	\$137,727	\$493,647
Program Total:	\$852,418		\$631,374	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$640,709	\$0	\$493,647
Total Revenue	\$0	\$640,709	\$0	\$493,647

Explanation of Revenues

\$ 62,131 - Local 2145 Beer & Wine Tax
 \$ 275,100 - SAPT Block Grant
 \$ 156,416 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40090 Family & Youth Addictions Treatment Continuum

In the FY 2018 Program Offer 40085, it appears that some of the youth (individuals aged 18 or younger) served through youth addictions treatment services were included in the total unique number of adult individuals served. For this current program offer, those unique youth served were taken out of the 40085 Performance Measure and included in this program offer. Hence, a new Output was added to this offer to specifically reflect unique youth served in treatment.

Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and 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	2018	2018	2019	2019
Contractual Services	\$0	\$1,129,910	\$0	\$445,107
Total GF/non-GF	\$0	\$1,129,910	\$0	\$445,107
Program Total:	\$1,129,910		\$445,107	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,129,910	\$0	\$445,107
Total Revenue	\$0	\$1,129,910	\$0	\$445,107

Explanation of Revenues

\$ 445,107 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on 2017-2019 IGA with the State.

Significant Program Changes

Last Year this program was: FY 2018: 40091 Family Involvement Team

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40076, 40080, 40085
Program Characteristics:

Executive Summary

This program offer describes the existing management and administration of Multnomah Behavioral Health, which is a Behavioral Health Plan Partner under contract with Health Share of Oregon to administer the behavioral health benefits for approximately 170,000 members (County residents) on the Oregon Health Plan. The behavioral health plan includes operational functions that span all levels of care related to mental health and substance use disorder treatment (from outpatient care to acute care).

Program Summary

Multnomah Mental Health and Addictions Services Division (MHASD) manages the mental health and substance use disorder benefit for Oregon Health Plan members enrolled with Health Share of Oregon/Multnomah Behavioral Health (MBH). The Oregon Health Plan provides health coverage to low-income Oregonians who are eligible for Medicaid. Multnomah Behavioral Health currently has more than 170,000 members. This number varies from month-to-month based on the number of Oregon Health Plan members. The administration of behavioral health benefits for Health Share of Oregon member aligns with Multnomah County Board of Commissioners' responsibility as the local mental health authority and MHASD's role as the Community Mental Health Program (CMHP), managing a critical aspect of the system of care for the most vulnerable residents of Multnomah County. By managing the behavioral health benefit for MBH members, MHASD is able to ensure that county residents receive timely and appropriate access to care and care coordination services that prevent members from going to higher and more restrictive levels of care. Additionally, as a behavioral health plan, MBH provides billing support to community providers and also manages the oversight of all plan financials to ensure the sustainability and viability of the benefit (and that residents with the benefit can retain access to core mental health services).

The Multnomah Intensive Transition Team (M-ITT) is responsible for following up with members who are unaffiliated with mental health services within 7 days of discharge from psychiatric hospitalization. Meeting a State defined benchmark (currently 79.9%) results in approximately \$2 million in incentive funding.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Penetration rate - percentage of members who receive mental health or addictions services ¹	12.1%	9%	12%	11%
Outcome	Percent of members who receive outpatient service within 7 days of being discharged from hospitalization	86.6	82.7	86%	86%

Performance Measures Descriptions

¹ FY19 P-rate slightly lower due to new enrollees (from Family Care) and potentially lower P-rates in this population.

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	2018	2018	2019	2019
Personnel	\$0	\$2,697,791	\$0	\$3,980,861
Contractual Services	\$0	\$137,705	\$0	\$1,529,405
Materials & Supplies	\$0	\$2,721	\$0	\$6,338
Internal Services	\$0	\$635,608	\$0	\$933,781
Total GF/non-GF	\$0	\$3,473,825	\$0	\$6,450,385
Program Total:	\$3,473,825		\$6,450,385	
Program FTE	0.00	24.40	0.00	35.90

Program Revenues				
Indirect for Dept. Admin	\$253,478	\$0	\$389,414	\$0
Intergovernmental	\$0	\$3,473,825	\$0	\$6,450,385
Total Revenue	\$253,478	\$3,473,825	\$389,414	\$6,450,385

Explanation of Revenues

\$ 6,128,947 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 321,437 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40094 Medicaid Insurance Plan Administration and Operations

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs: 40085
Program Characteristics: One-Time-Only Request

Executive Summary

This program offer provides resources for expanding high quality, affordable, accessible residential and outpatient substance use treatment delivered by a licensed provider in the County's network. It will also help Multnomah County meet the needs of geographically dispersed patient populations and expand the availability of outpatient services.

Program Summary

This program offer provides resources for expanding high quality, affordable, accessible residential and outpatient substance use treatment delivered by a licensed provider in the County's network. Substance use disorders impact many areas of the County, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle through outpatient and residential based services, yet there is always a need to improve access to services by situating treatment providers near patient populations. This program offer will help Multnomah County meet the needs of geographically dispersed patient populations by increasing access to services outside of the downtown core.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of briefings to Board of County Commissionoers complete before funding is released.	0	0	0	1
Outcome	% of phase one planning and development complete before funding is released.	0	0	0	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$350,000	\$0
Total GF/non-GF	\$0	\$0	\$350,000	\$0
Program Total:	\$0		\$350,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department Overview

Multnomah County Library’s mission: Empowering our community to learn and create.

Multnomah County Library uses three-year priorities to shape what we do and explain how we do it. In a world that changes quickly, we build those priorities on four pillars that will not change.

Our pillars:

Free access for all.

A trusted guide for learning.

The leading advocate for reading.

A champion for equity and inclusion.

Our priorities:

Making connections for a stronger community.

We help people learn, create, have fun and understand their world.

We connect people to help solve shared problems.

We help people build trust and work toward common goals.

Removing barriers:

We help people better understand each other and respect differences.

We invest in people who face the greatest barriers in life.

We use public resources in ways that make the greatest impact.

Helping meet basic needs:

We work to provide safe, welcoming and clean spaces that serve many different needs.

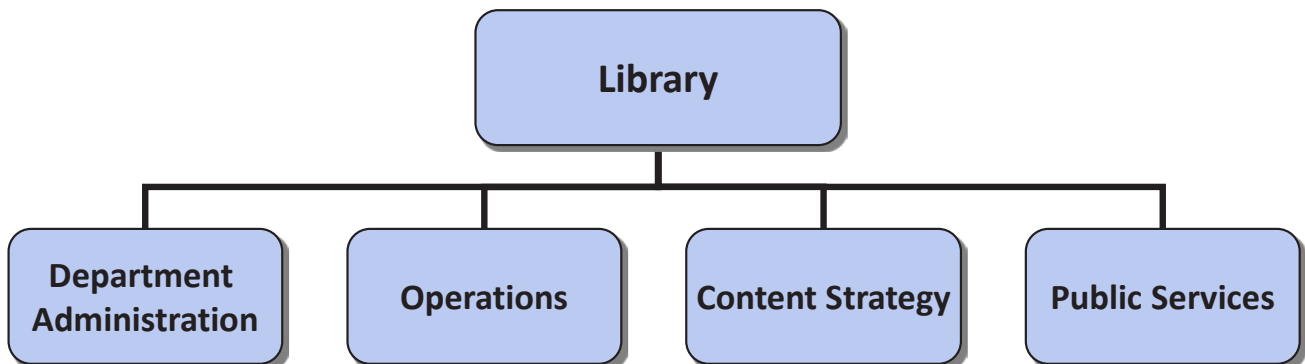
We create services and partnerships that increase personal safety, food security, health, and access to shelter.

Honoring the past and embracing the future:

We have books and materials people want.

We protect freedom of thought and expression.

We use research and community input to shape our services and spaces.



Budget Overview

The Library FY 2019 Adopted budget is \$84.1 million, a \$4.0 million increase from the FY 2018 Adopted budget. Library operations were funded exclusively through the independent Multnomah County Library District, which was enacted by voters in 2012. Changes from FY 2018 include the consolidation of two divisions and an increase in the Library District property tax rate.

The Library’s FY 2019 adopted expenditures of \$84.1 million represents a 5% increase over FY 2018. There are no major programmatic changes in this budget. Notable budgetary changes include:

- Security (80015) increased by \$0.3 million (20%), reflecting the reallocation of existing library supervisor positions to library safety officer positions.
- The Public Services Division combines the former Programming & Outreach and Neighborhood Libraries divisions and includes all Library branches, as well as the Contact Center (80005), School-Age Services (80006), Every Child Initiative (80007), Programming & Community Outreach (80008), Adult Outreach (80009), Programming & Outreach Management (80021), and Public Services Division Management (80022).

In the sixth year of the Library District, the Library will levy a rate of \$1.20 per \$1,000 of assessed value. This rate is an increase from the \$1.18 per \$1,000 of assessed value levied in previous years, but is in line with with the District’s original financial plan and below the voter approved maximum of \$1.24 per \$1,000 of assessed value. According to the most recent economic forecast for the Library, expenses will begin to grow faster than revenues in the near future, but annual budget surpluses are still forecast for the next five years.

Budget Trends	FY 2017	FY 2018	FY 2018	FY 2019	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	536.40	542.12	539.70	542.45	2.75
Personnel Services	\$47,322,032	\$49,099,659	\$50,908,365	\$53,868,963	\$2,960,598
Contractual Services	1,678,364	1,556,897	1,691,163	1,712,517	21,354
Materials & Supplies	9,849,970	11,560,372	11,777,603	12,428,063	650,460
Internal Services	13,982,062	13,736,338	15,721,745	16,070,816	349,071
Capital Outlay	<u>108,438</u>	<u>20,047</u>	<u>0</u>	<u>20,000</u>	<u>20,000</u>
Total Costs	\$72,940,866	\$75,973,313	\$80,098,876	\$84,100,359	\$4,001,483

Successes and Challenges

Multnomah County Library continues to evolve to balance a diverse and changing set of needs and uses. This balance is reflected in the library's updates to its rules in FY 2018 — the first significant updates in nearly 20 years. The library sought extensive public input, legal counsel and staff feedback to inform this work. In tandem, the library also enhanced its processes and resources for aiding patrons with exclusion appeals and disability accommodations.

This year marked the completion of a yearlong community engagement process. A team of staff led outreach in focused conversations and at community events to better understand people's hopes and barriers to success. That work yielded more than 800 responses and clear themes. The library's management team took that feedback and used it as the basis of shaping the library's new three-year priorities.

In FY 2018 the library enhanced its support for educators by waiving fines on educator cards. The School Corps unit celebrated 20 years of service, recognizing success in reaching 83,000 students with 131,000 books and creating 4,000 book collections since its inception.

Equity and inclusion are key areas of focus. This is outlined in the library's new pillar and throughout the priorities. In addition, the library has created an equity and inclusion steering team that is leading and supporting organizational efforts that will eventually include an agency-wide team.

This year, the library began the due diligence phase of its long-term space planning effort. In partnership with Hennebery Eddy Architects and Multnomah County Facilities and Asset Management, the library has continued due diligence on this effort, resulting in productive and promising conversations with county partners and cities and other municipalities.

Overall, the library's most pressing challenges relate to maintaining a safe and welcoming environment for everyone. Challenges people experience related to mental health, addiction and housing status are also present in the library. Currently, the library spends more resources on security than on the operation of a typical neighborhood library. In FY 2018, the library updated its rules and forged closer partnerships with law enforcement and civic leaders to raise awareness of these issues. In addition, the FY 2018 budget added library safety officer positions, funded facilities and security camera upgrades and staff to coordinate these efforts.

Other challenges include increasing costs and workforce demands related to technology infrastructure. The Multco Align ERP replacement project coincides with a project to replace the library's technology backbone, the integrated library system, compounding demand for staff time, fiscal resources and technical expertise.

Diversity and Equity

Multnomah County Library is working to create a system that equitably nurtures, empowers and lifts staff, patrons and the community to their highest potential.

In FY 2017 the Library added its first equity and inclusion manager. This manager reports to the director of libraries. This new office is leading the library’s ongoing efforts to better serve its diverse community and support staff members in work to provide culturally and linguistically relevant service.

In addition to the equity and inclusion focused trainings offered through the county, the library has embedded equity and inclusion training in New Employee Orientation, setting the expectation of this work as staff begin their employment with the library. The Executive Management Team is participating in monthly trainings, and Human Resources will participate in implicit bias and de-biasing technique trainings.

The library continued its effort to recruit from a diverse pool of potential applicants in FY 2018. These activities included in-person recruitment efforts at American Library Association conferences in San Francisco and the National Conference of African American Librarians in St. Louis.

The library recruited for the following positions in FY 2018: an African American cultural competency youth librarian; four African American cultural competency library assistants; a bilingual Chinese regional librarian; bilingual Spanish, Vietnamese, Chinese and Russian library assistants and a bilingual Chinese clerk. Currently, nearly one in five library positions include a linguistic or cultural competency (though numerous other staff members who identify as people of color serve in non-KSA positions).

Budget by Division

Division Name	FY 2019 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$2,098,208	\$2,098,208	10.00
Operations	0	9,595,794	9,595,794	66.45
Content Strategy	0	22,411,524	22,411,524	43.25
Public Services	0	49,994,833	49,994,833	422.75
Total Library	\$0	\$84,100,359	\$84,100,359	542.45

Department Administration

Department Administration provides executive leadership and strategic vision for the library system; connects the community with library materials and services; and develops and leads proactive equity and inclusion initiatives.

The Director's Office works with elected leaders, stakeholders, residents and staff to ensure that library services meet the needs of Multnomah County residents; provides timely and helpful communication about the library to the public and library staff; develops policies and procedures to help people use library services; and ensures that the library provides relevant information and exceptional customer service to patrons.

Equity and Inclusion leads the library's work to equitably nurture, empower and lift staff, patrons and the community to their highest potential.

Significant Changes

There are no significant changes.

Operations

Operations provides leadership and strategic vision for the operational support of the library system; manages the library's finance and budget operations; ensures accurate and timely delivery of library materials; coordinates building maintenance; oversees safety and security; promotes the resource management of highly qualified staff; provides flexible staffing coverage for the system; and provides opportunities for people to contribute their time and talents to Multnomah County Library.

Division Management works with stakeholders to ensure the efficient operation of Multnomah County libraries; Business Services manages the library's finance and budget operations; Facilities and Logistics coordinates the movement of books and materials among all 22 locations and coordinates buildings and grounds maintenance; Safety and Security works to provide safe, secure and welcoming facilities for patrons and staff; Human Resources/ Learning + Organizational Development provides assistance with all aspects of the employment cycle and coordinates training for staff and patrons; Systemwide Staffing provides flexible staffing coverage across the system; and Volunteer Services oversees the recruitment and placement of volunteers for all libraries, outreach programs and The Title Wave Used Bookstore.

Significant Changes

There are no significant changes.

Content Strategy

Content Strategy aligns Collections & Technical Services, Marketing + Online Engagement, and IT Services for selection, curation and development of physical and digital library materials; web, print and social media content; and technology to engage patrons in meaningful ways.

Collections & Technical Services buys, catalogs, digitizes, curates and processes print and electronic/digital resources. It manages interlibrary loan, around 2,500 periodical subscriptions, more than 120 databases and online resources such as OverDrive and Hoopla.

Marketing + Online Engagement connects patrons to library services, programs and collections, through the website, mobile apps, social media and email marketing. This group develops brand identity, digital strategy, and patron feedback channels to provide guidance for strategic organizational decisions.

IT Services leads development and support for the library's technology strategy, ensuring robust and sustainable IT for progressive service to a diverse community. IT Services supports staff computing and over 1,000 computers and mobile devices for public use. Wired and wireless networking provides public access to the library catalog, databases, downloadable books/media and websites for job hunting, continuing education and government services.

Significant Changes

There are no significant changes.

Public Services

Public Services includes 19 neighborhood libraries, which are hubs of community engagement, learning and creativity; the contact center, which serves patrons via phone, email, text and chat; and programming and outreach, which provides services both in libraries and throughout the county.

Neighborhood libraries are welcoming spaces with friendly staff that provide access to books, computers with internet access, free programs, and meeting spaces. Last year patrons visited libraries more than 4.3 million times. These libraries provide patrons with access to over two million physical and digital materials and host storytimes in English, Spanish, Russian, Vietnamese, Mandarin, Cantonese, and Somali. Dedicated volunteers contributed more than 47,000 hours of service last year.

Programming and outreach provides support for programming, community outreach, public training, creative learning, reader services and partnership initiatives. This includes the Every Child Initiative, which supports kindergarten readiness; the School Age Services team, which works with school districts and afterschool programs to improve student success; and the Summer Reading program, which served more than 111,000 youth in 2017. Adult outreach provides programs and services to older adults, new immigrants, adult learners, people with disabilities and people who are institutionalized or homeless.

Significant Changes

Two divisions that were formerly separate, Neighborhood Libraries and Programming & Outreach, are being combined into a single division. Program offers include Youth Services Management (80021), School-Ages Services (80006), Every Child Initiative (80007), Programming & Community Outreach (80008), Adult Outreach (80009), Public Services Division Management (80022), Central Library (80001), North County Libraries (80002), Inner/South County Libraries (80003), Mid/East County Libraries (80004), and Contact Center (80005).

Multnomah County Library

The following table shows the programs that make up the department's total budget. The individual programs follow their respective divisions.

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Department Administration					
80010	Library Director's Office	\$0	\$1,916,112	\$1,916,112	9.00
80011	Equity & Inclusion	0	182,096	182,096	1.00
Operations					
80012	Operations Division Management	0	552,483	552,483	4.00
80013	Business Services	0	1,346,246	1,346,246	6.50
80014	Facilities & Logistics	0	2,639,683	2,639,683	14.25
80015	Security	0	1,549,095	1,549,095	15.00
80016	Volunteer Svcs/Title Wave Bookstore	0	576,322	576,322	4.25
80017	Human Resources/Learning + Organizational Development/Systemwide Staffing	0	2,931,965	2,931,965	22.45
Content Strategy					
80018	IT Services	0	8,451,396	8,451,396	2.00
80019	Marketing + Online Engagement	0	1,580,381	1,580,381	9.50
80020	Collections & Technical Services	0	12,379,747	12,379,747	31.75
Public Services					
80001	Central Library	0	13,666,749	13,666,749	121.00
80002	North County Libraries	0	4,837,879	4,837,879	42.75
80003	Inner/South County Libraries	0	11,307,832	11,307,832	101.75
80004	Mid/East County Libraries	0	11,276,324	11,276,324	100.00
80005	Contact Center	0	1,366,174	1,366,174	14.50
80006	School-Age Services	0	1,599,116	1,599,116	10.50
80007	Every Child Initiative	0	1,214,540	1,214,540	7.50
80008	Programming & Community Outreach	0	1,544,506	1,544,506	8.00
80009	Adult Outreach	0	1,047,702	1,047,702	8.25
80021	Programming & Outreach Management	0	443,552	443,552	2.75
80022	Public Services Division Management	0	1,690,459	1,690,459	5.75
Total Library		\$0	\$84,100,359	\$84,100,359	542.45

(this page intentionally left blank)

Department: Library **Program Contact:** David Ratliff
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Residents visited Central Library 890,000 times last year and benefited from diverse learning, cultural and recreational opportunities. Central Library serves the downtown core of the city of Portland along with visitors from the entirety of Multnomah County. Central Library also serves patrons throughout the county via email reference services provided by Central Library staff.

Program Summary

Central Library is a community facility where patrons attend classes, programs, and forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to nearly 700,000 books and other items from this library. Central Library patrons checked out over 2,000,000 physical and digital items last year. Central Library empowers new immigrants, small business owners, seniors, students and people experiencing homelessness by providing informational tools to develop life skills.

Children and young people participate in storytimes and Summer Reading at Central Library. Over 111,000 children participated in the 2017 Summer Reading program across the library system, and 9,500 people attended youth programs at Central Library last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Patrons develop critical life skills through job training resources, book groups, opportunities for civic engagement, and other library programs. To support critical life skill development and digital literacy, Central Library staff conducted 303 individualized patron appointments, a service that had a nearly 100% satisfaction rating.

Central Library provides opportunities for diverse neighbors to interact and engender a sense of community. The library partners with other organizations to improve work and life skills through free public programs. Central Library offers space for library-organized and community-led events to discuss ideas and issues of public interest. Central Library presented 855 programs to over 12,700 participants last year. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless internet. Central Library provides 690,000 internet and wi-fi sessions annually on library and patron devices, including on 153 library-provided public computers. Central Library hosted 116 free computer classes and labs to help attendees develop life and job skills.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Books and items checked out or renewed (physical items only)	1,829,878	1,700,000	1,800,000	1,800,000
Outcome	% of patrons who found books and items they wanted	91%	90%	90%	90%
Output	E-books and other digital titles checked out	259,953	288,000	290,000	290,000

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$10,360,319	\$0	\$10,556,611
Contractual Services	\$0	\$126,000	\$0	\$147,000
Materials & Supplies	\$0	\$194,128	\$0	\$193,383
Internal Services	\$0	\$2,564,774	\$0	\$2,769,755
Total GF/non-GF	\$0	\$13,245,221	\$0	\$13,666,749
Program Total:	\$13,245,221		\$13,666,749	
Program FTE	0.00	122.25	0.00	121.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80001 Central Library

Net decrease of 1.00 FTE transfer to Programming & Outreach Management (80021).

Department: Library **Program Contact:** David Ratliff
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 80003, 80004
Program Characteristics:

Executive Summary

This program offer is for the libraries serving the northern area of the county: Kenton, North Portland, Northwest and St. Johns Libraries. Residents visited these libraries nearly 570,000 times last year and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve a large number of African American and Spanish-speaking patrons with culturally relevant services.

Program Summary

North County libraries are community facilities where patrons attend classes, programs, and community forums that provide opportunities for neighbors to interact. County residents have access seven days per week, including some evenings, to over 156,000 books and other items at these libraries, including Spanish materials. Patrons of North County libraries checked out 2.2 million physical and digital items last year.

Children and young people participate in storytimes, Summer Reading and afterschool activities in these libraries. Over 111,000 children participated in the 2017 Summer Reading program across the library system, and 36,000 people attended youth programs at North County libraries last year. Research indicates that youth participation in summer reading programs results in improved reading skills and enhances all other learning.

Patrons develop critical life skills through job training resources, book groups, opportunities for civic engagement and other programs. North County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, North County libraries' staff conducted 648 individualized patron appointments, a service that had a nearly 100% satisfaction rating.

North County libraries provide opportunities for people to interact through a variety of programs. North County Libraries' volunteers from youth to seniors contributed over 7,500 hours of service last year, and community groups used the meeting rooms 250 times. Libraries serve as a bridge for the diverse cultures within Multnomah County. Residents who are non-English speakers enjoy over 300 bilingual programs and events each year at North County libraries. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless internet. North County Libraries provided 88,000 internet sessions on 113 library public computing devices last year. Patrons developed life and job skills at 228 free computer classes and labs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Books and items checked out or renewed (physical items only)	1,934,922	1,815,000	1,800,000	1,800,000
Outcome	% of patrons who found books and items they wanted	92%	90%	90%	90%
Output	E-books and other digital titles checked out	278,828	312,000	315,000	315,000

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$3,714,569	\$0	\$3,894,062
Contractual Services	\$0	\$4,700	\$0	\$2,900
Materials & Supplies	\$0	\$76,863	\$0	\$76,679
Internal Services	\$0	\$801,407	\$0	\$864,238
Total GF/non-GF	\$0	\$4,597,539	\$0	\$4,837,879
Program Total:	\$4,597,539		\$4,837,879	
Program FTE	0.00	42.75	0.00	42.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80002 North County Libraries

No significant changes.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$9,134,826	\$0	\$9,454,066
Contractual Services	\$0	\$12,200	\$0	\$10,300
Materials & Supplies	\$0	\$187,845	\$0	\$166,634
Internal Services	\$0	\$1,536,702	\$0	\$1,676,832
Total GF/non-GF	\$0	\$10,871,573	\$0	\$11,307,832
Program Total:	\$10,871,573		\$11,307,832	
Program FTE	0.00	103.50	0.00	101.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80003 Inner/South County Libraries

Net decrease of 1.00 FTE transfer to Security (80015).

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$8,787,596	\$0	\$9,141,693
Contractual Services	\$0	\$15,100	\$0	\$12,950
Materials & Supplies	\$0	\$170,970	\$0	\$197,096
Internal Services	\$0	\$1,759,638	\$0	\$1,924,585
Total GF/non-GF	\$0	\$10,733,304	\$0	\$11,276,324
Program Total:	\$10,733,304		\$11,276,324	
Program FTE	0.00	100.50	0.00	100.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80004 Mid/East County Libraries

No significant changes.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,155,782	\$0	\$1,303,942
Contractual Services	\$0	\$3,000	\$0	\$0
Materials & Supplies	\$0	\$14,034	\$0	\$17,599
Internal Services	\$0	\$31,090	\$0	\$44,633
Total GF/non-GF	\$0	\$1,203,906	\$0	\$1,366,174
Program Total:	\$1,203,906		\$1,366,174	
Program FTE	0.00	14.00	0.00	14.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80005 Contact Center

No significant changes.

Department: Library **Program Contact:** Sarah Mead
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

School-Age Services (SAS) improves kindergarten through high school students' reading and information literacy by training students to effectively use public library online research tools; by connecting students in libraries or through outreach with dynamic book collections and reading motivation programs; and by offering curriculum support, training and resources for their educators, parents and caregivers. Services are targeted toward students at risk of low literacy.

Program Summary

School-Age Services staff are trained in research, booktalking and reading promotion. They serve students, educators, parents and caregivers in public and private schools, community agencies, county programs, treatment facilities and other locations serving school-age youth.

Staff provide expertise, information, books, training, recreational programs and technical support to increase students' and invested adults' literacy and information skills. Thousands of quality children's books are delivered to schools and community agencies. School Corps (SC) provides direct service to students, parents and educators during the school day, afterschool and during the summer. Librarians collaborate with educators to increase students' academic success and literacy in the county's K-12 schools and SUN programs by training students to use public library resources effectively and efficiently for research and pleasure reading.

BOOKS 2 U (B2U) staff and volunteers introduce students to high-interest books in the classroom through booktalking programs and by providing paperback copies of books they promote. Their goal is to introduce Multnomah County Library as an educational partner and significant resource. To that end, B2U staff attend and present at parent and family night programs; provide library cards to children served; and promote the library's Summer Reading program and other library services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Youth served in Books 2 U & School Corps (duplicated)	61,842	58,500	47,280	47,280
Outcome	% of students whose research skills increase after School Corps presentation	90%	90%	90%	90%
Quality	% of teachers indicating that they will ask for School Corps services again	100%	95%	95%	95%
Outcome	% of teachers who report Books 2 U helps their students develop a desire and motivation to read	100%	95%	95%	95%

Performance Measures Descriptions

Performance Measure 4: data source is the annual Books 2 U survey led by NPC Research. Survey is now biennial; Previous Year Actual uses most recent survey data available, from 2016.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,085,740	\$0	\$1,264,238
Contractual Services	\$0	\$4,000	\$0	\$5,500
Materials & Supplies	\$0	\$281,151	\$0	\$278,750
Internal Services	\$0	\$41,814	\$0	\$50,628
Total GF/non-GF	\$0	\$1,412,705	\$0	\$1,599,116
Program Total:	\$1,412,705		\$1,599,116	
Program FTE	0.00	9.50	0.00	10.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80006 School-Age Services

Net increase of 1.00 FTE transfer from Programming & Outreach Management (80021).

Department: Library **Program Contact:** Annie Lewis
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

Every Child Initiative (ECI) prepares children for kindergarten by offering education, motivation and support for parents and caregivers to provide language and literacy experiences that foster children's brain development and early literacy skills. This builds the foundation for learning to read. Experts in early learning and literacy, ECI staff deliver engaging programs and hands-on literacy activities that open up the wonder of stories, music, culture and play. Services are directed toward families living in poverty and those learning English.

Program Summary

Every Child staff, who are trained in child development, brain development and early reading research, visit parents and caregivers in social service agencies, childcare centers, Head Start centers, teen parent programs, treatment facilities, and other locations serving adults with children birth to age five. They teach parents and caregivers easy techniques to prepare their preschool children for learning to read. Classes, taught in English, Spanish, Russian, Chinese, Russian and Vietnamese, show adults how to read, talk, sing, play and rhyme with babies, toddlers and preschoolers so that children develop the pre-reading skills they need before they enter kindergarten.

From birth to age five, children go through a critical window for brain development that supports literacy. Reading, talking, singing, playing, writing and rhyming with children during this sensitive time determines a child's future as a reader. Many parents and caregivers don't know how early this window opens — and closes — and how tremendous an impact simple actions can have on their children's future ability to read. Children must have early experiences with language, books, and writing tools to become successful readers.

Research shows that children most at risk for being unprepared for kindergarten are those who live in poverty, speak English as a second language, have few books in their homes, and whose mothers have limited education and/or low literacy. These children start kindergarten with significantly lower cognitive skills than their more advantaged peers because they likely lacked the opportunity to have rich language and literacy experiences in the five years before they attend school. Every Child Initiative reaches these parents on-site and shows them easy ways to help their children gain pre-reading skills during these important years. Program evaluations show that parents and caregivers gain clear knowledge of their role in their children's preparedness for reading.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of parents, caregivers, and adults served in Every Child Initiative outreach	22,495	16,000	20,500	21,000
Outcome	% of participants who show an increase in five reading and literacy activities	67%	85%	70%	70%
Output	Number of books circulated in Every Child Initiative	1,651,000	1,650,000	1,612,000	1,612,000

Performance Measures Descriptions

Output: The number of parents, caregivers, and adults served in all Every Child Initiative outreach, including those who receive welcome baby gifts when their first child is born.

Outcome: The evaluation measures an increase in five behaviors: 1. Encourage child to participate more often; 2. Point out pictures and talk about them; 3. Read the book more than once; 4. Ask or answer questions while reading; 5. Talk about new words. The difference between Current Year Purchased and Previous Year Actual is due to a change in methodology.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$805,095	\$0	\$851,389
Contractual Services	\$0	\$15,000	\$0	\$12,500
Materials & Supplies	\$0	\$234,867	\$0	\$306,898
Internal Services	\$0	\$41,409	\$0	\$43,753
Total GF/non-GF	\$0	\$1,096,371	\$0	\$1,214,540
Program Total:	\$1,096,371		\$1,214,540	
Program FTE	0.00	7.50	0.00	7.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80007 Every Child Initiative

No significant changes.

Department: Library **Program Contact:** June Bass
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Programming and Community Outreach (PCO) leads the library's public programming and training, community outreach, reader services, Summer Reading program and partnership initiatives. PCO ensures that activities align with library priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work and assists in research and evaluation. Responsibilities include program development, scheduling, grant writing, curation, volunteer coordination, staff and public training, event/project management, program coordination, website content, and fiscal oversight.

Program Summary

Programming meets the informational, educational and entertainment needs of library users by providing a wide array of in-person and virtual activities, experiences, learning opportunities and exhibitions that complement library materials and services. Programs include arts and cultural programming for all ages, author and literature programs, book discussions, and creative learning activities for all ages.

Public technology training ensures members of the community have an opportunity to learn how to use technology to navigate our world — everything from filling out job applications online to keeping in contact with friends and family. In FY 2017, PCO staff provided the professional and technical expertise to make more than 4,200 programs possible and help 56,117 people learn about and engage with their community.

Community outreach extends library services and programs to a broader section of the population by taking services and programs out of the library and into the particular environment of community members that have barriers to using the library. This work ranges from outreach programs and services for new immigrants and underserved populations to promoting the library and providing information services, community events and presentations to local organizations.

Reader services is responsible for establishing, implementing and keeping current the vision of readers' advisory as part of information services. Staff lead systemwide training, program and service initiatives in this area and work with other divisions to engage the community and generate excitement around reading.

Community partnerships result in programs and services that leverage the unique strengths and resources of each organization. Partnerships increase and enhance the library's visibility in the community and establish goodwill between the library and other organizations and their users. Partnerships make programs like Everybody Reads possible. Partners include, but are not limited to, Oregon Humanities, Portland State University, Portland Community College, Delta Society, Portland Opera, Oregon Symphony and Multnomah County's Aging and Disability Services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of financial literacy programs offered	75	40	80	70
Outcome	% of attendees who say library programs connect them to their community	42%	50%	45%	45%
Outcome	% of attendees who say they learned something new at a library program	78%	80%	79%	80%
Quality	% of attendees of library programs who rate them as good or excellent	96%	96%	97%	97%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$917,330	\$0	\$945,445
Contractual Services	\$0	\$269,500	\$0	\$224,500
Materials & Supplies	\$0	\$265,800	\$0	\$344,297
Internal Services	\$0	\$29,879	\$0	\$30,264
Total GF/non-GF	\$0	\$1,482,509	\$0	\$1,544,506
Program Total:	\$1,482,509		\$1,544,506	
Program FTE	0.00	8.00	0.00	8.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80008 Programming & Community Outreach

Net decrease of 0.50 FTE due to 1.00 FTE transfer to IT Services (80018) and 0.50 FTE transfer from Programming & Outreach Management (80021).

Department: Library **Program Contact:** Carole Scholl
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Adult Outreach provides library services and programs to Multnomah County residents underserved by traditional library means, including older and homebound adults, new immigrants, people with disabilities, adult learners, and those who are institutionalized, incarcerated or homeless. Adult Outreach delivers books and other materials to people who are homebound; provides resources and conducts classes and other programs for immigrants, new readers, older adults and GED seekers; and partners with community agencies.

Program Summary

Adult Outreach delivers books and other library materials and services to Multnomah County residents who are homebound, or who live in assisted living facilities, retirement homes, adult care homes, shelters, transitional homes or jails (the last in partnership with the Multnomah County Sheriff's Office).

Adult Outreach connects these people with their community by providing library services and programs, such as book discussion groups and instruction. Adult Outreach, in partnership with literacy organizations, supports people whose first language is not English — or who may not read or write well in English — by providing assistance, referrals, resources, and library programs, including citizenship classes, GED labs, literacy tutoring and Talk Time sessions (English conversation practice).

Delivering books, reading to residents of assisted living units, leading book discussion groups for seniors, teaching citizenship classes, leading book groups in the jails, connecting patrons with computer and e-reader classes and leading English conversation practice in neighborhood libraries also provides meaningful opportunities for volunteers, working with outreach staff, to contribute significantly to the lives of vulnerable residents.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Book discussion groups for seniors	271	220	220	220
Outcome	% of homebound patrons who report that library service reduces social isolation	90%	80%	80%	80%
Output	Book deliveries to homebound patrons	700	na/-	700	700

Performance Measures Descriptions

New measure FY19: Book deliveries to homebound patrons.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$875,759	\$0	\$937,585
Materials & Supplies	\$0	\$32,500	\$0	\$69,750
Internal Services	\$0	\$38,091	\$0	\$40,367
Total GF/non-GF	\$0	\$946,350	\$0	\$1,047,702
Program Total:	\$946,350		\$1,047,702	
Program FTE	0.00	8.25	0.00	8.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80009 Adult Outreach

No significant changes.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,297,294	\$0	\$1,476,915
Contractual Services	\$0	\$163,100	\$0	\$251,500
Materials & Supplies	\$0	\$134,740	\$0	\$132,336
Internal Services	\$0	\$51,763	\$0	\$55,361
Total GF/non-GF	\$0	\$1,646,897	\$0	\$1,916,112
Program Total:	\$1,646,897		\$1,916,112	
Program FTE	0.00	9.00	0.00	9.00

Program Revenues				
Intergovernmental	\$0	\$80,063,876	\$0	\$84,065,359
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Total Revenue	\$0	\$80,098,876	\$0	\$84,100,359

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80010 Library Director's Office

No significant changes.

Department: Library

Program Contact: Sonja Ervin

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Under the direction of the Library Director, the Equity and Inclusion manager leads the development and implementation of proactive diversity, equity, and inclusion initiatives. The development of a library equity plan will ensure that equity is the foundation of and embedded throughout the library's strategic efforts, specifically supporting the library's strategic priority to reflect and serve a diverse community.

Program Summary

This offer funds a senior-level position devoted to championing the library's diversity efforts and engaging staff to build a welcoming and inclusive culture at the library for employees and patrons. The manager provides advice, guidance, and support to the library's Executive Management Team on diversity, inclusion and equity issues related to staff and patrons.

This program develops and leads a sustainable process to implement and continuously assess and adapt the library's goals related to diversity, equity and inclusiveness. This includes creating and implementing metrics, monitoring, and reporting systems to effectively benchmark organizational progress. Part of the work is to identify barriers and develop strategies to facilitate better service to an increasingly diverse community.

The position serves as the library's representative on the county's Core Equity Team, as well as creating and overseeing a library equity and inclusion committee. The manager builds effective collaborations with internal and external partners to leverage resources, advance business needs and carry out organizational initiatives. The manager advises and assists with patron issues when there is an issue with cultural sensitivity.

This program develops training for front-line staff and managers on how to effectively work with the library's diverse staff and patrons in a culturally responsive manner. The program also works to foster a common vocabulary and understanding around diversity, inclusion and equity.

The manager partners with HR and hiring managers to ensure diversity and inclusion are embedded in recruitment, hiring, retention, performance management, leadership development and all other aspects of human capital management.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Retention rate for employees of color	98%	95%	95%	96%
Outcome	% of library staff who agree that people in their work unit value diversity (e.g., valuing people of different races, cul	92%	94%	92%	93%
Outcome	% of library executive management team that participates in eight out of 12 monthly equity and inclusio	na/-	na/-	90%	100%
Outcome	% of incoming staff participating in New Employee Orientation equity training	na/-	na/-	85%	85%

Performance Measures Descriptions

Performance Measure 2: Results from library respondents to the biennial Countywide Employee Survey. Previous Year Actual represents the latest survey results. New measure FY19: % of library EMT that participates in eight out of 12 monthly equity and inclusion sessions. This measure tracks executive management's participation in structured equity and inclusion conversations. New measure FY19: % of incoming staff participating in New Employee Orientation equity training. Reflects the portion of new staff who participate in foundational equity and inclusion training and discussion.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$145,121	\$0	\$153,274
Contractual Services	\$0	\$10,000	\$0	\$9,000
Materials & Supplies	\$0	\$13,780	\$0	\$15,530
Internal Services	\$0	\$3,904	\$0	\$4,292
Total GF/non-GF	\$0	\$172,805	\$0	\$182,096
Program Total:	\$172,805		\$182,096	
Program FTE	0.00	1.00	0.00	1.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80011 Equity & Inclusion

No significant changes.

Department: Library **Program Contact:** Don Allgeier
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Operations Division Management oversees the Business Services, Facilities & Logistics, Safety & Security, Volunteer Services, and Human Resources programs. The Operations Division Management program includes a unit that provides research and evaluation for Multnomah County Library. This division supports the financial, physical, and human operations of Multnomah County Library.

Program Summary

Operations Division Management provides oversight and accountability for the internal services of Multnomah County Library. This program is responsible for the coordination of program managers in the Human Resources, Facilities & Logistics, Security & Safety and Business Services work units. This division partners with Multnomah County Facilities, Human Resources, and Finance to ensure the efficient operation of the library system.

Operations Division Management encompasses an evaluation unit, as well. This unit provides analysis to support management decision-making and coordinates data collection for the organization.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of program evaluation and research projects completed	0	3	2	4
Outcome	Library manager satisfaction with Operations Division Support	na/-	90%	88%	90%

Performance Measures Descriptions

Outcome: New survey implemented 2018, so Previous Year Actual data is not available.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$500,519	\$0	\$526,791
Contractual Services	\$0	\$3,000	\$0	\$0
Materials & Supplies	\$0	\$6,261	\$0	\$7,100
Internal Services	\$0	\$11,284	\$0	\$18,592
Total GF/non-GF	\$0	\$521,064	\$0	\$552,483
Program Total:	\$521,064		\$552,483	
Program FTE	0.00	4.00	0.00	4.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80012 Operations Division Management

Net increase of 1.00 FTE transfer from Public Services Division Management (80022).

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$963,664	\$0	\$1,201,892
Contractual Services	\$0	\$13,600	\$0	\$14,000
Materials & Supplies	\$0	\$75,120	\$0	\$71,850
Internal Services	\$0	\$47,029	\$0	\$58,504
Total GF/non-GF	\$0	\$1,099,413	\$0	\$1,346,246
Program Total:	\$1,099,413		\$1,346,246	
Program FTE	0.00	6.50	0.00	6.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80013 Business Services

No significant changes.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,134,748	\$0	\$1,240,766
Contractual Services	\$0	\$2,000	\$0	\$2,000
Materials & Supplies	\$0	\$59,348	\$0	\$161,911
Internal Services	\$0	\$1,097,998	\$0	\$1,215,006
Capital Outlay	\$0	\$0	\$0	\$20,000
Total GF/non-GF	\$0	\$2,294,094	\$0	\$2,639,683
Program Total:	\$2,294,094		\$2,639,683	
Program FTE	0.00	13.75	0.00	14.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80014 Facilities & Logistics

Net decrease of 1.00 FTE transfer to Security (80015).

Department: Library
Program Offer Type: Support

Program Contact: Chris Linn
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Library Security facilitates and supports the library's efforts to create safe and welcoming environments for patrons and staff at 22 locations. Priorities include security staffing; safety and security training; and related facilities resources, IT resources, and supplies. Security develops and implements related policies and procedures in collaboration with library executive leadership.

Program Summary

Security coordinates the staffing of Library Safety Officers at multiple library locations. Security personnel support library operations by monitoring library facilities, preventing and resolving safety and security concerns, fostering compliance with the library's behavior rules, issuing and enforcing exclusions, coordinating efforts with law enforcement and other support agencies, and providing security training.

Safety and Security coordinates related training for library and security personnel. General and role-specific training programs are designed to aid personnel in their efforts to ensure library resources are used safely and appropriately. Within these programs, personal safety is a priority.

Safety and Security helps coordinate the acquisition, development, and use of safety and security related material and resources including security cameras, inventory control systems, building access systems, Library Safety Officer uniforms and equipment, and security reporting resources.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of safety & security trainings offered	34	36	27	28
Outcome	Library manager satisfaction with support from security team support	na/-	na	90%	90%

Performance Measures Descriptions

New outcome measure FY19.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$863,052	\$0	\$1,373,408
Contractual Services	\$0	\$10,000	\$0	\$9,500
Materials & Supplies	\$0	\$125,800	\$0	\$120,400
Internal Services	\$0	\$294,778	\$0	\$45,787
Total GF/non-GF	\$0	\$1,293,630	\$0	\$1,549,095
Program Total:	\$1,293,630		\$1,549,095	
Program FTE	0.00	9.75	0.00	15.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80015 Safety and Security

Net increase of 2.00 FTE due to 1.00 FTE transfer from Facilities & Logistics (80014) and 1.00 FTE transfer from Inner/South County Library (80003).

Department: Library
Program Offer Type: Support

Program Contact: Liza Dyer
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Volunteer Services provides opportunities for more than 2,000 people who contribute their time and talents to Multnomah County Library each year. Volunteers are active across the library system, including the 19 neighborhood libraries, the Isom Operations Center, the Title Wave Used Bookstore, and at various outreach programs. The Title Wave Used Bookstore generates revenue for the library through the sale of discarded books and other materials. Opened in 1988, the Title Wave Used Bookstore provides an effective means of recycling the library's collection back into the community.

Program Summary

Volunteer Services oversees the recruitment, screening, placement, performance management, position creation, volunteer policies and recognition of over 2,000 volunteers. Volunteers enhance library services at locations throughout the community. The scope of volunteer opportunities includes booktalking with Books 2 U; conducting citizenship classes; delivering library materials to shelters through Adult Outreach; teaching basic computer skills; and searching for reserved items at all library locations. Volunteers share their skills and are given responsibilities that engage them in their libraries and neighborhoods. About 50 percent of library volunteers are students 10-18 years old. Students and adults are given an experience that provides life skills and engages them in their community. Last year, volunteers contributed 64,000 hours of time to the library.

The Title Wave Used Bookstore recycles and sells discarded library books and materials to the community. The store is open 40 hours per week and is staffed by 65 monthly volunteers who are supported by one paid staff person. Because the used books are sold at reasonable prices, many of the Title Wave Used Bookstore's regular customers are teachers/media specialists buying books for their classrooms and libraries. Many home-school families buy books for educational purposes as well. Last year, the Title Wave Used Bookstore generated nearly \$174,000 in revenue.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Hours contributed by volunteers	64,299	66,000	66,500	67,000
Outcome	% of student volunteers who report using their volunteer service for school/community requirement	38%	36%	38%	38%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$520,903	\$0	\$496,446
Contractual Services	\$0	\$13,000	\$0	\$13,300
Materials & Supplies	\$0	\$46,634	\$0	\$47,759
Internal Services	\$0	\$17,546	\$0	\$18,817
Total GF/non-GF	\$0	\$598,083	\$0	\$576,322
Program Total:	\$598,083		\$576,322	
Program FTE	0.00	4.25	0.00	4.25

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80016 Volunteer Svcs/Title Wave Bookstore

No significant changes.

Department: Library **Program Contact:** Johnette Easter
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Learning + Organizational Development/Systemwide Assistance Team (HR/L+OD/SWAT) promotes resource management of highly qualified staff through the employment life cycle, including recruiting, hiring and retaining. This program consults with employees and managers; provides technical assistance, time entry and staff training/development; and plans for future workforce needs. SWAT provides flexible staffing coverage through the use of regular and on-call staff. Administrative Support provides clerical and special project and administrative reception support.

Program Summary

Human Resources/Learning + Organizational Development/Systemwide Assistance Team (HR/L+OD/SWAT) supports the library's mission and goals by ensuring HR systems are collaboratively implemented; assisting and consulting with over 600 regular and 90 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. This program provides internal consultation to managers and employees on a wide range of HR, employee and labor relations issues, including performance management to ensure a highly functioning workforce; recruitment to attract highly qualified, diverse applicants to serve the changing needs of county residents; legal, contractual and policy compliance to reduce liability and the costs of unlawful employment actions; and accurate time entry to ensure that employees are paid correctly for hours worked.

Human Resources/Learning + Organizational Development/Systemwide Assistance Team work with staff and managers to assess organizational needs; provide strategic direction, succession and workforce planning; and provide learning opportunities to ensure highly qualified and competent staff who have the requisite skills to serve their customers. This program partners with Central HR/Labor Relations to develop and implement integrated HR initiatives and solutions.

SWAT staffing supports the library's mission and goals by providing flexible staffing for temporary projects, workload increases and absences.

The Administrative Support unit staff answer the internal phone number for the library system while also completing clerical tasks and projects for management and program staff.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of library staff who agree that they receive sufficient training and education to do their jobs effectively	88%	92%	88%	89%
Outcome	% of library staff who agree that they can make a difference by working here	92%	91%	92%	91%

Performance Measures Descriptions

Both measures: Results from library respondents to the biennial Countywide Employee Survey. Previous Year Actual represents the latest survey results.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$2,507,659	\$0	\$2,589,442
Contractual Services	\$0	\$30,000	\$0	\$52,900
Materials & Supplies	\$0	\$160,049	\$0	\$202,700
Internal Services	\$0	\$78,482	\$0	\$86,923
Total GF/non-GF	\$0	\$2,776,190	\$0	\$2,931,965
Program Total:	\$2,776,190		\$2,931,965	
Program FTE	0.00	22.45	0.00	22.45

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80017 Human Resources/Learning + Organizational Development/Systemwide

No significant changes.

Department: Library

Program Contact: Jon Worona

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

IT Services provides leadership and development resources for the library's technology vision and digital strategy, ensuring that the library has robust and sustainable information technology that supports innovative and progressive service to Multnomah County's diverse community. IT Services maintains computers, mobile devices, and equipment for public and staff use; wired and wireless networks across all library locations; and applications integration, development, security, and support for patron learning, creation and staff productivity.

Program Summary

IT Services works with partners inside and outside the library to plan, define and develop leading edge technology solutions that align with patron and staff needs and support the library's strategic priorities.

IT Services maintains more than 1,000 public computers and mobile devices, related software and servers, high-speed internet access and a wireless network in library facilities for use by the general public. Library users can search the catalog of books and other materials; view and manage their library accounts; download e-books; stream audio and video content; use research databases and other electronic resources; and access the internet for educational, business and personal use. Children and adults use library computers and tablets to do personal and business research, complete homework assignments, apply for jobs, find recreational reading, communicate with government agencies, manage their library accounts and participate in the social web.

Public computers also provide office automation software, such as word processing, to accomplish personal, business or school work. The library has computers and software in training rooms, teen afterschool homework lounges, and for checkout to be used in libraries with the library's public wireless network. Many public computer users have no access to a computer or high speed internet at home, so the library is their only window to the world of 21st century technology, communication and information.

IT Services also maintains more than 600 computers, related equipment and software for library staff, supporting general office computing and library systems such as the library catalog, patron database, circulation system, materials acquisition system, website, provision of electronic resources and other internal operations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of public computers	908	930	1,036	1,036
Outcome	% of time wired public internet computers are in use	57%	60%	57%	57%
Output	Number of wi-fi sessions	1,555,839	1,700,000	1,590,000	1,700,000

Performance Measures Descriptions

Performance Measure 1: Additional loaner laptops were added.

Performance Measure 2: This measure is trending downward due to increased wireless access in all library locations and the addition of loaner laptops.

Performance Measure 3: The library's public wi-fi network is accessed by people using their own devices as well as those using library loaner laptops and tablets: library wi-fi is an important service to bridge the digital divide.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$321,533	\$0	\$323,238
Contractual Services	\$0	\$112,000	\$0	\$100,000
Materials & Supplies	\$0	\$940,116	\$0	\$1,105,100
Internal Services	\$0	\$7,108,671	\$0	\$6,923,058
Total GF/non-GF	\$0	\$8,482,320	\$0	\$8,451,396
Program Total:	\$8,482,320		\$8,451,396	
Program FTE	0.00	2.00	0.00	2.00

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80018 IT Services

Net decrease of 1.00 FTE due to 2.00 FTE transfer to Marketing + Online Engagement (80019) and 1.00 FTE transfer from Programming & Community Outreach (80008).

Department: Library

Program Contact: Jeremy Graybill

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Marketing + Online Engagement connects the community to library services, resources, programs and collections. As the library's in-house creative and digital strategies team, the section serves the public by maintaining the web portal to library services; creating helpful, effective and compelling informational and promotional materials; analyzing and deploying emerging digital strategies; and developing and leveraging the library's brand into more powerful connections with the community.

Program Summary

Marketing + Online Engagement provides essential services to the library and the more than 24,000 patrons who use it each day, either online or in person. The section employs integrated strategies to create lasting, meaningful relationships with the community; oversees the library's public website, online presence in social media, email marketing and other channels to create rewarding and beneficial online experiences and value; oversees the library's brand and identity; develops strategies to promote library use; creates mechanisms to gather patron feedback and input; maintains the library's mobile app; and provides critical guidance and input into systemwide strategic decisions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Active cardholders	254,104	260,000	263,530	260,000
Outcome	% of customers satisfied with library marketing and information	88%	90%	91%	90%

Performance Measures Descriptions

Output: Active cardholders are those who have used their library card to check out materials or use the library's computers in the past fiscal year.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,213,077	\$0	\$1,281,621
Contractual Services	\$0	\$57,600	\$0	\$36,000
Materials & Supplies	\$0	\$188,275	\$0	\$220,870
Internal Services	\$0	\$28,031	\$0	\$41,890
Total GF/non-GF	\$0	\$1,486,983	\$0	\$1,580,381
Program Total:	\$1,486,983		\$1,580,381	
Program FTE	0.00	9.50	0.00	9.50

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80019 Marketing + Online Engagement

Net increase of 2.00 FTE transfer from IT Services (80018).

Department: Library

Program Contact: Javier Gutierrez

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Collections & Technical Services staff select, purchase, catalog and process new books, DVDs, audiobooks, e-books, streaming audio/video and other material added to the library materials collection in order to meet the informational, recreational and cultural needs of Multnomah County residents. This section manages the materials budget, interlibrary loan and digital curation.

Program Summary

Collections & Technical Services staff enable patrons to access a wide variety of books and media, both in print and electronic form.

Selection staff decide what materials to buy using professional reviews, patron suggestions, staff input and established criteria. Their purchasing decisions reflect the diverse interests and needs of Multnomah County residents. Acquisitions staff place orders with vendors, receive shipments, approve invoices for payment and monitor the various funds that make up the library materials budget.

Cataloging staff create bibliographic description records, create metadata schema and assign classification numbers to enable discovery in the online catalog. Cataloging/Processing staff prepare each item for shelving and checkout. This includes applying barcodes, repackaging materials and creating inventory records.

Approximately 25 percent of the materials budget is allocated for new books in English for children, teens and adults. Over three percent is allotted for materials in five "We Speak Your Language" collections (Spanish, Chinese, Vietnamese, Russian and Somali). The remaining funds are budgeted for other formats, including eight percent on media (DVDs, music and audiobook CDs), 46 percent on electronic resources (e-books, downloadable audiobooks, streaming music and video, online periodicals, full-text databases and electronic reference sources) and two percent on print periodicals.

Effective management of the library materials collection allows library patrons to enjoy recreational reading, research specific topics, stay current on local, national and global events, and continue to learn at any stage of life.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of items added to the library collection	434,010	400,000	350,000	350,000
Outcome	% of patrons who found books and items they wanted	92%	90%	90%	90%
Output	Number of new titles added to the library collection	147,690	150,000	117,000	115,000
Outcome	Turnover rate	10.9	10.5	10.8	10.7

Performance Measures Descriptions

Performance Measure 1: Number of items is the total number of copies added including duplicate copies of the same title; number of new titles represents each unique title added.

Performance Measure 4: Turnover rate is a measure of how heavily the library collection is used (defined as circulation/holdings). MCL's rate is the 4th highest in the country for libraries serving 500,000 people or more. (Source: Public Library Data Service Statistical Report).

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$3,089,836	\$0	\$3,268,272
Contractual Services	\$0	\$777,263	\$0	\$774,167
Materials & Supplies	\$0	\$8,014,292	\$0	\$8,231,321
Internal Services	\$0	\$92,488	\$0	\$105,987
Total GF/non-GF	\$0	\$11,973,879	\$0	\$12,379,747
Program Total:	\$11,973,879		\$12,379,747	
Program FTE	0.00	31.75	0.00	31.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80020 Collections & Technical Services

No significant changes.

Department: Library

Program Contact: Katie O'Dell

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

Programming and Outreach leads the library's public programming, community outreach, public training, reader services, Library Outreach Services (LOS) and Youth Services, including Youth Services Outreach. This department ensures that activities in each of these workgroups align with library priorities, is accountable for resource allocation, coordinates and supports staff engaged in this work and assists in research and evaluation.

Program Summary

This program plans, directs, evaluates, supports and works with supervisory, outreach, and frontline staff to deliver library services that include the informational, educational and entertainment needs of library users by providing a wide array of in person and virtual activities, experiences, learning opportunities and exhibitions that complement library materials and services.

The programming and outreach director coordinates activities with other library services via the Executive Management Team and leads a team that is responsible for allocating library resources and outside funding to design and implement library initiatives and programs; and provides highly responsible, complex staffing assistance to the library director and deputy director in the areas of programming, outreach, and youth services. This program oversees budget, personnel, quality management and program operations.

Programming & Outreach Management represents the library and its program of service to local educators and school administrators, educational advocacy groups, partners, elected officials, nonprofits, and the public. In this leadership role, the programming and outreach director is visible, accessible, proactive in developing relationships, approachable to staff and patrons, and works collaboratively with staff and stakeholders in resolving issues, implementing change and improving service. The programs and staff this position manages are Library Outreach Services, Programming and Community Outreach, Every Child Initiative and School-Age Services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of children and teens countywide who have library cards	58%	50%	50%	50%
Outcome	Staff who report improved/reinforced skills after Youth Services training	90%	90%	90%	90%
Output	% of card-holding children and teens who used their library card within the past year	60%	60%	60%	60%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$524,159	\$0	\$400,516
Contractual Services	\$0	\$9,500	\$0	\$1,000
Materials & Supplies	\$0	\$250,030	\$0	\$30,280
Internal Services	\$0	\$14,291	\$0	\$11,756
Total GF/non-GF	\$0	\$797,980	\$0	\$443,552
Program Total:	\$797,980		\$443,552	
Program FTE	0.00	3.75	0.00	2.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80021 Youth Services Management

This department changes from Youth Services Management to Programming and Outreach Management as a result of a reorganization within the Library. The previous department led Youth Services and the current program offer leads Youth Services, Library Outreach Services, and Programming and Community Outreach departments.

Net decrease of 0.50 FTE due to 1.00 FTE transfer from Central Library (80001), 1.00 FTE transfer to School Age Services (80006), 0.50 FTE transfer to Programming & Community Outreach (80008).

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$989,784	\$0	\$1,187,351
Contractual Services	\$0	\$40,600	\$0	\$33,500
Materials & Supplies	\$0	\$305,000	\$0	\$429,820
Internal Services	\$0	\$30,676	\$0	\$39,788
Total GF/non-GF	\$0	\$1,366,060	\$0	\$1,690,459
Program Total:	\$1,366,060		\$1,690,459	
Program FTE	0.00	5.75	0.00	5.75

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

Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (97.46%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (2.54%).

Significant Program Changes

Last Year this program was: FY 2018: 80022 Neighborhood Libraries Division Management

Net decrease of 1.00 FTE transfer to Operations Division Management (80012).

Department Overview

The Nondepartmental budget accounts for programs and countywide functions that do not belong to particular departments. Programs include the Board of County Commissioners and its Chair; the Auditor's Office; the County Attorney's Office; the Communications Office; the offices of Emergency Management, Sustainability, Diversity and Equity, and the Joint Office of Homeless Services; independent County organizations such as the Local Public Safety Coordinating Council and the Citizen Involvement Committee; non-County agencies such as the Regional Arts and Culture Council and the Oregon Historical Society; and entities that account for corporate debt service. Fund-level transactions are also budgeted here.

The Board of County Commissioners provides corporate leadership, policy direction, and strategic direction for Multnomah County. The elected Auditor and staff promote efficient, effective, accountable government. The County Attorney's Office provides legal guidance, advice, and other services. The Communications Office provides information and access to County government for the news media and public. The Office of Emergency Management coordinates countywide emergency disaster preparedness, response, and mitigation activities. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and the community. The Community Involvement Committee involves the community in County policy and decision making. The Local Public Safety Coordinating Council coordinates public safety plans, policies, operations, and strategies of local government agencies; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

Joint Office of Homeless Services

The Joint Office of Homeless Services (JOHS) administers contracts for homeless services, manages systems of care, oversees system reporting and evaluation, conducts homeless street counts and one night shelter counts, and writes proposals to and monitor funds issued by the US Department of Housing and Urban Development's Continuum of Care program. These operations affect the lives of thousands of homeless singles, youth, and families, as well as survivors of domestic violence in Portland and Multnomah County. Homelessness is an ongoing crisis in the City of Portland and Multnomah County. Recently, our community has come together in unprecedented ways to respond. A Home for Everyone, a multi-jurisdictional collaboration, is helping an unprecedented number of people prevent and end their homelessness.

In FY 2017, the City of Portland and the County consolidated resources and services under the Joint Office, guided by the shared values and common agenda of the A Home for Everyone partners, to maximize the impact from a systems perspective. The Office receives funding and policy direction from the County and the City of Portland, and policy guidance from the City of Gresham and Home Forward, providing a platform of mutual responsibility and accountability for all partners, with the added benefit of integrated staffing for enhanced operational coordination and effectiveness. Due to the size of the budget and the extensive scope of programming, the Joint Office budget is broken out from the rest of Nondepartmental on the following pages.

Budget Overview

The FY 2019 Nondepartmental adopted budget is \$176.3 million, which is a \$4.7 million increase from the FY 2018 budget. (These figures exclude the Joint Office of Homeless Services, which is detailed on the following page.) The \$4.7 million increase is primarily due to higher internal service and personnel costs. The FY 2019 budget is comprised of 21.0% General Fund (including Video Lottery) and 79.0% Other Funds.

This high percentage of other funds is attributable to the corporate functions and pass-through payments that are budgeted in Nondepartmental. The Nondepartmental budget contains small, but varied, County programs and independent County agencies, in addition to these corporate functions and payments to other entities that do not belong to County departments.

The General Fund (including Video Lottery) has increased by \$5.0 million, which provides \$3.6 million of funding in State Mandated Expenses (10021) to cover the corporate function of making debt payments associated with the new Downtown Courthouse. The General Fund increase also provides ongoing funding for the following expanded programs:

- Emergency Management Planner (10012B) - 1.00 FTE \$125,090
- College to County (10017C) - 1.00 FTE \$95,517
- SummerWorks - Additional 60 Slots (10029C) \$158,700

The General Fund also includes one-time-only funding for the following programs:

- Govt. Rel. - East County Econ. Development (10016B) \$50,000
- SummerWorks - High Risk Youth (10029D) \$132,250
- Elected Official Office Transitions (10031) \$67,000

Budget Trends	FY 2017	FY 2018	FY 2018	FY 2019	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	103.08	104.28	104.28	107.38	3.10
Personnel Services	\$14,202,998	\$15,085,858	\$15,393,733	\$16,994,031	\$1,600,298
Contractual Services	80,112,422	89,102,479	90,920,897	90,233,914	(686,983)
Materials & Supplies	1,116,725	1,383,614	1,411,851	1,486,580	74,729
Internal Services	8,430,239	8,771,773	8,950,789	12,659,137	3,708,348
Debt Service	44,767,261	53,775,433	54,872,891	54,964,645	91,754
Capital Outlay	9,380	39,200	40,000	0	(40,000)
Total Costs	\$148,639,025	\$168,158,358	\$171,590,161	\$176,338,307	\$4,748,146

*Does not include cash transfers, contingencies or unappropriated balances. Program offers DO contain cash transfers, contingencies, and unappropriated balances.

Budget Overview - Joint Office of Homeless Service

The FY 2019 Joint Office of Homeless Services adopted budget is \$71.0 million, an \$12.9 million increase from the FY 2018 budget. The Joint Office budget is reflected in 31 program offers and funds 21.00 full-time-equivalent positions. The FY 2019 budget is comprised of 41% General Fund and 59% Other Funds.

The following FTE were added with new General Fund dollars:

- Emergency Planner (10050B) - 1.00 FTE
- Deputy Director (10050C) - 1.00 FTE

The following two new FTE are supported with a reallocation of temporary staffing funding:

- Office Assistant 2 (10050A) - 1.00 FTE
- Equity & Engagement Coordinator (10050A) - 1.00 FTE

Two existing FTE were shifted from DCHS to JOHS.

The FY 2019 General Fund allocation contains \$808,000 in additional ongoing funding for the following new programs

- Emergency Management (10050B) \$55,000
- JOHS Administration (10050C) \$153,000
- Supportive Housing – Families (10054D) \$600,000

The FY 2019 General Fund allocation also includes \$5.6 million in one-time-only funding, a portion of which (\$5.0 million), will be used to develop high quality, year-round shelter capacity for multiple populations and to establish additional temporary/seasonal shelters (10058). The remaining \$554,323 will be used to support housing placement and retention and expanded housing assistance (10053A, 10053C, 10056B).

The following are funded through restricted Tax Title Housing funds:

- \$3.8 million for Tax Title Affordable Housing (10057)
- \$370,000 for Diversion: Family Services Expansion (10055B)
- \$100,000 for Safety off the Streets – Family Shelter: Youth Activities (10052E)

Budget Trends	FY 2017	FY 2018	FY 2018	FY 2019	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	13.00	15.00	15.00	21.00	6.00
Personnel Services	\$1,271,406	\$1,072,340	\$1,897,161	\$2,702,290	\$805,129
Contractual Services	43,667,663	44,463,949	55,259,677	60,776,833	5,517,156
Materials & Supplies	77,573	322,500	127,827	519,176	391,349
Internal Services	1,181,613	906,325	881,425	800,444	(80,981)
Capital Outlay	0	0	0	6,250,000	6,250,000
Total Costs	\$46,198,255	\$46,765,114	\$58,166,090	\$71,048,743	\$12,882,653

Successes

The **Office of Government Relations'** work in the Legislature resulted in \$2.6 Million for Homeless Shelter Resources, a statutory change to allow Multnomah's Vehicle Registration Fee to be used to start work on the Burnside Bridge, as well as additional resources for peer addiction treatment in Multnomah County.

The **Office of Diversity and Equity** focused on implementing policies, including training on Transgender issues with Human Resources staff, responding to complaints consistent with DEI 1 (non-discrimination) and working with IT to ensure accessibility in alignment with DEI 2 (language and cultural access). ODE has also been leading the development of a workforce equity strategic plan slated for completion in April 2018.

The **County Auditor's Office** recommendations implemented or in progress remained at 92% over the past five years. It has continued auditing the capital construction of the County Courthouse and the Health Department Headquarters and completed a number of audits, including of the Joint Office of Homeless Services and the County Human Resource System.

The **Local Public Safety Coordinating Council** successfully obtained a \$2.0 million grant from the John D. and Catherine T. MacArthur Foundation Safety and Justice Challenge, which will fund a unique transitional housing program for justice-involved African American women, with the goal of supporting non-jail, trauma- and gender-informed, culturally-specific interventions.

Sustainability's first annual Multnomah County operations "Resource Conservation Report" was published in FY 2018. The report documents the County's performance in four key environmental metrics and shows that Multnomah County is on target with many Board adopted goals, including reaching a 65% waste diversion rate.

The **County Attorney's Office** led County efforts to bring attention to important social, political and public health issues like the opioid crises and validating the constitutionality of voter approved campaign finance legislation. The Office also supported continued refinement of the privacy and security programs in partnership with County IT and the Security Officer.

The **Communications Office** led public engagement for the nation's number one priority wildfire, the Eagle Creek Fire, coordinating messages for 25 agencies, producing 30 press conferences, more than 40 stories and videos in multiple languages and coordinating two large community meetings. The Office also launched a new e-newsletter, the Multco Message, and supported workforce equity through the adoption of pronouns on business cards and development of culturally specific guidance documents.

The **Joint Office of Homeless Services** served over 24,000 people in 2017 including emergency shelter, housing placement, retention and supportive housing and diversion services. Of those served, 56% were people of color. Homeless Services performance measures and other metrics, as recorded through the Homeless Management Information System (HMIS) and the 2015 and 2017 Point-in-Time Counts, indicate a continued high demand for homeless services.

Diversity and Equity

Nondepartmental is “home” to the County’s **Office of Diversity and Equity (ODE)**, a hub for countywide diversity and equity initiatives. ODE focuses on ensuring equal opportunity and fair treatment, advancing an inclusive and diverse workplace, uplifting underrepresented voices with and for systems and policy change, and ingraining equity into daily practice. ODE is responsible for managing and meeting obligations for civil rights, including Affirmative Action and Equal Employment Opportunity compliance, providing training and consultation on the Equity and Empowerment Lens, and develops countywide policies in line with the goal of everyone in Multnomah County experiencing safety, trust and belonging.

The **Office of Sustainability** is committed to a healthy planet and firmly roots its work in Multnomah County’s mission to protect the most vulnerable members of our community. This mission shapes the way it approaches social, economic, and environmental justice.

Government Relations develops and advances a policy agenda that reflects analysis of equity impacts and supports investments that will impact disparities in communities that Multnomah County serves.

The **Local Public Safety Coordinating Committee (LPSCC)** member agencies are finalizing a public-facing platform which illustrates Racial and Ethnic Disparities in the adult criminal justice system.

The **County Attorney** plays a vital role in advancing equity through legal analysis of policy and legislation and advises on consistent application of county contracting and procurement policies.

The **Emergency Management** Equity Coordinator has applied the Equity and Empowerment Lens to emergency response plans and continues to build capacity and increase resilience in the response to natural disasters and other emergencies.

The **Auditor’s Office** works to incorporate issues of equity and diversity in the work it does, everyday interactions with both internal and external partners, and in looking for disparities both internally and externally.

The **Communications Office** is committed to raising awareness and developing messaging around equity across the community. The Office is hiring a bilingual, bicultural Spanish/Latino communications coordinator to develop materials and emergency communications and will continue to produce materials, stories, videos, and press releases in multiple languages. The office will continue to include translations in public meetings and be responsive to issues of concern for our diverse employees and constituents.

As part of its focus on achieving racial equity, the A Home for Everyone Coordinating Board supported the **Joint Office of Homeless Services (JOHS)** recommendation that Portland and Multnomah County become part of a national ten city initiative to address the role of race and racism as a cause of homelessness. This initiative launched in March 2018 and is sponsored by the Center for Social Innovation (C4). As a participant in “Supporting Partnerships for Anti-racist Communities” (SPARC), JOHS will have a multi-year review of homeless services data evaluating racial disparities in rates of homelessness, access to services, and outcomes from services.

Nondepartmental

fy2019 adopted budget

Nondepartmental

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

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,740,855	\$0	\$1,740,855	9.00
10001	BCC District 1	691,950	0	691,950	4.00
10002	BCC District 2	691,950	0	691,950	4.15
10003	BCC District 3	691,950	0	691,950	4.00
10004	BCC District 4	691,950	0	691,950	4.00
10005	Auditor's Office	1,737,800	0	1,737,800	8.58
10006	Tax Supervising and Conservation Commission	354,696	0	354,696	2.00
10007	Communications Office	1,637,430	0	1,637,430	11.00
10008	County Attorney's Office	0	5,851,700	5,851,700	25.80
10009A	Local Public Safety Coordinating Council	729,000	792,177	1,521,177	3.00
10009B	HB3194 Justice Reinvestment	0	666,056	666,056	1.00
10010	Office of Community Involvement	265,173	0	265,173	2.00
10011	Office of the Board Clerk	1,046,360	0	1,046,360	2.00
10012A	Office of Emergency Management	1,665,580	367,071	2,032,651	8.00
10012B	Emergency Management Planner	125,090	0	125,090	1.00
10016	Government Relations Office	1,070,150	0	1,070,150	5.00
10016B	Government Relations Office - East County Economic Development	50,000	0	50,000	0.00
10017A	Office of Diversity and Equity	937,435	0	937,435	5.00
10017B	Multnomah Youth Commission Support	120,185	0	120,185	1.00
10017C	College to County	95,517	0	95,517	1.00
10018	Office of Sustainability	730,690	143,000	873,690	5.00
10020	Regional Arts & Culture Council	300,000	0	300,000	0.00
10021	State Mandated Expenses	9,904,462	414,993	10,319,455	0.00
10022	Pass-Through Payments to East County Cities	8,889,833	0	8,889,833	0.00
10023	OHS Local Option Levy	0	3,240,821	3,240,821	0.00
10024	County School Fund	0	80,300	80,300	0.00
10025	Convention Center Fund	0	48,228,593	48,228,593	0.00
10026	Capital Debt Retirement Fund	0	35,131,249	35,131,249	0.00
10027	Neighborhood Prosperity Initiative	370,000	0	370,000	0.00
10028	PERS Pension Bond Sinking Fund	0	74,892,493	74,892,493	0.00

Nondepartmental

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Nondepartmental (cont.)					
10029A	SummerWorks Internship Program	429,495	1,250,000	1,679,495	0.85
10029C	SummerWorks Additional 60 Slots	0	158,700	158,700	0.00
10029D	Summerworks - High-Risk Youth	0	132,250	132,250	0.00
10031	Elected Official Office Transitions	67,000	0	67,000	0.00
Total Nondepartmental		\$35,034,551	\$171,349,403	\$206,383,954	107.38

*DOES include cash transfers, contingencies, and/or unappropriated balances.

Joint Office of Homeless Services

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

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
10050A	Joint Office of Homeless Services Administration & Operations	\$1,683,336	\$1,124,678	\$2,808,014	19.00
10050B	Emergency Management	55,000	55,000	110,000	1.00
10050C	JOHS Administration	153,000	0	153,000	1.00
10051	System Support, Access, & Coordination	360,220	1,045,910	1,406,130	0.00
Safety off the Streets					
10052A	Safety off the Streets - Adult Shelter	1,231,446	6,152,608	7,384,054	0.00
10052B	Safety off the Streets - Women's Shelter	90,000	3,428,510	3,518,510	0.00
10052C	Safety off the Streets - Alternative Shelter for Adults	0	772,630	772,630	0.00
10052D	Safety off the Streets - Family Shelter	784,960	1,444,790	2,229,750	0.00
10052E	Safety off the Streets - Family Shelter: Youth Activities	100,000	0	100,000	0.00
10052F	Safety off the Streets - Domestic Violence Shelter	956,620	520,190	1,476,810	0.00
10052G	Safety off the Streets - Youth Shelter	1,486,780	236,240	1,723,020	0.00
10052I	Safety off the Streets - Winter Shelter/ Severe Weather	808,860	856,490	1,665,350	0.00
Housing Placement and Retention					
10053A	Housing Placement & Retention - Adults Only Households	864,120	4,106,366	4,970,486	0.00
10053B	Housing Placement & Retention - Women	0	986,510	986,510	0.00
10053C	Housing Placement & Retention - Homeless Families	3,811,710	991,920	4,803,630	0.00

Nondepartmental

fy2019 adopted budget

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
Housing Placement and Retention (cont.)					
10053D	Homeless Placement & Retention - Placement out of Shelter	0	1,000,000	1,000,000	0.00
10053E	Housing Placement & Retention - Domestic Violence	1,633,084	838,630	2,471,714	0.00
10053G	Housing Placement & Retention - Medical/ Aging	0	585,270	585,270	0.00
10053H	Housing Placement & Retention - Youth Services	2,607,780	1,702,639	4,310,419	0.00
10053J	Housing Placement & Retention - Veterans	190,670	695,526	886,196	0.00
Supportive Housing					
10054A	Supportive Housing	1,347,840	4,391,370	5,739,210	0.00
10054B	Supportive Housing - Mental Health/ Medical Supportive Housing	50,000	4,922,625	4,972,625	0.00
10054C	Supportive Housing - Local Long Term Rental Vouchers	362,260	0	362,260	0.00
10054D	Supportive Housing - Families	600,000	0	600,000	0.00
10054E	Supportive Housing - Chronically Homeless	0	1,945,000	1,945,000	0.00
Diversion					
10055A	Diversion Services	657,710	1,466,815	2,124,525	0.00
10055B	Diversion: Family Services Expansion	370,000	0	370,000	0.00
Employment					
10056A	Employment Programs	0	1,418,630	1,418,630	0.00
10056B	Employment Programs - Expanded Housing Assistance	100,000	0	100,000	0.00
10057	Tax Title Affordable Housing	3,805,000	0	3,805,000	0.00
10058	Emergency Shelter Strategic Investment	<u>5,000,000</u>	<u>1,250,000</u>	<u>6,250,000</u>	<u>0.00</u>
Total Joint Office		\$29,110,396	\$41,938,347	\$71,048,743	21.00

Fund Level Programs

The following program offers account for General Fund revenues and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2019 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	\$76,638,330	\$70,280,459	\$146,918,789	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	\$511,632,381	\$0	\$511,632,381	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>				

Department: Nondepartmental **Program Contact:** Deborah Kafoury
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Chair is the Chief Executive Officer of Multnomah County. With both legislative and executive responsibilities, the Chair works closely with the Board of County Commissioners to set the policy direction of Multnomah County and implements that direction as mandated by the Home Rule Charter. All departments and non-departmental offices report to the Chair, including the Office of Diversity and Equity, Office of Sustainability, Communications, Government Relations, and the Office of the Board Clerk.

Program Summary

The Chair oversees a \$2.0 billion budget and more than 6,000 employees. The Chair has broad responsibilities that include: developing an executive budget, appointing department directors, overseeing contracts and financial instruments, presiding over the Board of County Commission meetings, executing policies and ordinances adopted by the Board, and serving as the Chief Personnel Officer of Multnomah County.

Chair Kafoury has long championed issues supporting the most vulnerable in our community such as preventing and ending homelessness, expanding after school programs for kids, creating stability for families, and providing healthcare to underserved populations. She has worked to reduce the use of incarceration for low-level offenders and instead expanded diversion programs. She has also led successful plans to replace unsafe buildings and crumbling bridges.

In FY 2019, Chair Kafoury will focus on the following priorities:

- Continue historic investments in housing and homeless services.
- Continue investments in early education and programs that promote family stability.
- Create a public safety system that is responsive, fair, and guided by best practices.
- Reduce inequities across Multnomah County within our workforce and in county funded programs.
- Invest in workforce development and apprenticeship programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Ensure broad community input by conducting community listening sessions	6	8	8	10
Outcome	Respond to all constituent emails, phone calls, & meeting requests timely & resolve constituent concerns	100%	100%	100%	100%
Outcome	Begin implementation of workforce equity recommendations	N/A	N/A	N/A	100%

Performance Measures Descriptions

The Chair's office will continue to provide access and engagement opportunities for the community on the budget and policy development to ensure the county's agenda reflects the needs of the entire community.

Legal / Contractual Obligation

The Multnomah County Chair and Commissioner offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,304,021	\$0	\$1,402,588	\$0
Contractual Services	\$25,000	\$0	\$25,880	\$0
Materials & Supplies	\$68,885	\$0	\$71,330	\$0
Internal Services	\$237,605	\$0	\$241,057	\$0
Total GF/non-GF	\$1,635,511	\$0	\$1,740,855	\$0
Program Total:	\$1,635,511		\$1,740,855	
Program FTE	9.00	0.00	9.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10000 Chair's Office

Department: Nondepartmental **Program Contact:** Sharon Meieran
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Meieran serves as one of five elected members that make up the governing body of Multnomah County, representing District 1. District 1 includes areas west of the Willamette River as well as the inner east side of Portland south of Interstate 84. Her responsibilities include adopting a balanced budget, setting policy priorities and responding to the needs and concerns of her district. She works to make Multnomah County a place where everyone can thrive by creating and supporting programs that allow residents to be safe, healthy and live with dignity.

Program Summary

Commissioner Meieran is advocating for our most vulnerable residents by working on issues such as housing and homelessness, improving access to and quality of mental health and addictions services, public safety reform and reinvestments, public safety reform and reinvestment. She will prioritize programs that provide meaningful and effective services to Multnomah County residents, will ensure these programs have clear and measurable goals, and that these goals are met. She will also be a strong advocate for effective policies and programs at the state and federal levels.

She will participate in the FY 2019 budget process and will advocate for strategies that address the root causes of inter-generational cycles of poverty. She will prioritize the needs of our most vulnerable residents and focus on the intersection of housing and homelessness, health care, and public safety. Commissioner Meieran will spearhead efforts to improve mental health and addictions services, focusing on peer support, integration with housing, and connection to health care and other supportive wrap-around services. She will look for opportunities to continue to address domestic violence and the needs of veterans, and she will focus on reproductive health equity as well as public health interventions that improve the health and well being of the whole community. She will actively seek opportunities to improve our resilience in an emergency, including through partnerships with others in the region. Commissioner Meieran will emphasize the need to enact policies that address the disparities and racial injustices disproportionately faced by people of color, along with gender discrimination and the persistent wage gap.

Finally, Commissioner Meieran will oversee and collaborate with her colleagues on major construction projects in her district, including the Health Department Headquarters Project and the Courthouse Project. She will closely monitor and provide feedback on the Burnside Bridge Lifeline Feasibility Study.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Respond to constituent emails, phone calls and meeting requests timely and resolve constituent concerns	N/A	100%	82%	92%
Outcome	Meet all benchmarks for Health Department HQ construction during fiscal year.	N/A	100%	100%	100%
Output	Conduct or partner on twice quarterly outreach events.	N/A	8 Events	12 Events	12 Events
Output	Provide testimony and meet directly with state and federal legislators for priority issues.	N/A	8 Meetings	12 Meetings	12 Meetings

Performance Measures Descriptions

Timely response is within 10 business days.

Outreach events, at least four events focusing on mental health care in Multnomah County.

Priorities for legislative testimony are issues on the County's legislative agenda, including housing and homelessness, health care, mental health care, public health, eliminating domestic violence and reproductive rights and justice.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$482,467	\$0	\$522,369	\$0
Contractual Services	\$10,380	\$0	\$19,455	\$0
Materials & Supplies	\$59,395	\$0	\$53,330	\$0
Internal Services	\$89,827	\$0	\$96,796	\$0
Total GF/non-GF	\$642,069	\$0	\$691,950	\$0
Program Total:	\$642,069		\$691,950	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10001 BCC District 1

Department: Nondepartmental **Program Contact:** Loretta Smith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Loretta Smith is the District 2 representative to the Board of County Commissioners. She sits as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and budget support the work of County Departments in the delivery of services. Commissioner Smith engages locally with key stakeholders with a strong focus on seniors and youth job programs. Regionally the Commissioner represents the County on workforce committees, the regional tourism board, and several regional government partnerships.

Program Summary

Commissioner Smith works to ensure that County services protect the most vulnerable community members accessing public and mental health, and homelessness programs; promoting public safety through policing, County jails, Adult and Juvenile Probation and Parole services, broad community justice initiatives and services for families and high-risk youth. Providing cost-effective services in the County's infrastructure of roads, bridges, while focusing on Emergency Management and Disaster Preparedness, animal services and Library services, and managed through the lens of equity, transparency, and sustainability ensures a continuing connection to County values, mission, goals, objectives and outcomes.

Community engagement, transparent and open governments are core values in the duties performed via the District 2 Office and Commissioner. Commissioner Smith continues to utilize a broad-based approach that includes group and individual meetings with constituents, tours of facilities, speaking engagements, resolution and proclamation development, newsletter, website, social media connections and telephonic communication. Program and community highlights for FY 2018 include the following activity: 1) Budget development for the SummerWorks Program (\$1.5 million in County General Fund and nearly \$1.4 million in partnership resources with the City of Portland and Worksystems, Inc.); 2) Convened an Interfaith and Community Leader meeting with the Reverend Jesse Jackson in response to anti-Muslim slayings in the community; 3) Sponsorship of quarterly breakfasts with Senior Service Centers in District 2 highlighting service delivery discussions addressing the needs of seniors with an emphasis on the dangers of opioid use and abuse; as well as, elder financial fraud and abuse; 4) Conducted town halls in response to concerns from District 2 constituents with issues ranging from needle exchange programs, community safety, and the siting of homeless shelters; 5) Hosted public forums in response to the #BlackWomenAtWork to engage community members in critical conversations and race and the workplace.

Priorities for FY 2019 include: maintaining Multnomah County's commitment to summer youth employment through SummerWorks; work to develop and support policy that provides critical housing stock and supportive housing opportunities to address the issue of homelessness; focusing on Multnomah County infrastructure, bridges and roads and promoting fiscal accountability in the context of the Strategic Capital Plan, and continue to focus on ensuring that programs serving vulnerable populations, including elders, families, and children are functioning well in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Respond to constituent inquiries, emails and information requests.	130	200	150	200
Outcome	Dollar value of funding and services leveraged from community partners for SummerWorks Program	\$1,375,000	\$1,375,000	\$1,375,000	\$1,533,700
Output	Participate in Regional Disaster Planning Organization and Emergency Preparedness Activity	12	12	12	12
Output	Conduct quarterly town hall meetings in District 2	8	12	12	12

Performance Measures Descriptions

The Commissioner's office will continue involvement in regional planning and advisory committee activity such as the Regional Disaster Planning Organization, focusing on emergency preparedness, in support of Multnomah County planning efforts that seek to improve the transportation, quality of life and economic fortunes of County residents and local businesses, especially vulnerable populations identified as elders, adults, children, families, differently abled and communities of color.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$515,160	\$0	\$520,525	\$0
Contractual Services	\$11,600	\$0	\$17,000	\$0
Materials & Supplies	\$18,321	\$0	\$51,197	\$0
Internal Services	\$96,988	\$0	\$103,228	\$0
Total GF/non-GF	\$642,069	\$0	\$691,950	\$0
Program Total:	\$642,069		\$691,950	
Program FTE	4.30	0.00	4.15	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10002 BCC District 2

Department: Nondepartmental **Program Contact:** Jessica Vega Pederson
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County Commissioner Jessica Vega Pederson is one of five elected officials who form the governing body of Multnomah County. She represents District 3, comprising most of SE Portland. Commissioner Vega Pederson focuses on serving her constituents and the needs of East Portland while embracing the county's mission, vision and values of equity, sustainability, inclusivity, social justice, health, public safety, integrity and innovation. To learn more please visit <https://multco.us/commissioner-vega-pederson>.

Program Summary

As the lone locally elected official representing East Portland, Commissioner Vega Pederson takes her responsibilities to serve this marginalized and historically underserved part of our region seriously. The district contains neighborhoods that have 25% poverty rates. One of the Commissioner's top priorities is finding solutions to the disparities and inequities affecting District 3. Among the challenges that disproportionately affect low-income communities and communities of color are: the lack of affordable housing, involvement in the criminal justice system, limited access to reproductive healthcare, and the need for affordable and accessible early childhood education. In addition, immigrant and refugee communities face additional barriers due to recent policy changes at the federal level. She is working to mitigate these inequities by partnering with community-based organizations and directing resources to traditionally underserved areas and communities.

The Commissioner is committed to improving pedestrian safety. East Portland has fewer sidewalks and the district contains two-thirds of Portland's high-crash intersections and Commissioner Vega Pederson is very supportive of the Vision Zero plan to eliminate traffic deaths and co-chairs the Earthquake Ready Burnside Bridge feasibility project that is examining options to create a resilient lifeline crossing over the Willamette River in the event of a major earthquake.

The Commissioner is committed to building sustainable and healthy communities. She is the County's liaison to the Advisory Committee on Sustainability and Innovation, which provides guidance to the County on sustainability issues affecting our community, environment, and economy. Last year, she sponsored the 100by50 resolution, putting the County on the path to being 100% renewable by 2050. She co-sponsored an environmental health ordinance regulating the burning of wood stoves.

Knowing first-hand the impact reading and access to books can have, she is proud to serve as the liaison to the Multnomah County Library Board. She is working to expand service in mid and east Multnomah County and help plan for a true 21st century library system. She's convening a stakeholder table to examine the communities approach to early learning and looking at the feasibility of universal pre-kindergarten.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	State/Federal advocacy for transportation, homelessness, housing & environmental protection	N/A	8	8	8
Outcome	Earthquake Ready Burnside Bridge NEPA analysis and funding	N/A	N/A	N/A	25%
Outcome	Formation and passage of Environmental Justice resolution	N/A	N/A	N/A	1
Output	Community engagement and constituent outreach via neighborhood meetings and community events	N/A	12	12	12

Performance Measures Descriptions

1) Advocate for County priorities before state and federal lawmakers. 2) Co-chair the Earthquake Ready Burnside Bridge policy advisory committee through its formation and present the feasibility study to the Board of Commissioners in September of 2018. 3) Help formulate and pass a resolution on Environmental Justice policies at the county 4) Attend community events in her district to inform policy and budgetary priorities.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$506,420	\$0	\$548,996	\$0
Contractual Services	\$5,000	\$0	\$5,180	\$0
Materials & Supplies	\$39,711	\$0	\$41,728	\$0
Internal Services	\$90,938	\$0	\$96,046	\$0
Total GF/non-GF	\$642,069	\$0	\$691,950	\$0
Program Total:	\$642,069		\$691,950	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

This is a General Fund Program.

Significant Program Changes

Last Year this program was: FY 2018: 10003 BCC District 3

Department: Nondepartmental **Program Contact:** Lori Stegmann
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Lori Stegmann is one of five elected members that comprise the governing body of Multnomah County, representing District 4 in East County. As a member of the board of County commissioners, Commissioner Stegmann is responsible for adopting a balanced budget, setting policy, and effectively representing her district. Commissioner Stegmann is committed to engaging the community, operating in an open and transparent manner, and responding to the needs of constituents in a timely manner. For more information, please visit: <https://multco.us/commissioner-stegmann>

Program Summary

In FY 2019, Commissioner Stegmann will focus on supporting place-based efforts to reduce the impacts of poverty and negative systemic interactions for all residents of East Multnomah County. To this end, specific policy areas will address housing stability and affordability, opportunities for economic development and workforce collaborations, increased access to health and human services provided through the County, disparities for communities of color and residents involved in the justice system, and effective, ongoing conversations with East County communities.

Commissioner Stegmann is chair of the East Multnomah County Transportation Committee, co-chair of the jail population subcommittee of the Local Public Safety Coordinating Council, and Multnomah County's lead for the East County Caring Community. In addition, the Commissioner serves as a board liaison for the Regional Arts and Culture Council, Mt. Hood Cable Regulatory Commission, Multnomah County's Audit Committee, the East Multnomah Economic Alliance, the East County Visitor Development Fund, and as the board alternate for the Joint Policy Committee on Transportation. Appointed to the Governor's leadership teams for the Gorge Recovery Council and Regional Solutions, Commissioner Stegmann continues to bring East County needs to regional and state resource discussions.

District 4 continues to ensure responsiveness to County departments and programs, as well as constituents from East Multnomah County. Engaging intentionally in conversations to make informed decisions and achieve collaborative consensus is a priority for Commissioner Stegmann and her team.

Commissioner Stegmann is committed to implementing the Equity and Empowerment Lens in all policy discussions and actively discuss how decisions may disproportionately impact communities who are underrepresented in those discussions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of East County community partners engaged	N/A	1,500	1,500	2,000
Outcome	Ongoing responsiveness to all County departments	N/A	N/A	N/A	100%
Output	Number of meetings convened in East County	N/A	N/A	N/A	25
Outcome	Ongoing responsiveness to all District 4 constituents	N/A	N/A	N/A	100%

Performance Measures Descriptions

1) Measured by unduplicated number of individuals involved in topic-specific meetings, gathered through mailing lists and sign in sheets. 2) Measured by number of meetings hosted or led by Commissioner Stegmann and her staff. 3) Measured by percentage of department meetings, briefings and communication requested and completed. 4) Measured by percentage of communication logged with constituents of Multnomah County District 4.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III,3.10(3).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$507,026	\$0	\$544,685	\$0
Contractual Services	\$5,100	\$0	\$5,280	\$0
Materials & Supplies	\$38,956	\$0	\$45,671	\$0
Internal Services	\$90,987	\$0	\$96,314	\$0
Total GF/non-GF	\$642,069	\$0	\$691,950	\$0
Program Total:	\$642,069		\$691,950	
Program FTE	4.00	0.00	4.00	0.00

Program Revenues

Total Revenue	\$0	\$0	\$0	\$0
----------------------	------------	------------	------------	------------

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10004 BCC District 4

Legal / Contractual Obligation

County Charter 8.10 states, "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted auditing standards. The auditor may also conduct studies intended to improve the performance of county efforts." Government auditing standards outline our practices, including ongoing training and peer reviews; we will be peer reviewed this year. Other Charter duties include the Salary Commission and redistricting after the census every ten years. The County Code establishes the Audit Committee and our work in supporting that function and contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,276,941	\$0	\$1,362,911	\$0
Contractual Services	\$155,500	\$0	\$158,000	\$0
Materials & Supplies	\$31,382	\$0	\$29,458	\$0
Internal Services	\$179,806	\$0	\$187,431	\$0
Total GF/non-GF	\$1,643,629	\$0	\$1,737,800	\$0
Program Total:	\$1,643,629		\$1,737,800	
Program FTE	8.68	0.00	8.58	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10005 Auditor's Office

Due to term limits, there will be a newly elected Auditor starting January 2019. Approximately 98% of the budget is essentially fixed (Personnel; External Audit Contract; Internal Services), which makes it difficult to reach targets, however we have accepted voluntary FTE reductions to 8.58 FTE; reduced Professional Services to reflect no need for payment for the triennial Peer Review in FY 2018 (will need to be budgeted again in FY 2020), and also reduced the audit contract cost to reflect this year's audit (it will be higher in the FY 2020, per the contract).

Legal / Contractual Obligation

ORS 294.625 (1) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations exceeding 200,000 and are subject to local budget law. (12 Districts)

ORS 294.625 (2) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations not exceeding 200,000 that are subject to local budget law and have not formally opted out of TSCC's jurisdiction. (29 Districts of which 12 have opted out). The number of non-members has declined recently as three districts have rejoined TSCC in the last three years.

Jurisdiction includes: holding hearings for large districts; reviewing and certifying all budgets for member districts; and compiling and publishing an annual report including all budget, property tax and indebtedness information by district.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$322,375	\$0	\$331,827	\$0
Contractual Services	\$4,766	\$0	\$4,930	\$0
Materials & Supplies	\$15,300	\$0	\$15,830	\$0
Internal Services	\$1,924	\$0	\$2,109	\$0
Total GF/non-GF	\$344,365	\$0	\$354,696	\$0
Program Total:	\$344,365		\$354,696	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10006 Tax Supervising and Conservation Commission

Legal / Contractual Obligation

Meet the spirit and intent of Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,339,594	\$0	\$1,438,507	\$0
Contractual Services	\$25,500	\$0	\$10,870	\$0
Materials & Supplies	\$21,500	\$0	\$29,782	\$0
Internal Services	\$150,925	\$0	\$158,271	\$0
Total GF/non-GF	\$1,537,519	\$0	\$1,637,430	\$0
Program Total:	\$1,537,519		\$1,637,430	
Program FTE	11.00	0.00	11.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10007 Communications Office

Legal / Contractual Obligation

Multnomah County Code Chapter 25 established the Office of County Attorney and charges the County Attorney to be the Chief Legal Officer of the County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$4,632,000	\$0	\$4,962,671
Contractual Services	\$0	\$35,000	\$0	\$35,000
Materials & Supplies	\$0	\$250,000	\$0	\$238,851
Internal Services	\$0	\$580,825	\$0	\$615,178
Total GF/non-GF	\$0	\$5,497,825	\$0	\$5,851,700
Program Total:	\$5,497,825		\$5,851,700	
Program FTE	0.00	25.80	0.00	25.80

Program Revenues				
Other / Miscellaneous	\$0	\$5,497,825	\$0	\$5,851,700
Total Revenue	\$0	\$5,497,825	\$0	\$5,851,700

Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

Significant Program Changes

Last Year this program was: FY 2018: 10008 County Attorney's Office

Department: Nondepartmental **Program Contact:** Abbey Stamp
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations, and strategies of local government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. Since 1995, LPSCC has convened leaders from local governments; public safety, social service and education agencies; private service providers and local communities throughout the County to collaborate on and improve public safety system outcomes.

Program Summary

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety, and oversee development of new plans, policies, and strategies. The Executive Committee is co-chaired by Multnomah County Chair Deborah Kafoury and City of Portland Mayor Ted Wheeler.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety system, (b) coordinated policies to improve that system and (c) evidence-based strategies that address issues important to community safety. The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system. Examples include: the Youth and Gang Violence Steering Committee, coordination between the public safety and mental health systems, decreasing Racial and Ethnic Disparities, and implementing House Bill 3194/Justice Reinvestment (2013). It also oversees the operation of Decision Support System-Justice (DSSJ), the County's public safety data warehouse, which is a repository for all public safety related data.

In its FY 2010 adopted budget, Multnomah County's Board of Commissioners formally transferred responsibility for the administration of DSSJ to the County's Local Public Safety Coordinating Council (LPSCC), which agreed to oversee the development and maintenance of DSSJ and ensure data accuracy and security through a Policy Committee.

In FY 2019, LPSCC will fund the following staff: a full-time Executive Director, who directs and coordinates inter-agency public safety policy discussions; a full-time Research Project Manager, who performs and manages cross-agency data and research project, a full-time temporary Project Manager (grant funded and noted in 10009B), and a full-time Executive Assistant, who provides organizational and communications support. In addition, to support implementation of the MacArthur Foundation's Safety + Justice Challenge, LPSCC will fund two Limited-Duration Assignment staff; a data analyst and a project manager.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of LPSCC Executive Committee and Subcommittee Meetings	123	90	155	150
Outcome	Average percentage of statutorily mandated LPSCC representatives present at Executive Committee meeting	70	70	70	70
Output	Number of policy recommendations made to County Commissioners	10	10	10	10

Performance Measures Descriptions

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$512,770	\$41,796	\$619,141
Contractual Services	\$0	\$47,316	\$0	\$21,000
Materials & Supplies	\$0	\$62,132	\$0	\$118,437
Internal Services	\$694,860	\$64,631	\$687,204	\$33,599
Total GF/non-GF	\$694,860	\$686,849	\$729,000	\$792,177
Program Total:	\$1,381,709		\$1,521,177	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$523,517	\$0	\$552,177
Other / Miscellaneous	\$0	\$163,332	\$0	\$240,000
Beginning Working Capital	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$686,849	\$0	\$792,177

Explanation of Revenues

State Department of Corrections through SB 1145 - \$552,177
MacArthur Foundation will be used to implement the Safety + Justice Challenge - \$240,000

Significant Program Changes

Last Year this program was: FY 2018: 10009A Local Public Safety Coordinating Council

Department: Nondepartmental **Program Contact:** Abbey Stamp
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations, and strategies of local government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. This program offer is specifically for the justice reinvestment funds allocated from HB 3194.

Program Summary

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies, and strategies. The Executive Committee is co-chaired by Multnomah County Chair Deborah Kafoury and City of Portland Mayor Ted Wheeler.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety system, (b) coordinated policies to improve that system and (c) evidence-based strategies that address issues important to community safety. The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system, including implementation of HB 3194 and justice reinvestment.

This program offer houses the funding for victim's services contracts, part of HB 3194/HB3078. House Bill 3194 established the Justice Reinvestment Grant Program, which requires 10% of funds be spent on victims services. House Bill 3078 added additional funds to be used for the same victims services programs. The 10% is administered by LPSCC to contract with community-based victims services agencies. The funds must be allocated to underserved populations. As indicated in the rules developed by the Criminal Justice Commission, County LPSCCs are responsible for choosing and contracting with victim's services agencies.

This funding also supports a full time LPSCC Project Manger for the Multnomah County Justice Reinvestment Program.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of contracts executed with community-based victims services agencies*.	3	3	3	3
Outcome	Number of crime victims served with crime victims funding.	430	600	510	580

Performance Measures Descriptions

*Contracts result in services for previously underserved victim populations.

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities (ORS 423.560). As part of House bill 3194, counties apply for justice reinvestment grant funds. The State Criminal Justice Commission, which oversees statewide implementation of House Bill 3194, stated these applications "must be submitted by a local public safety coordinating council." Via HB3194, the LPSCC is also charge by the CJC to contract with and allocate funds to victim's services agencies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$0	\$158,690
Contractual Services	\$0	\$623,324	\$0	\$507,366
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$623,324	\$0	\$666,056
Program Total:	\$623,324		\$666,056	
Program FTE	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$423,074	\$0	\$666,056
Beginning Working Capital	\$0	\$200,250	\$0	\$0
Total Revenue	\$0	\$623,324	\$0	\$666,056

Explanation of Revenues

State HB 3194 Criminal Justice Commission (CJC) - \$666,056

Significant Program Changes

Last Year this program was: FY 2018: 10009B HB3194 Justice Reinvestment

Department: Nondepartmental **Program Contact:** Dani Bernstein
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of Community Involvement (OCI) was established by County Charter to develop and maintain community involvement programs and procedures for the purpose of facilitating direct communication between the people of Multnomah County and the Board of County Commissioners.

Program Summary

The OCI coordinates programs and activities designed to engage people from Multnomah County's diverse communities. Programming includes community outreach, community forums, and trainings. The OCI conducts continual outreach and recruitment to inform communities about opportunities to engage with Multnomah County committees and programs by attending community events and through communications including social media and email.

The OCI maintains a community contact list for communications, including notifying qualifying organizations of the opportunity to nominate members for county committees. The OCI provides a single point of contact for community members interested in volunteering through information and resources at its physical office, by maintaining lists of committees and other volunteer opportunities, managing inquiry and application processes, referring inquiries from the public to appropriate opportunities and resources, maintaining a database of active and potential volunteers, and facilitating nominations for board appointments to the Community Involvement Committee (CIC) and Citizen Budget Advisory Committees (CBACs). The OCI also hosts an annual volunteer recognition event for all county departments.

The OCI staffs the volunteer members of the CIC, including providing support, training and coordination for CIC meetings. The CIC engages in an ongoing study and discussion of the county's priorities, programs and procedures and makes recommendations to the Board of Commissioners and county departments regarding timely, equitable, and inclusive civic participation in county decision-making.

The OCI also provides technical and clerical assistance and training to the CBACs, and staffs the County's Central and Nondepartmental CBACs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of CIC meetings and subcommittee meetings	22	15	30	25
Outcome	Percentage of participants in activities who felt time was well spent	N/A	90%	90%	90%
Output	Number of community events attended	27	15	20	20
Outcome	Percentage of volunteer positions on CIC and CBACs filled	80%	75%	95%	85%

Performance Measures Descriptions

These measures reflect key activities and outcomes for the OCI according to its primary functions. For performance measure 2, OCI did not begin collecting this data until FY18.

Legal / Contractual Obligation

Chapter Re: Chapter 3.75 Multnomah County Home Rule Charter; Resolution 95-245, Multnomah County Code 3.250-3.254, 3.300-3.306. The County Charter states that the commission "shall appropriate sufficient funds for the operation of the office and the committee."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$190,114	\$0	\$200,544	\$0
Contractual Services	\$1,530	\$0	\$2,000	\$0
Materials & Supplies	\$15,165	\$0	\$16,081	\$0
Internal Services	\$45,345	\$0	\$46,548	\$0
Total GF/non-GF	\$252,154	\$0	\$265,173	\$0
Program Total:	\$252,154		\$265,173	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10010 Office of Community Involvement

Department: Nondepartmental **Program Contact:** Lynda Grow
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of the Board Clerk accounts for all functions and expenditures necessary for efficient operation of the Board of County Commissioners, who work on behalf of citizens individually and as members of the Board. The Office of the Board Clerk supports the Board as a body by providing those things necessary for the Board to function effectively and collectively and provide information on items brought before the Board and public.

Program Summary

The Office of the Board Clerk manages all Board meetings, agendas, records, indices and schedules. It maintains and disseminates information pertaining to adopted resolutions, orders, ordinances and proclamations.

Board Clerks act to maintain the integrity of all Multnomah County processes and procedures pertaining to the Board of County Commissioners. They uphold the Board of Commissioners' Vision and support its Mission in their work.

Board Clerks serve as parliamentarians at all meetings, take minutes, prepare meeting records and notices and provide internal and external customer service, information and referral. They perform responsible clerical and research work associated with the proceedings of the meetings, the Board's actions and records; provide information on upcoming board items, post public notices, provide information and referral to the public; and, schedule meetings space and equipment.

Board Clerks are responsible for notifying internal and external customers of scheduled meetings and cancellations; processing, posting and distributing all agenda submissions and official documents that result from board action and directives of those documents and ensure ease of access for future internal and external inquiries. Board clerks provide members of the public with agendas, notices of public hearings, and access to public records. They provide custody of the records, books and documents of the Board and protect and preserve the official County records both electronically and on paper for perpetuity.

The Office pays for the County's memberships in advocacy organizations including the National Association of Counties, Association of Oregon Counties, and Leader's Round Table.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of Board related documents processed	7,162	7,539	7,500	7,500
Outcome	Files shared with Archives	3,496	4,000	4,000	5,000

Performance Measures Descriptions

Board related documents include board packets, proclamations, resolutions, orders, ordinances and other related documents.

Legal / Contractual Obligation

Commissioners affirm to support the Constitutions of the United States, the State of Oregon, the Multnomah County Home Rule Charter, and Multnomah County Laws. The Board adopts and publishes rules for the conduct of Board meetings, they serve as the governing body for Dunthorpe-Riverdale Sanitary and Service District No. 1; Mid-County Street Lighting Service District No. 14; sit as the County Budget Committee; The Hospital Facilities Authority; Public Contract Review Board; Multnomah County Board of Health and Multnomah County Library District Board.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$285,904	\$0	\$286,232	\$0
Contractual Services	\$30,000	\$0	\$31,050	\$0
Materials & Supplies	\$294,400	\$0	\$304,730	\$0
Internal Services	\$378,297	\$0	\$424,348	\$0
Total GF/non-GF	\$988,601	\$0	\$1,046,360	\$0
Program Total:	\$988,601		\$1,046,360	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10011 Office of the Board Clerk

Department: Nondepartmental **Program Contact:** Christopher Voss
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County Emergency Management (MCEM) coordinates disaster preparedness activities in Multnomah County. This includes planning, training, exercise and equipment procurement for staff and departments and coordination with cities, special districts and nongovernmental organizations. MCEM maintains a 24/7 call number to respond to requests from county and city public safety partners and can quickly set up an operations center to respond to county emergencies. MCEM also authors and updates several plans including the County Mitigation Plan and County Emergency Operations.

Program Summary

The MCEM program focus includes: 1) County general and departmental preparedness, 2) Intergovernmental and regional preparedness, 3) Citizen and community preparedness and resilience and 4) the County's ability to continue critical operations in an emergency situation. MCEM regularly collaborates with local jurisdictions, districts and agencies engaged in emergency planning.

MCEM understands that a resilient community can potentially reduce the burden on limited emergency response capacity in a severe emergency. For that reason, MCEM works with businesses, non-governmental organizations, faith based groups, volunteer organizations and directly with community members to encourage disaster resilience and create a coordinated response to disasters. MCEM fosters citizen preparedness and community resilience through working relationships with a diverse group of community partner organizations.

Program activity is informed by the Emergency Management Performance Grant (EMPG) work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, state and federal partners.

During an emergency, MCEM activates and manages the County Emergency Coordination Center (ECC) which is staffed by employees from various County departments to provide a single location where strategic direction, response coordination and resource support for incident response is carried out.

In a disaster, Emergency Management functions as the state-mandated conduit for obtaining state and federal resources to support local emergency response for the County, cities and districts, and it coordinates emergency and disaster declarations.

After a disaster, Emergency Management coordinates with state and federal agencies that provide post-disaster assistance and also guides the community recovery process.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Annual exercise performance objectives successfully tested.	100%	100%	100%	100%
Outcome	Oregon Emergency Management requirements met for annual performance grant.	100%	100%	100%	100%

Performance Measures Descriptions

Output: Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR). Exercises are expected to reveal performance deficiencies and lead to focused improvements. Actual emergency activation may substitute for an exercise and a self-reported AAR is submitted to the State. Outcome: There are 8 eligible funding areas, each with multiple planning activities, in the Emergency Performance Grant (EMPG). This annual measurement covers required activities for a competent emergency management program.

Legal / Contractual Obligation

ORS 401.305 requires Multnomah County to establish an emergency management program and Multnomah County Code Chapter 25.410 establishes the County's Office of Emergency Management.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$880,695	\$263,502	\$912,507	\$266,404
Contractual Services	\$133,700	\$0	\$129,084	\$80,000
Materials & Supplies	\$125,500	\$3,081	\$122,834	\$13,400
Internal Services	\$460,499	\$7,088	\$501,155	\$7,267
Total GF/non-GF	\$1,600,394	\$273,671	\$1,665,580	\$367,071
Program Total:	\$1,874,065		\$2,032,651	
Program FTE	6.00	2.00	6.06	1.94

Program Revenues				
Intergovernmental	\$0	\$273,671	\$0	\$367,071
Total Revenue	\$0	\$273,671	\$0	\$367,071

Explanation of Revenues

\$273,671 - Emergency Management Performance Grant (EMPG) Program funds which provide a maximum of a 50% match to eligible program costs paid for by the County General Fund
\$80,000 - Regional Disaster Preparedness Organization (RDPO) OTO training grant
\$11,000 - State of Oregon Homeland Security Grant OTO equipment grant

Significant Program Changes

Last Year this program was: FY 2018: 10012 Office of Emergency Management

Legal / Contractual Obligation

ORS 401.305 requires Multnomah County to establish an emergency management program and Multnomah County Code Chapter 25.410 establishes the County's Office of Emergency Management.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$118,647	\$0
Materials & Supplies	\$0	\$0	\$6,443	\$0
Total GF/non-GF	\$0	\$0	\$125,090	\$0
Program Total:	\$0		\$125,090	
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:

The county has not had a dedicated person to focus on Continuity of Government (COG), Continuity of Operations Planning (COOP).

Legal / Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$817,016	\$0	\$859,643	\$0
Contractual Services	\$114,000	\$0	\$117,900	\$0
Materials & Supplies	\$25,250	\$0	\$30,453	\$0
Internal Services	\$72,320	\$0	\$62,154	\$0
Total GF/non-GF	\$1,028,586	\$0	\$1,070,150	\$0
Program Total:	\$1,028,586		\$1,070,150	
Program FTE	5.00	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 2018: 10016 Government Relations Office

Title and duties of the Senior Legislative Coordinator have changed.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$50,000	\$0
Total GF/non-GF	\$0	\$0	\$50,000	\$0
Program Total:	\$0		\$50,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Ben Duncan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of Diversity and Equity (ODE) is a team of professional resource experts and a partner in advancing equity by designing and delivering tangible resources, expertise, best and promising practices, technical support, data and data analysis. ODE works to advance transformational change at the county and develops empowering tools for internal and external communities.

Program Summary

ODE provides leadership and resources for advancing organizational equity and inclusion change efforts that support the business of the county.

ODE works with and within departments to lead, support and complement equity and social justice work throughout the County. Projects and resources include: Civil Rights policy development and compliance, Workforce Equity Strategic Plan development and implementation, policy analysis, Equity and Empowerment Lens technical assistance and consultation, research and best practices for data collection and analysis, training on equity practice and issues, and participates in regional and national networks. ODE is represented as a Steering Committee jurisdiction for the National Governing Alliance for Racial Equity, and planning partner for the NW Public Employee Diversity Conference.

ODE also works with community based stakeholders to identify critical issues of importance with the goal of lifting up underrepresented voices for systems and policy change.

This offer funds FTE for the ongoing roll-out and evaluation of the Equity and Empowerment Lens with a Racial Justice focus, technical assistance, training, research, development and guidance on policy advancing equity, staffing and leadership development support for the Multnomah Youth Commission, and coordination of Employee Resource Groups and the Equity Core Team.

This offer also ensures compliance with federal statutes related to Americans with Disabilities, Affirmative Action/Equal Employment Opportunity, and discrimination through Title VI administration.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Employee Resource Groups	10	10	10	9
Outcome	Number of Equity and Empowerment Lens applications, technical assistance, training and consultation	8	12	124	100

Performance Measures Descriptions

For performance measure 2, ODE has expanded its definition to not just include Equity Lens focused activities, but also training, Human Resources functional supports, Internal/external policy discussions, conflict resolution and facilitation and employee/management support and training support requests

Legal / Contractual Obligation

Title II, Title VI administration for the County
Affirmative Action, Equal Employment Opportunity
Administers discrimination complaint/grievance processes

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$701,838	\$0	\$759,246	\$0
Contractual Services	\$20,000	\$0	\$20,700	\$0
Materials & Supplies	\$47,073	\$0	\$39,210	\$0
Internal Services	\$114,353	\$0	\$118,279	\$0
Total GF/non-GF	\$883,264	\$0	\$937,435	\$0
Program Total:	\$883,264		\$937,435	
Program FTE	4.80	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 2018: 10017A Office of Diversity and Equity

Department: Nondepartmental **Program Contact:** Ben Duncan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Multnomah Youth Commission, the official youth policy body for Multnomah County is a group of 37 young people, ages 13- 21, that strives to provide a voice for youth in the County's work. In addition to its advisory role within local government, the MYC works to improve the community through service projects. The work of MYC is guided by "Our Bill of Rights: Children + Youth," the nation's first Bill of Rights written by and for young people and adopted by a local government.

Program Summary

The Multnomah Youth Commission (MYC) serves the County in several ways. The MYC advises and makes recommendations on policies and programs that impact youth in Multnomah County by engaging with all levels of the organization through committee work, Elected Official Liaison Program, and training and technical assistance for community organizations and government agencies. Through a youth development program and youth policy body, MYC uses authentic youth engagement practices and tools to build the capacity of youth to participate in high-level policy advocacy to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities as they develop into healthy, productive adults. The MYC works with youth and adults throughout our community to change the way violence is viewed and dealt with through the Youth Against Violence Committee and the Rob Ingram Youth Against Violence project mini-grants. These projects aim to empower youth to take lead and work together to address issues most important to their communities, while highlighting and sharing ideas and experiences regarding violence, and building youth-led solutions. All MYC work is guided by "Our Bill of Rights: Children + Youth", the nation's first bill of rights written by and for youth. The MYC is made up of a diverse group of youth dedicated to equity and justice, developing into a nationally recognized youth development program that incorporates participatory action research, policy creation and advocacy, and Youth-Adult Partnership as its foundational underpinnings.

The Office of Diversity and Equity provides leadership and resources for advancing organizational equity and inclusion change efforts. ODE works in collaboration with departments and offices and serves and as equity, inclusion and social justice resource at Multnomah County. The Multnomah Youth Commission (MYC) sits within the Office of Diversity and Equity.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Youth Commission Meetings held	22	22	22	22
Outcome	Youth-Led, issue specific summit	1	1	1	1

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$110,792	\$0	\$120,185	\$0
Total GF/non-GF	\$110,792	\$0	\$120,185	\$0
Program Total:	\$110,792		\$120,185	
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 2018: 10017B Multnomah Youth Commission Support

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$95,517	\$0
Total GF/non-GF	\$0	\$0	\$95,517	\$0
Program Total:	\$0		\$95,517	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Program has been funded out of ODE 10017 budget as a temporary position. This offer creates an ongoing position

Department: Nondepartmental **Program Contact:** John Wasiutynski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Multnomah County Office of Sustainability was established in 2010 to help plan, implement and coordinate the County's environmental sustainability programs. The Office of Sustainability's mission is to work with County Departments and the community to promote programs and policies that lead to a more equitable, prosperous, and environmentally sound Multnomah County. We envision a Multnomah County that is: Equitable, Livable, Healthy, Resilient, and Low-Carbon.

Program Summary

The Office of Sustainability works with the community and County departments to develop unique partnerships that help make Multnomah County a better place to live, work, and do business. The Office of Sustainability is not only committed to a healthy planet but also firmly roots our work in Multnomah County's mission to protect the most vulnerable in our community. This value shapes the way we approach sustainability, an approach based on achieving social, economic, and environmental justice.

Major focus areas for FY 2019 include, implementation of the Climate Action Plan, implementation of the Commercial Building Property Assessed Clean Energy program (PropertyFit), planting trees in low-income low tree canopy neighborhoods in Gresham, providing fresh organically grown food to food-insecure individuals and families, providing meaningful volunteer and workshop opportunities for County residents, and supporting a culture of resource-conservation in County operations. The Office of Sustainability will accomplish these goals by working with the County's elected leaders to develop and respond to new policies; by providing technical support to County departments and community organizations; through direct program delivery; and through research, data analysis, and reporting.

Climate Action Plan activities will include implementation of an enterprise-wide tracking and accountability tool meant to capture the County's work on the more than 79 County specific actions covered in the plan. The overall purpose of the plan and these activities is to promote a low carbon and resilient community. The office will also work to develop policies and procedures that the County can advocate for or implement that will advance the goals of the plan, for example, developing a low emissions fleet strategy.

The Office of Sustainability will also work to implement the Board's commitment to 100% renewable energy by 2050 through a partnership with business and community to develop sound strategies that will decarbonize our economy and build wealth and autonomy in our communities. The Office will root our work in the principles of environmental justice by working with the Board and community partners to develop and help to implement an environmental justice policy for the County.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Servings of fresh, culturally appropriate produce donated, by pounds and types of food grown.	111,055	100,000	61,116	10,000
Outcome	Decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	21%	15%	21%	22%
Output	Number of volunteer hours contributed to Office of Sustainability events or programs.	1,375	1,000	967	800
Output	Number of County unique employees engagements with sustainability programming offered by the Office.	N/A	N/A	1,045	1,200

Performance Measures Descriptions

1) Donation of healthy, culturally appropriate food from the CROPS program, as identified by our community partners. Decrease due to the planned move of the farm to a new location. 2) The Office of Sustainability implements BCC adopted Climate Action Plan that calls for County wide greenhouse gas emissions reduction of 80% over 1990 levels by the year 2050. 3) The Office provides meaningful opportunities for the community to engage with the County through the Community Farm program.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$571,465	\$13,433	\$630,005	\$17,000
Contractual Services	\$5,500	\$65,206	\$5,700	\$126,000
Materials & Supplies	\$23,985	\$0	\$29,810	\$0
Internal Services	\$65,806	\$0	\$65,175	\$0
Capital Outlay	\$0	\$40,000	\$0	\$0
Total GF/non-GF	\$666,756	\$118,639	\$730,690	\$143,000
Program Total:	\$785,395		\$873,690	
Program FTE	5.00	0.00	5.00	0.00

Program Revenues				
Intergovernmental	\$0	\$78,639	\$0	\$143,000
Other / Miscellaneous	\$0	\$40,000	\$0	\$0
Total Revenue	\$0	\$118,639	\$0	\$143,000

Explanation of Revenues

\$143,000 - East Multnomah Soil & Water Conservation District Green Gresham/Healthy Gresham Tree Planting Grant over three years.

Significant Program Changes

Last Year this program was: FY 2018: 10018A Office of Sustainability

In FY 2019 the Office of Sustainability will focus on the Green Gresham / Health Gresham tree planting grant in partnership with the City of Gresham and Friends of Trees. Tree planting will occur in underserved neighborhoods, including Rockwood and Wilkes East. Another area of increased activity will be the development of a roadmap for implementing the 100% by 2050 renewable energy goal set by the Board of County commissioners. A key aspect of this work will be partnerships with community-based organizations with a focus on ensuring that the benefits of a transition to a renewable energy economy will benefit low-income communities and communities of color. Finally, a focus will be developing the new permanent site for the community farm Edgefield property, and continue to deepen partnerships in County programs and the community.

Department: Nondepartmental **Program Contact:** Christian Elkin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Regional Arts & Culture Council (RACC) provides contract services to Multnomah County and its residents. Formerly a county bureau (the Metropolitan Arts Commission), RACC became an independent 501(c)(3) organization in 1995 in order to leverage support from other regional government partners and private donors, ultimately investing much more in arts and culture than the County alone can afford. These investments create vibrant neighborhoods, enhance our children's education, and fuel the creative economy with measurable economic benefits for Multnomah County.

Program Summary

RACC plays a vital role in the county's economic and community development efforts. Specifically, RACC provides services in five key areas: (1) Through Advocacy, RACC helps build support and resource for arts and culture. (2) RACC Grants provide artists and arts organizations with the base financial support they need to continue serving our community. (3) RACC's nationally acclaimed Public Art program, including the Multnomah County 2% for Art Ordinance, integrates a wide range of art into public spaces. (4) RACC provides other Community Services including workshops for artists, consulting for arts organizations, and a variety of printed and electronic resources; (5) RACC helps K-8 schools integrate the arts into the standard curriculum, and supports art and music teachers that are funded by Portland's arts tax; and (6) RACC invests in arts-related programming that supports vulnerable populations and marginalized communities in Multnomah County, including low-income Oregonians, veterans, East County residents, seniors and people experiencing homelessness.

Arts and culture activities add measurable value to our region's economy and to our quality of life. Artists and arts organizations bring residents together for shared cultural experiences that stimulate creativity which in turn supports more innovative businesses and a richer educational experience for our children. A vibrant arts community serves as a magnet for young creatives, and Multnomah County's investment in the arts contributes to the competitive advantage we have over other regions competing to attract sustainable businesses and an innovative, well-educated workforce. Multnomah County is home to the vast majority of the region's artists and arts and culture organizations, which together generate more than \$294 million for the local economy and \$12.5 million for local government coffers every year.

Proposed program allocations for FY 2019 County dollars include investments in the following RACC programs: \$244,800 for grants and technical assistance services for artists and arts organizations, \$31,275 for arts education (including The Right Brain Initiative), \$5,000 for advocacy programs including Work for Art, and \$18,925 for general management and sustaining services such as accounting and information technology/web services. RACC receives separate funding from Multnomah County to fund public art projects through the county's percent-for-art ordinance.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Dollars leveraged from other sources	\$8,813,680	\$9,500,000	\$10.8 Million	\$11 Million
Outcome	Multnomah County children engaged in creative learning	9,225	9,500	9,674	9,750
Output	# served by RACC-funded projects (total attendance)	3.35 Million	3.5 Million	3.5 Million	3.75 Million
Outcome	Improvement in reading and math scores	2.5 times	2.5 times	2.5 times	2.5 times

Performance Measures Descriptions

*Evaluation data reveals that as schools work with The Right Brain Initiative, students reading and math scores increase at least 2.5 times more than the average annual rate of increase. This growth is even greater for English Language Learners, whose scores increased 10 times more after schools partnered with Right Brain.

Legal / Contractual Obligation

RACC operates as a steward of Multnomah County investments in arts and culture as per contract #440000704 which expires on June 30, 2019.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$300,000	\$0	\$300,000	\$0
Total GF/non-GF	\$300,000	\$0	\$300,000	\$0
Program Total:	\$300,000		\$300,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 10020 Regional Arts & Culture Council

Three years ago, Multnomah County funding for RACC was increased by \$130,000 to help RACC provide significantly more grants and services for artists & arts organizations in underrepresented communities including residents of East County, communities of color, low-income Oregonians, and other marginalized populations. This program offer maintains those investments.

Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms."

(1) The county in which a circuit court is located or holds court shall:

(a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms.

(b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

(2) Except as provided in subsection (1) of this section, all supplies, materials, equipment and other property necessary for the operation of the circuit courts shall be provided by the state under ORS 1.187. [Formerly 1.165]

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,000,000	\$0	\$1,026,772	\$0
Materials & Supplies	\$244,415	\$0	\$185,005	\$0
Internal Services	\$5,105,141	\$414,224	\$8,692,685	\$414,993
Total GF/non-GF	\$6,349,556	\$414,224	\$9,904,462	\$414,993
Program Total:	\$6,763,780		\$10,319,455	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$995,000	\$0	\$995,000	\$0
Total Revenue	\$995,000	\$0	\$995,000	\$0

Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County. The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs are \$414,993 per year (net) from FY 2012 through FY 2020, and will be \$1.7 million per year from 2020 through 2030.

Significant Program Changes

Last Year this program was: FY 2018: 10021 State Mandated Expenses

In FY 2019, the program includes the \$3.65 million debt service payment for the new Downtown State Courthouse.

Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The county is obligated to transfer 25% of the revenue associated with the first 0.6% BIT increment. The SIP contract specifies that Gresham receives 47% of revenue derived from the Community Service Fee.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$8,831,429	\$0	\$8,889,833	\$0
Total GF/non-GF	\$8,831,429	\$0	\$8,889,833	\$0
Program Total:	\$8,831,429		\$8,889,833	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$289,805	\$0	\$205,807	\$0
Total Revenue	\$289,805	\$0	\$205,807	\$0

Explanation of Revenues

The BIT pass-through is 25% of the first 0.6% of BIT collections.
Community Service Fee is 25% of the taxes abated under the Strategic Investment Program.

Significant Program Changes

Last Year this program was: FY 2018: 10022 Pass-Through Payments to East County Cities

Department: Nondepartmental **Program Contact:** Mark Campbell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Oregon Historical Society (OHS) is a private not-for-profit entity founded in 1898. Since 1899, it has received appropriations from 1) state government (except 2002-6) in recognition of its operation of the state history museum and a large Oregon history research library; 2) Multnomah County (\$335k per year, 1999-2003) as a participant in the county library levy; and 3) Multnomah County special purpose levy 26-118 in November 2010 that provides for levy support at the rate of \$0.05 per thousand of assessed value and renewal of the second five-year period at the same rate.

Program Summary

OHS operates the Oregon History Museum, the Davies Family Research Library, and educational programs for adults, families and school groups (and also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding (which started in 2011) has provided basic operational support, as well as funding to underwrite the improved hours of service in the library, free admission to residents of Multnomah County and all Oregon school groups, improved collections development and care, and new and exciting programming. OHS is committed to serving the diverse communities of the region and the state, and reflects that commitment in every aspect of its operations.

Four east county historical societies of Fairview-Rockwood-Wilkes (renamed East County Historical Organization – ECHO), Gresham, Troutdale and Crown Point Country will together receive \$160,000 per year from the levy proceeds. The levy allocates the balance, estimated at \$2,444,278 in FY 2017/2018, to the Oregon Historical Society for its programs and operations.

The levy has provided basic operational support and has certainly increased OHS’s public services. The library has been open 32 hours a week since the July 2011 levy funding went into effect and will continue to be open 32 hours a week during the duration of the second levy and will continue to serve additional patrons. Due to the levy funding, the increased public programs have reached more Oregonians than ever and will continue to focus on programs to reach all corners of Oregon with the passage of the second levy. The levy provided funds to preserve, maintain and display its vast number of collections and the passage of the second levy will continue OHS’ ability to enhance collections care and display more of Oregon’s treasures.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Multnomah County citizens admitted free of charge	24,894	27,177	25,000	25,000
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	208	249	215	230
Quality	Care of Collections through additional curator/registrar	3	3	3	3

Performance Measures Descriptions

In 2017, High Hopes: The Journey of John F. Kennedy exhibit, along with Caroline Kennedy as the speaker for the Hatfield Lecture Series, and December 2017’s exhibit of Meyer and Frank’s Santa Land was a huge success that drew 9% more Multnomah County resident visits from previous years and a 156% increase since 2011. Due to the levy funding, the increased public programs are reaching more Oregonians than ever and OHS has had the ability to enhance collections care and display more of Oregon’s treasures.

Legal / Contractual Obligation

Measure 26-118 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$160,000 per year from the levy proceeds.

Board Resolution 2016-010 renewed the local OHS option levy another five years beginning in fiscal year 2017. This levy will end in FY 2021.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$3,065,286	\$0	\$3,233,321
Internal Services	\$0	\$7,500	\$0	\$7,500
Total GF/non-GF	\$0	\$3,072,786	\$0	\$3,240,821
Program Total:	\$3,072,786		\$3,240,821	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$3,053,536	\$0	\$3,221,571
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$16,250	\$0	\$16,250
Total Revenue	\$0	\$3,072,786	\$0	\$3,240,821

Explanation of Revenues

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

Significant Program Changes

Last Year this program was: FY 2018: 10023 OHS Local Option Levy

Department: Nondepartmental **Program Contact:** Mike Jaspin

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

Related Programs:

Program Characteristics:

Executive Summary

This program offer distributes revenues received from property taxes associated with railroad cars to local school districts. This is a statutory responsibility of Oregon counties (ORS 308.505 to ORS 308.665) and these revenues are dedicated to a County School Fund. It also includes revenues dedicated to the County School Fund received from the sale of timber cut on federal forest land and the Secure Rural Schools (SRS) program. Federal legislation governing the SRS payments has sunset several times, and has not been reauthorized for FY 2018.

Program Summary

Since 1908, all counties in Oregon had received payments from the US government from revenue generated by the sale of timber cut on federal forest lands. State law specified how the revenue was to be allocated.

The federal law authorizing federal timber payments to counties, PL 106-393, sunset as of September 30, 2006. It was reauthorized by Congress for one year in 2007, and was renewed in 2008 for a four-year period, during which time the amount received declined each year. FY 2012 was to have been the last year in this 4-year extension. Congress reauthorized this legislation for one year in FY 2013, and again in FY 2014.

In April of 2015, Congress once again reauthorized the Secure Rural Schools program, but for two years. Payments are retroactive for the County's FY 2015 budget and will provide funds in FY 2016.

The law was not reauthorized for FY 2017, and timber payments will be governed by the 1908 Act as amended. If reauthorization occurs before September 30th, 2018, FY 2017 funds could be paid retroactively. The law has not been reauthorized for FY 2018, and our assumption is that it will not be reauthorized in the future.

The remaining revenue is from the County's portion of the ad valorem tax that is assessed on the value of rail cars as outlined by state statute.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

Legal / Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$80,300	\$0	\$80,300
Total GF/non-GF	\$0	\$80,300	\$0	\$80,300
Program Total:	\$80,300		\$80,300	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$20,000	\$0	\$80,000
Taxes	\$0	\$60,000	\$0	\$0
Interest	\$0	\$100	\$0	\$100
Beginning Working Capital	\$0	\$200	\$0	\$200
Total Revenue	\$0	\$80,300	\$0	\$80,300

Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$15,000-\$20,000 over the past several years.

Significant Program Changes

Last Year this program was: FY 2018: 10024 County School Fund

Department: Nondepartmental **Program Contact:** Mark Campbell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer budgets the revenue and expenditures associated with the County's commitment to fund the Oregon Convention Center and the Visitors Development Initiative. This program operates under intergovernmental agreements (IGAs) between Multnomah County, the City of Portland, and Metro. The program accounts for proceeds of the Transient Lodging Tax and Motor Vehicle Rental Tax that are passed through to Metro for operation of the Oregon Convention Center and other tourism related entities.

Program Summary

This program accounts for a portion of taxes collected from area hotels, motels, and vehicle rental agencies. The Transient Lodging Tax has supported the Oregon Convention Center since 1986. The tax is set at 11.5% on all hotel and motel room rentals in Multnomah County. Cities retain 5% of the tax generated within their boundaries. Another 1% supports regional tourism promotion. The remaining 5.5% supports programs associated with the Oregon Convention Center, the Regional Arts & Culture Council (RACC), and the Visitors Development Board. The Motor Vehicle Rental Tax was increased by the Board of County Commissioners in April, 2000. This 2.5% increment is entirely dedicated to support the activities noted above.

This program supports the Oregon Convention Center which hosts programs, conferences, and events that bring visitors and business groups to Portland. The tourism and travel industry is among the leading private sector employers in Oregon. Large conventions generate significant activity for local hotels, restaurants, and retail establishments. Travel Portland has estimated that a typical out-of-town convention delegate will spend between \$980-\$1180 during a three-day stay in the region. A report prepared in 2016 by Crossroads Consulting Services documents the dollar impact of the visitors facilities managed by Metro. The report estimates the economic impact at just a little more than \$1 billion per year.

The Visitors Facilities Intergovernmental Agreement (VDI) was amended in FY 2014 and it established a source of funding for Multnomah County "Visitor Facilities and Operations Support". This funding supports operations and capital improvements related to the established purposes of the VDI. The VDI supports regional visitor facilities and visitor industry development in the Portland-Multnomah County area. The VDI agreement is between the City of Portland, Multnomah County, and Metro. The trust fund allocates \$750,000 annually to Multnomah County and this amount will grow to \$1 million annually beginning in FY 2022.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Impact (\$ in millions) of Convention Center Visitors to County Economy	626	760	740	770
Outcome	Number of Employees in Travel/Tourism Industry (Est.)	5,960	7,800	7,250	7,700

Performance Measures Descriptions

The Oregon Convention Center (OCC) generates significant economic activity to metropolitan Portland and the State. Multnomah County accounts for more than 2/3rds of tourism related activity. Travel/tourism accounts for approximately 10% of metropolitan area employment. Metro provides data analysis on total annual spending in millions of dollars (output) which is estimated to support the total number of people employed (outcome) in the travel/tourism industry.

Legal / Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated.

There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$49,392,254	\$0	\$48,228,593
Total GF/non-GF	\$0	\$49,392,254	\$0	\$48,228,593
Program Total:	\$49,392,254		\$48,228,593	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$49,346,365	\$0	\$48,182,465
Interest	\$0	\$7,500	\$0	\$8,000
Beginning Working Capital	\$0	\$38,389	\$0	\$38,128
Total Revenue	\$0	\$49,392,254	\$0	\$48,228,593

Explanation of Revenues

The Transient Lodging Tax was originally established in 1972. A supplemental countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the Visitors Development Initiative.

The Motor Vehicle Rental Tax was originally established in 1976. The tax was increased to 12.5% in April 2000, with the additional 2.5% dedicated to the Visitors Development Initiative.

Significant Program Changes

Last Year this program was: FY 2018: 10025 Convention Center Fund

Department: Nondepartmental **Program Contact:** Mark Campbell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer accounts for principal and interest payments on various full faith and credit obligation bonds and intergovernmental agreements that were entered into in order to finance various capital improvements or capital acquisitions.

Program Summary

Multnomah County is currently making payments on the following obligations:

Series 2010B (\$15 million) - Full Faith & Credit
 Oregon Investment Transportation Bank (OTIB) (\$3.2 million) - Intergovernmental Loan
 Series 2012 (\$128 million) - Full Faith & Credit
 Series 2014 Refunding (\$22.5 million) - Full Faith & Credit
 Series 2017 (\$164.4 million) - Full Faith & Credit

The outstanding debt issues have funded a number of capital improvements and acquisitions. These include, among others, purchase of the Multnomah, McCoy, and Mead buildings, health clinic equipment and improvements, deferred capital maintenance, construction of the East County Courthouse, road improvements to 223rd Street, and the Sellwood Bridge replacement project. All binding obligations were approved by the Board of County Commissioners. The facilities and equipment purchased with these bond issues support many of the County's direct service programs. Careful management of debt obligations contributes to sound financial management practices. Debt payments are recovered from departments who benefit from specific projects via internal service reimbursements.

The County issued debt in November of 2017 to fund the County Courthouse Capital Construction Project, Health Department Capital Construction Project, ERP Implementation Project, and the Department of Community Justice East County Campus.

In FY 2018, S&P Global Ratings and Moody's Investor Service gave Multnomah County the highest possible rating for its long-term credit. The firms cited Multnomah County's strong budget management, low debt, moderate pension burden, adequate reserves and large and growing tax base from a surging economy.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. In 2017, Moody's and Standard & Poor's upgraded all Multnomah County full faith and credit debt to Aaa and AAA, respectively. (1)-indicates Moody's Aa1 (or better) rating, (0)-represents a rating lower than Aa1.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Legal / Contractual Obligation

Principal and interest on the full faith and credit obligations and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$3,000	\$0	\$3,000
Debt Service	\$0	\$32,306,810	\$0	\$31,115,185
Cash Transfers	\$0	\$0	\$0	\$2,826,830
Unappropriated & Contingency	\$0	\$13,204	\$0	\$1,186,234
Total GF/non-GF	\$0	\$32,323,014	\$0	\$35,131,249
Program Total:	\$32,323,014		\$35,131,249	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$298,664	\$0	\$298,895
Other / Miscellaneous	\$0	\$22,841,411	\$0	\$28,263,430
Financing Sources	\$0	\$8,068,986	\$0	\$786,209
Interest	\$0	\$10,000	\$0	\$20,000
Beginning Working Capital	\$0	\$1,103,953	\$0	\$5,762,715
Total Revenue	\$0	\$32,323,014	\$0	\$35,131,249

Explanation of Revenues

Debt service payments are collected from departments through internal service reimbursements and passed through to the Capital Debt Retirement Fund.

Per House Bill 4093, a District Court surcharge on certain traffic and parking fines will support the Central Courthouse capital construction project.

Significant Program Changes

Last Year this program was: FY 2018: 10026 Capital Debt Retirement Fund

Legal / Contractual Obligation

Pursuant to an Intergovernmental Agreement with Prosper Portland dated July 12, 2012, the County has agreed to support the six NPI districts by paying an amount equal to revenues the County receives pursuant to ORS 457.470(4) in connection with each district. This obligation continues until 2022 or until certain funding limits have been reached.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$270,000	\$0	\$370,000	\$0
Total GF/non-GF	\$270,000	\$0	\$370,000	\$0
Program Total:	\$270,000		\$370,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

These payments made from the County's General Fund.

Significant Program Changes

Last Year this program was: FY 2018: 72011 FRM Economic Development

Legal / Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$25,010,450	\$0	\$25,010,450
Debt Service	\$0	\$22,566,081	\$0	\$23,849,460
Unappropriated & Contingency	\$0	\$44,854,573	\$0	\$26,032,583
Total GF/non-GF	\$0	\$92,431,104	\$0	\$74,892,493
Program Total:	\$92,431,104		\$74,892,493	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$22,441,259	\$0	\$27,700,931
Interest	\$0	\$589,900	\$0	\$467,244
Beginning Working Capital	\$0	\$69,399,945	\$0	\$46,724,318
Total Revenue	\$0	\$92,431,104	\$0	\$74,892,493

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2019, departments will pay 7.65% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: FY 2018: 10028 PERS Pension Bond Sinking Fund

In FY 2017, the County established a PERS side account (amount \$25 million) with Oregon PERS. Existing bond fund reserves are being used to fund the side account. Creation of this account helps the County address rising PERS costs by providing PERS rate relief. A second \$25 million payment was made into another side account in FY 2018. Another \$25 million payment will be made in FY 2019. When fully amortized, these side accounts will provide rate relief of up to 2.25% of payroll.

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$110,200	\$221,395	\$0
Contractual Services	\$353,256	\$1,111,500	\$178,300	\$1,250,000
Materials & Supplies	\$0	\$27,400	\$28,000	\$0
Internal Services	\$0	\$900	\$1,800	\$0
Total GF/non-GF	\$353,256	\$1,250,000	\$429,495	\$1,250,000
Program Total:	\$1,603,256		\$1,679,495	
Program FTE	0.00	0.70	0.85	0.00

Program Revenues				
Beginning Working Capital	\$50,000	\$0	\$50,000	\$0
Total Revenue	\$50,000	\$0	\$50,000	\$0

Explanation of Revenues

This program is paid for with ongoing Video Lottery resources.
\$50,000 of OTO General Fund for temporary support and additional program expenses.

Significant Program Changes

Last Year this program was: FY 2018: 10029A SummerWorks Internship Program

The program combines two programs from FY 2018: 10029A-SummerWorks Internship Program and 10029B-SummerWorks Minimum Wage Increase.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$275,000	\$0	\$0	\$158,700
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$275,000	\$0	\$0	\$158,700
Program Total:	\$275,000		\$158,700	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Multnomah County Video Lottery Fund \$158,700

Significant Program Changes

Last Year this program was: FY 2018: 10029C SummerWorks Additional 100 Slots

In FY 2019 the SummerWorks Internship program was capitalized at 540 slots. The slot projection will increase by 60 in FY 2019.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$125,000	\$0	\$0	\$132,250
Total GF/non-GF	\$125,000	\$0	\$0	\$132,250
Program Total:	\$125,000		\$132,250	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Multnomah County Video Lottery Fund \$132,250

Significant Program Changes

Last Year this program was: FY 2018: 10029D Summerworks - High-Risk Youth

This program offer was a pilot program funded with one-time-only funding in FY 2018.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$52,000	\$0
Materials & Supplies	\$0	\$0	\$15,000	\$0
Total GF/non-GF	\$0	\$0	\$67,000	\$0
Program Total:	\$0		\$67,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental

Program Contact: Marc Jolin

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This offer supports operations for a Joint City-County Office of Homeless Services (JOHS). This office is in the third year of consolidating city and county homeless services within a lead entity, guided by the shared values and common agenda of A Home for Everyone partners, to facilitate service delivery, manage systems of care, provide funding recommendations, and implement contracting. The Joint Office is the backbone agency supporting a collective impact approach to preventing and ending homelessness in Multnomah County.

Program Summary

This program funds the operations of a Joint Office of Homeless Services. Office staff administer contracts for services, manage systems of care, oversee system reporting and evaluation, conduct homeless street counts and one-night shelter counts, and write proposals to and monitor funds issued by the U.S. Department of Housing and Urban Development's Continuum of Care program. These operations affect the lives of thousands of homeless families, youth and adults, as well as survivors of domestic violence in Portland and Multnomah County.

Homelessness is an ongoing crisis in the City of Portland and Multnomah County. In the last several years, our community has come together and responded in remarkable ways. A Home for Everyone, a multi-jurisdictional collaboration, is helping unprecedented numbers of people prevent and end their homelessness.

The office, established in 2016, brings together city and county homeless services under the roof of a "lead entity," guided by the shared values and common agenda of the A Home for Everyone partners. The Joint Office, maximizes the impact from a systems perspective. The office is hosted at the County, and reports directly to the County Chair. The Office represents a shared commitment between Multnomah County and the City of Portland to making services easier to access for those in need.

The Joint Office receives funding and policy direction from the County and the City of Portland, and policy guidance from the City of Gresham and Home Forward, providing a platform of mutual responsibility and accountability for all partners, with the added benefit of integrated staffing for enhanced operational coordination and effectiveness.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Lead community-based budget recommendation development	1	1	1	1
Outcome	Present budget recommendations to AHFE Executive Committee	1	1	1	1
Outcome	Percentage of financial reports submitted to the satisfaction of the grantor*	100%	99%	99%	99%
Output	Number of AHFE System-Level Quarterly Reports presented to the AHFE Executive Committee**	N/A	N/A	N/A	4

Performance Measures Descriptions

*FY17/18 numbers reflect grants administration measures specific to JOHS from 25002B, formerly budgeted in DCHS.

**New Performance Measure for FY 2019.

Legal / Contractual Obligation

The Joint Office of Homeless Services is authorized by a five year Intergovernmental Agreement between Multnomah County and the City of Portland executed on June 23, 2016.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,397,501	\$690,830	\$1,405,576	\$978,714
Contractual Services	\$24,600	\$0	\$0	\$0
Materials & Supplies	\$91,941	\$35,886	\$96,000	\$14,978
Internal Services	\$0	\$233,896	\$181,760	\$130,986
Total GF/non-GF	\$1,514,042	\$960,612	\$1,683,336	\$1,124,678
Program Total:	\$2,474,654		\$2,808,014	
Program FTE	11.15	5.85	9.74	9.26

Program Revenues				
Intergovernmental	\$0	\$960,612	\$0	\$1,124,678
Total Revenue	\$0	\$960,612	\$0	\$1,124,678

Explanation of Revenues

City of Portland General Fund revenues - \$268,441
HUD Continuum of Care Planning Grant (COC Planning) - \$632,691
State Emergency Housing Assistance (EHA) - \$137,824
Housing Opportunities for People with Aids (HOPWA) - \$13,500
City of Portland Housing Bureau HOPWA - \$37,500
Federal Emergency Solutions Grants (ESG) pass thru from the City of Portland - \$34,722

Significant Program Changes

Last Year this program was: FY 2018: 10050 Joint Office of Homeless Services Administration & Operations

As the Joint Office is tasked with increasing and complex responsibilities, temporary funding was reallocated to fund a 1.00 Office Assistant 2 and a 1.00 Equity & Engagement position devoted to leading the equity-focused work of A Home for Everyone and engaging the related community stakeholders to build and strengthen strategic partnerships to prevent and end homelessness. The Equity position provides advice, guidance, and support to the Director on strategies to improve and measure racial equity impacts investments and to strengthen related community engagement.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Joint Office of Homeless Services (JOHS) oversees the delivery of services to people experiencing homelessness in Multnomah County. JOHS is requesting funding to support an position to provide Emergency Planning for Street Homelessness Solutions. The Street Homelessness Emergency Planner will develop plans to prepare for, respond to, and mitigate against natural and man-made disasters for Multnomah County community members experiencing homelessness.

Program Summary

The most recent Point in Time count showed a 12% decrease of people sleeping on our streets, reflecting A Home for Everyone's priority to expand emergency shelter. However, there were still 1,668 individuals and people in families sleeping outside. As we continue to invest in shelter and affordable housing, we must meet the basic safety needs of people experiencing street homelessness, while also maintaining the safe use of public spaces for everyone. Funding for this position provides emergency planning services and coordination of public safety efforts. Multiple public safety, public space maintenance agencies, and community-based organizations have identified an increased need for collaboration among local government and outreach workers to ensure that people sleeping outside are safe, connected to resources, and informed about expectations regarding the use of public property. This program offer includes the following:

- Year-round planning support and response for emergency/disaster situations that pose increased risk for people experiencing homelessness, such as severe winter weather, flooding, extreme heat, and fires; includes coordination with County and City Emergency Management, as well as other City and County departments and offices, including park rangers and law enforcement.
- Identifying sites for long and short-term shelter spaces, as well as severe weather sites; includes evaluating potential spaces, acquiring necessary permits, and consulting with program staff regarding staffing and set-up.
- Working collaboratively to annually update Severe Winter Weather Standard Operating Procedures (SOPs), as well as SOPs for other types of emergency response (flooding, fires, extreme heat).
- Plan and coordinate "safety on the streets" activities in partnership with law enforcement, public space management, public health, and social service outreach providers, including through providing support to people experiencing homelessness to address public health and safety issues.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Complete annual JOHS Severe Weather Standard Operating Procedures for unsheltered homeless people	N/A	N/A	N/A	1
Outcome	Percentage of un-sheltered residents who seek shelter during severe weather events who receive shelter	N/A	N/A	N/A	100%
Output	Percentage of total severe weather/disaster events coordinated outreach/evacuations	N/A	N/A	N/A	100%

Performance Measures Descriptions

*In FY 2018, use of temporary staff and significant overtime by multiple staff was required to coordinate severe weather response.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$55,000	\$55,000
Total GF/non-GF	\$0	\$0	\$55,000	\$55,000
Program Total:	\$0		\$110,000	
Program FTE	0.00	0.00	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$55,000
Total Revenue	\$0	\$0	\$0	\$55,000

Explanation of Revenues

The funding for this position will be a shared responsibility between the City and County.
 City of Portland General Fund - \$55,000

Significant Program Changes

Last Year this program was:

Department: Nondepartmental
Program Offer Type: Innovative/New Program
Related Programs:
Program Characteristics:

Program Contact: Marc Jolin
Program Offer Stage: As Adopted

Executive Summary

The Joint Office of Homeless Services (JOHS) seeks to add a Deputy Director position that is critical to the success of its efforts to coordinate county-wide initiatives addressing homelessness and engagement in the causes and solutions to homelessness.

Program Summary

The Deputy Director of the JOHS will represent the JOHS in critical local, state, and federal policy and planning processes when the Director is not available or as assigned by the Director. The Deputy Director will also represent the JOHS in meetings with elected officials, community stakeholders, in public forums, in the media, and in other settings where ongoing information sharing about the efforts of the JOHS and relationship-building is critical to maintaining understanding and support for the community's ending homelessness efforts.

The Deputy Director will be part of the JOHS management team and participate in the ongoing quality improvement of the Office's internal systems, contracting, and community-based planning processes. The Deputy Director will help ensure that achieving racial equity in access to and outcomes from our ending homelessness strategies remains a centerpiece of the Office's work.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$153,000	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$153,000	\$0
Program Total:	\$0		\$153,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Improving system coordination and access is one of the core strategies of A Home for Everyone. This program funds an array of support services needed to make homeless services easier to access and more effective. These services support systems of care across populations as well as specific sub-populations (adults, families, youth, Veterans and domestic violence survivors). These supports include training, information and referral services, coordinated entry, landlord recruitment, and other similar services.

Program Summary

The effectiveness of homeless services, overall and at the population-specific level, depends on the support services funded through this program. These services include:

- **Access:** Equitable and efficient access to available services is an essential commitment of A Home for Everyone. Access starts with information about the services available, and that information must be available in a variety of formats to reach diverse populations. Programs supported in this area include telephone, online and print information and referral. Equitable and efficient access to services also requires coordinated entry systems tailored to specific populations.
- **Training/Education:** Through A Home for Everyone, our community has adopted a set of guidelines for the delivery of services, and those guidelines anticipate certain shared practices that require system-wide and population-specific training for staff. There are also training and education programs offered to support people seeking services, both community-wide and within specific populations.
- **Partnership Development:** Increasing the resources available to people experiencing homelessness, beyond those funded through the Joint Office, requires the development of partnerships that leverage resources in other systems and in the private sector. This program offer funds programs that foster these partnerships for the benefit of the effort to end homelessness as a whole and for specific populations. Examples include coordination among landlords and service providers, as well as services to recruit and support landlords to make units available for households referred through community nonprofits.
- **Point-In-Time Count:** In order to receive HUD funding, communities must conduct an annual point-in-time count of people sleeping in homeless shelters and a biennial point-in-time count of people sleeping in places not meant for human habitation (i.e. tents, cars, etc.). The sheltered and unsheltered count is a community-wide effort involving more than two dozen organizations. The funding requested will provide the support necessary to undertake a count including administrative support, communication, partner coordination, volunteer recruitment and management, as well as data entry and evaluation.
- **Mobile Navigation Services:** In collaboration with public safety, services that are responsive to people sleeping in public areas, including parks and rights-of-way; connecting individuals with information and resources to accelerate their transition to shelter or housing options, as well as other services such as transportation assistance or health care.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Shelter and housing service requests	47,507	25,000	45,000	35,000*
Outcome	Information and Referral calls answered within 5 minutes	3.89 minutes	5 minutes	4 minutes	4 minutes
Output	Number of properties in continued engagement recruited in prior fiscal year	500**	300	300	300

Performance Measures Descriptions

*Increasing contract goal as Contractor has consistently surpassed annual goal.

**One landlord that was recruited has a substantial number of units that put Contractor way over goal. Returning to baseline contract goal for FY 2019.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$348,030	\$826,160	\$360,220	\$1,045,910
Total GF/non-GF	\$348,030	\$826,160	\$360,220	\$1,045,910
Program Total:	\$1,174,190		\$1,406,130	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$826,160	\$0	\$1,045,910
Total Revenue	\$0	\$826,160	\$0	\$1,045,910

Explanation of Revenues

City of Portland General Fund - \$1,045,910

Significant Program Changes

Last Year this program was: FY 2018: 10051A System Support, Access, & Coordination

This program now includes the Annual Point in Time Count survey which was part of Program Offer 10051B in FY 2018. The City of Portland General Fund was shifted from 10053A - Housing Placement and Retention for Adults to fund the Navigation Team.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone has prioritized the expansion of emergency shelter for all populations, and the largest unmet need continues to be for adult households without children. The basic safety of people experiencing homelessness requires funding for a full range of emergency night and day shelter services, including shelter for specific populations, severe weather shelter, and associated emergency services expenses. This program will fund these critical safety services for men and women, including Veterans, in the coming year.

Program Summary

Although not a solution to homelessness, emergency shelter and associated emergency services are vital to protecting the basic health and safety of individuals and families while they are experiencing homelessness, particularly those with disabling conditions and older adults. Day and night shelters are also critical locations for people to learn about and access the services they need to find permanent housing, acquire an income, and receive health-related services. Most shelters have priority access for women, Veterans, those with disabilities and those ages 55 and older. This program offer includes the following:

- **Night shelter:** Overnight shelter programs for women, men, and couples (including Veteran-specific programming). Shelters are low-barrier and some, such as the Willamette Center, operate 24/7. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials/supplies, and on-site services.
- **Day shelter:** Day shelters serve a dual purpose of providing a safe place to be out of the elements during the day and a vital point of access to the services needed to end homelessness. Day shelters function as resource centers, bringing together numerous partners at one location to offer an array of services, including employment, health care, and education.
- **UNITY/SPMI shelter beds:** Shelter space and programming of 30 short-term shelter beds for individuals discharging from the Unity Center for Behavioral Health or regularly accessing other crisis mental health services in the community. Connecting these individuals to a supportive shelter environment will provide a safe space to maintain psychiatric stability through mental health support services and a transition to on-going behavioral health treatment and other essential services and supports. Funds will help pay shelter operating expenses including rent, staffing, materials/supplies, and on-site services.
- **Severe weather shelter:** In the event of severe weather that significantly elevates the risk to people sleeping unsheltered in our community, additional shelter capacity is created that remains in place for the duration of the severe weather event. This program includes the base funding that is contracted to a nonprofit agency to open severe weather shelter on an as-needed basis during the course of the year.
- **Emergency assistance:** This program also funds an array of services associated with ensuring basic safety, including staffing, flexible funding for material needs, and extended information and referral services during winter months.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Year-round emergency shelter beds	530	560	560	570
Outcome	Number of unduplicated individuals served in year-round emergency shelter beds*	3,058	2,772	4,000	4,070

Performance Measures Descriptions

*FY 2018 Purchased/Estimate reflects new capacity that began part way through the year. Higher current year estimates reflect ramping up of new shelters that began in late FY 2017. Capacity was expanded at the Veteran's shelter by 10 beds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$0	\$55,000
Contractual Services	\$1,251,301	\$5,245,381	\$1,231,446	\$5,499,516
Materials & Supplies	\$0	\$0	\$0	\$318,198
Internal Services	\$89,813	\$557,716	\$0	\$279,894
Total GF/non-GF	\$1,341,114	\$5,803,097	\$1,231,446	\$6,152,608
Program Total:	\$7,144,211		\$7,384,054	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$5,536,574	\$0	\$5,677,974
Total Revenue	\$0	\$5,536,574	\$0	\$5,677,974

Explanation of Revenues

City of Portland General Fund - \$5,252,392
 Multnomah County Video Lottery Funds - \$474,634
 Emergency Solutions Grant (ESG) - \$425,582

Significant Program Changes

Last Year this program was: FY 2018: 10052A Safety off the Streets - Adult Shelter

This program combines two program offers from FY 2018: 10052A Adult Shelter and 10052H Unity Shelter.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized maintaining year-round shelter, with a priority of serving highly vulnerable populations, including women. This program offer maintains essential funding for the following commitment: (1) Support 275 beds of year-round emergency shelter; and (2) Support the Gresham Women's Shelter, a Domestic Violence (DV) informed 90-bed 24/7 low-barrier shelter that opened Fall 2016.

Program Summary

A January 2015 Point-in-Time count found 566 women living on the streets. The AHFE Executive Committee increased local investment in shelter for women, and two years later the 2017 count showed a nearly 17% decrease. While good news, there were still 471 unsheltered women on a given night in Multnomah County, which requires ongoing commitment to prioritize shelter and housing resources for this population.

While not a solution to homelessness, emergency shelter is vital to protecting the basic health and safety of individuals while they are experiencing homelessness. This program funds 240 long-established emergency shelter beds for single women. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials and supplies, and on-site services.

In addition to providing a safe place to stay, these shelters are essential locations for women to learn about and access the services they need to find permanent housing, acquire an income, and receive health-related services. Services are delivered through contractors that adhere to A Home for Everyone's Community Guidelines for shelter, which includes delivering services in accordance with the principles of assertive engagement and trauma-informed care.

The Gresham Women's Shelter opened in the Fall of 2016 with 90 year-round, 24/7 emergency shelter beds. It is the first publicly funded year-round shelter for adults in Gresham. The shelter is DV-informed and designed to alleviate the pressure points in the DV system while providing homeless women with emergency shelter options. This shelter partners with 211, The Gateway Center, and Call to Safety to screen for eligibility and coordinate intake.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of year-round emergency shelter beds	330	330	330	365
Outcome	People served in year-round emergency shelter beds*	3,065	1,739	3,008	3,310

Performance Measures Descriptions

*FY 2017 outcomes were much higher than anticipated. FY 2018 program goals were set at baseline levels, and providers are again seeing a high turnover in shelter, so we are raising FY 2019 goals. Increased capacity at the SAFES Women's Shelter by 35 beds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$2,436,060	\$0	\$3,428,510
Materials & Supplies	\$0	\$0	\$90,000	\$0
Total GF/non-GF	\$0	\$2,436,060	\$90,000	\$3,428,510
Program Total:	\$2,436,060		\$3,518,510	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,436,060	\$0	\$3,428,510
Total Revenue	\$0	\$2,436,060	\$0	\$3,428,510

Explanation of Revenues

City of Portland General Fund - \$2,583,440
 State Homeless Assistance Program (SHAP) - \$434,150
 State of Oregon Emergency Housing Assistance (EHA) - \$410,920

Significant Program Changes

Last Year this program was: FY 2018: 10052B Safety off the Streets - Women's Shelter

This program combines two program offers from FY 2018: 10052B Women's Shelter and 10052C Gresham Women's Shelter/DV Shelter Preservation. The increase in other funds accounts for the additional \$10 million statewide allocation of the State Homeless Assistance Program and Emergency Housing Assistance grants. County departments were awarded the funding after the FY 2018 budget was adopted. These appropriations were reviewed during the State Rebalance process and approved by the Board in December 2017.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

In the last Point-in-Time Homeless Count (2017), nearly 1,700 people were counted sleeping outside on the streets or other public spaces - 40% of those counted. While there was an increase in the number of people staying in year-round emergency shelters from the previous year, there remain long waiting lists for existing shelters. And for some people experiencing homelessness, alternative shelter spaces, including open space pop-up shelter, better meet their needs.

Program Summary

Alternative shelter spaces provide a safe space to sleep and access resources for those who are not currently served by traditional shelters. People using these alternative shelters will have improved access to services with the goal of moving in to permanent housing as quickly as possible. The Alternative Shelter Program will bring enhanced services and supports to existing alternative shelters such as the 14 beds at Kenton Women's Village, allow for relocating existing alternative shelters to new locations, and support the creation of additional alternative shelter options.

This program will improve the alternative shelter quality and organizational capacity at existing alternative shelters, currently serving approximately 134 people a night. It will also offer system navigation and support services to alternative shelter sites to assist with transitions to permanent housing, and help cover the expense of relocating one or more the current alternative shelter sites to new locations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people served annually	N/A	N/A	N/A	134
Outcome	Percentage of people using sites to transition to permanent housing*	N/A	N/A	N/A	35%

Performance Measures Descriptions

*Based on studies by Eugene and Seattle's governments.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$200,000	\$0	\$772,630
Total GF/non-GF	\$0	\$200,000	\$0	\$772,630
Program Total:	\$200,000		\$772,630	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$200,000	\$0	\$772,630
Total Revenue	\$0	\$200,000	\$0	\$772,630

Explanation of Revenues

City of Portland General Fund - \$772,630

Significant Program Changes

Last Year this program was: FY 2018: 10052A Safety off the Streets - Adult Shelter

Last year these programs were part of the Adult Shelter program offer. This offer is a combination of existing investments and an increased investment of City of Portland General Funds to reconfigure and expand the Alternative Shelter program.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$574,840	\$768,597	\$784,960	\$1,444,790
Total GF/non-GF	\$574,840	\$768,597	\$784,960	\$1,444,790
Program Total:	\$1,343,437		\$2,229,750	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$768,597	\$0	\$1,444,790
Total Revenue	\$0	\$768,597	\$0	\$1,444,790

Explanation of Revenues

State of Oregon Emergency Housing Assistance (EHA) - \$321,310
 State of Oregon Emergency Solutions Grant (ESG)- \$113,784
 State Homeless Assistance Program (SHAP) - \$812,306
 City of Portland General Fund - \$197,390

Significant Program Changes

Last Year this program was: FY 2018: 10052D Safety off the Streets - Family Shelter

The increase in other funds represents the increased investment by the State of Oregon in Emergency Housing Assistance and the State Homeless Assistance Program funding added mid year in FY 2018 during the State rebalance.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Children are more likely to thrive, and be successful in school, when they are connected to stable housing and enriching activities. For families experiencing homelessness, Family Shelter Youth Activities provides opportunities for fun, safe activities for children, both in and out of the school environment, to relieve some of the stress of living at shelter and ensure that children continue to be successful in school.

Program Summary

As the housing crisis in our community has worsened, families experiencing homelessness are spending more time in family shelters than ever before. Families are often spending four months or more in shelter and there are limited activities in which children can participate, when they are not in school. This program offer will provide a suite of activities and services to engage youth in positive behaviors, decrease stress and improve educational outcomes.

This offer continues staff positions contracted through a nonprofit shelter provider that work in tandem with shelter staff and SUN school staff to develop a comprehensive set of support services for youth in shelter including: activities, tutoring and educational supports, outings and access to existing services at SUN schools and other youth services locations such as Boys and Girls Clubs. The offer also provides support for transportation and supplies. These contracted positions include:

A Youth Activities Coordinator at the main Family Shelter will provide healthy and engaging activities in the shelter for times when kids are not in school, including evenings, spring break and summer break. The coordinator will work with schools to ensure access for kids living in the shelter to participate in SUN activities, as well as coordinate with shelter staff to ensure that the support and services that families are receiving in the shelter will be in line with their needs.

A part-time Activity Leader will support weekly gym nights, support youth activities and help with youth supervision; and a part time assistant to increase capacity at Glenfair, where many of the kids attend school. The offer will also provide a contracted part-time early childhood activity coordinator through a nonprofit provider to engage the high number of youth under age 5 living at the shelter.

This offer leverage a parenting educator who will provide workshops for parents at the shelter to help introduce them to resources, and provide individual parent coaching. The offer also provides support for transportation and supplies.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of activities	N/A	70	70	70
Outcome	Number of youth and adults engaged in activities annually	N/A	400*	572	400
Outcome	Percentage of families engaging in one of the youth and family activities	N/A	80%	80%	80%

Performance Measures Descriptions

*In FY 2018 the program was a pilot. After reviewing actual numbers served the output measure has been recalculated to reflect actual use. Youth engagement will be duplicated across activities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$100,000	\$0	\$100,000	\$0
Total GF/non-GF	\$100,000	\$0	\$100,000	\$0
Program Total:	\$100,000		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$100,000	\$0
Total Revenue	\$0	\$0	\$100,000	\$0

Explanation of Revenues

This program is funded with Tax Title Affordable Housing (TTAH) funds.

Significant Program Changes

Last Year this program was: FY 2018: 10052M Safety off the Streets - Family Shelter Youth Activities

This program was funded with one-time-only County General Funds in FY 2018

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone has prioritized expanding shelter for vulnerable populations. Domestic violence shelters provide immediate safety and offer crisis intervention support to survivors and children fleeing domestic violence or experiencing homelessness as a result of a recent incident of intimate partner violence. These shelters provide year-round beds and are accessed by hundreds of survivors annually, 78% identifying as people of color.

Program Summary

Domestic violence (DV) is a significant contributing factor to homelessness and housing instability. Nearly four in ten women who experience domestic violence will become homeless as a result. Additionally, leaving an abusive relationship is often the most dangerous time, and survivors are frequently navigating multiple complex systems, such as child welfare, the civil legal system, and immigration. Access to a confidential emergency shelter and trauma-informed, survivor-driven services are critical for survivors seeking to establish safety for themselves and their children.

This offer supports confidential, domestic violence shelter beds, as well as crisis intervention services that are vital to protecting the health and safety of individuals and children fleeing domestic violence. Funds support shelter operation costs, staffing, limited client assistance, and wrap-around support services at four DV emergency shelters. Services include intensive DV advocacy and support, safety planning, provision of basic needs, co-advocacy within DV continuum service providers, and information and referrals to community-based services and housing programs.

This offer supports four shelters in two models: facility-based emergency shelter and master-leased units. The three facility-based confidential shelters offer 24-hour security and staff seven days a week. One shelter also utilizes four scattered site master-leased apartments to provide safety and wrap-around crisis intervention services for survivors. These scattered site units allow multi-generational and/or larger families directly impacted by DV to access services. All four shelters offer a 90-day length of stay with the possibility for extension and jointly serve more than 100 individuals per night. To ensure that survivors who are at greater danger are prioritized for these confidential shelter beds, all shelters use a coordinated triage system and a common, locally-developed screening tool (Safety and Stabilization Assessment) to articulate survivors' needs and match survivors with available shelter space.

Additionally, this program supports emergency vouchers that can be used to assist survivors in staying safe when shelter beds are full, act as bridge voucher to housing when survivors are currently homeless and in the process of attaining a permanent housing placement, and finally as a respite for women and children who are ill and unable to safely stay in the shelters. This funding provides 16 additional safe "year-round equivalent" beds for the DV system.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of year-round confidential emergency shelter beds + year-round equivalent emergency voucher beds	110	136	136	146
Outcome	Number of individuals receiving emergency shelter services*	352	484	430	484
Outcome	Number of individuals served with domestic violence emergency vouchers	462	350	350	350

Performance Measures Descriptions

*In FY 2018, 30 shelter beds were added to the system, and are still in the process of being fully incorporated.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$934,890	\$245,397	\$956,620	\$520,190
Total GF/non-GF	\$934,890	\$245,397	\$956,620	\$520,190
Program Total:	\$1,180,287		\$1,476,810	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$245,397	\$0	\$520,190
Total Revenue	\$0	\$245,397	\$0	\$520,190

Explanation of Revenues

State of Oregon Homeless Assistance Program (SHAP) - \$520,190

Significant Program Changes

Last Year this program was: FY 2018: 10052F Safety off the Streets - Domestic Violence Shelter

With the increased funding from the State for the State Homeless Assistance Program (SHAP) an additional 30 beds of emergency shelter were added to the Domestic Violence system. These funds were added mid year in FY 2018 during the State rebalance.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Reinforcing our community value that no one should be forced to sleep outside, this program continues funding the Homeless Youth Continuum's Access Center that provides low-barrier, immediate access to 60 crisis and short-term shelter options, day programs, and 24 hour coordinated access to screening, crisis and basic needs services for youth in Multnomah County. Through the Access Center, shelter and day programs, linkages are provided to a continuum of services and supports for the youth population.

Program Summary

The Homeless Youth Continuum (HYC) is a highly collaborative and coordinated system comprised of four non-profit agencies, including a culturally specific agency, that provides a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment, pregnancy and parenting support, and health services to youth up to age 25.

Homeless youth are particularly vulnerable as they attempt to survive on the streets. Over 40% of homeless youth have prior involvement in Department of Human Services (DHS) or the Juvenile Justice system, and a significant number have experienced complex trauma. Ensuring a 24-hour safety net for these youth is critical to addressing basic needs and providing linkage to longer term care options within the HYC.

The Access Center is co-located with the shelter programs and provides centralized screening via mobile and stationary staff who make eligibility determinations and refer youth to HYC programs or other appropriate systems of care. Emergency shelter is provided through a downtown-located facility with capacity for 60 people, except in winter when capacity increases to 70. All youth residing in shelter have access to meals, hygiene, information/referral, and assertive engagement (case management) services.

Day Programs are available at two locations and offer meals, hygiene, access to computers, transportation, assessment for service needs, and provide opportunities for further engagement in system services. An average of 125 youth participate in Day Programs on a daily basis.

The HYC service model is based on an assertive engagement practice that follows the principles of Positive Youth Development, and ensures services are client directed, strength-based, non-judgmental and offer relational continuity. Services are integrated with public safety and other service systems, ensuring joint planning and coordination in addressing the needs of this population.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth screened via the Access Center*	558	700	700	700
Outcome	Number of youth provided with Safety Services	1,421	1,200	1,250	1,200
Output	Number of shelter bed nights	23,536	23,400	23,400	23,400
Output	Number of youth accessing shelter*	600	700	600	600

Performance Measures Descriptions

*In FY 2017 and FY 2018, the number of youth served was under-target due to longer lengths of stay in shelter (and therefore fewer youth served) caused by a lack of affordable housing in which to house youth.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,436,460	\$228,250	\$1,486,780	\$236,240
Total GF/non-GF	\$1,436,460	\$228,250	\$1,486,780	\$236,240
Program Total:	\$1,664,710		\$1,723,020	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$228,250	\$0	\$236,240
Total Revenue	\$0	\$228,250	\$0	\$236,240

Explanation of Revenues

City of Portland General Fund - \$236,240

Significant Program Changes

Last Year this program was: FY 2018: 10052G Safety off the Streets - Youth Shelter

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Even with significant expansion of year-round emergency shelter, the urgent need for expanded winter and severe weather shelter capacity continues. This program funds additional beds of winter shelter for adults and families, expanded winter shelter for Veterans and youth, as well as severe weather beds in East County.

Program Summary

This program continues winter shelter and severe weather shelter capacity.

- **Temporary/Winter Shelter:** People with disabilities, older adults and those in poor health are particularly at risk in cold winter conditions. In FY 2018, JOHS has opened additional winter shelter beds for adults, youth, Veterans, and families. These beds have all been fully utilized. This program will allow similar capacity to be created next winter.
- **Severe Weather Shelter:** During severe weather incidents, the JOHS invests in expanded shelter capacity to ensure that no one is turned away from shelter. The majority of the funding for severe weather shelter is secured through Program Offer 10052A. However, the winter storms of 2016-2017 demonstrated the need to have a reliable funded system of additional severe weather shelter in East County. This program funds severe weather capacity in East County through a contracted nonprofit partner.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of temporary/winter shelter beds*	N/A	225	300	305
Outcome	Percentage of unsheltered who seek and receive shelter during a declared severe weather event	N/A	100%	100%	100%
Output	Number of winter/temporary equivalent emergency vouchers beds for families	N/A	200	220	200
Output	Temporary bed capacity for youth	N/A	10	10	10

Performance Measures Descriptions

Temporary winter shelter was not funded in the FY 2017 budget. Due to the unprecedented severity of the winter season, the County, City, community and business partners provided strong community support to open both temporary emergency shelter beds and create warming centers for everyone seeking shelter. *75 additional beds were added mid-year to meet the unprecedented need for family winter shelter.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$821,500	\$821,500	\$808,860	\$856,490
Total GF/non-GF	\$821,500	\$821,500	\$808,860	\$856,490
Program Total:	\$1,643,000		\$1,665,350	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$821,500	\$0	\$856,490
Total Revenue	\$0	\$821,500	\$0	\$856,490

Explanation of Revenues

City of Portland General Fund - \$856,490

Significant Program Changes

Last Year this program was: FY 2018: 10052I Safety off the Streets - Winter Shelter/Severe Weather

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized a range of highly effective housing placement and retention strategies in order to significantly reduce homelessness among vulnerable adult households. This program supports existing programming to house and retain at least 1,180 men and women experiencing homelessness through limited duration rental assistance, mobile housing placement and retention support staffing, as well as culturally-specific services. All services are delivered through skilled nonprofit partners, including culturally-specific providers.

Program Summary

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, highly flexible rent assistance, housing placement and retention support staffing, and access to income acquisition assistance. This housing placement and retention strategy, often referred to as “rapid rehousing” is a recognized national best practice and critical element of the housing placement strategies prioritized through A Home for Everyone to significantly decrease homelessness among highly vulnerable adults in Multnomah County.

This program continues a range of existing housing placement and retention strategies developed and coordinated through A Home for Everyone, including key elements of the housing placement capacity expansion initiated during FY 2017. These investments in rapid rehousing programs for adult households without children leverage significant federal, state and local resources to support the efforts of people experiencing homelessness to secure and retain permanent housing. Services are delivered by a range of highly skilled nonprofit partners and targeted to communities of color, women, and other vulnerable adults experiencing homelessness. They include flexible rent assistance and housing placement and retention staffing accessed through:

- Culturally-specific service providers serving Multnomah County’s communities of color
- Shelters, day centers and street outreach programs, including targeted outreach in Gresham and East County
- The countywide Short Term Rent Assistance program that consolidates multiple federal, state and local funding streams into aligned eviction prevention and rapid rehousing delivered through 19 non-profit partners
- Multi-agency mobile in-reach teams that include staff from culturally-specific, domestic violence, and behavioral health providers to assist adults in emergency shelters and other safety off the streets options to more quickly exit shelter and return to housing

Through these investments, at least 1,180 people will move into permanent housing and receive the housing placement, retention, and income acquisition supports they need to retain their housing. Based on current data, approximately 45% of the people housed are expected to be people of color.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people placed or retained in permanent housing through the STRA program	709	580	580	580
Outcome	Percentage of people retaining housing at 6 months	80.51%	80%	80%	80%
Output	Number of people placed or retained in permanent housing with sources other than STRA program	683	600	600	600

Performance Measures Descriptions

The outcome (percentage of people retaining housing at 6 months) is the same for both sets of output measures, and is reported as an aggregate system performance measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$787,190	\$4,186,156	\$864,120	\$4,106,366
Total GF/non-GF	\$787,190	\$4,186,156	\$864,120	\$4,106,366
Program Total:	\$4,973,346		\$4,970,486	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,186,156	\$0	\$4,106,366
Total Revenue	\$0	\$4,186,156	\$0	\$4,106,366

Explanation of Revenues

City of Portland General Fund - \$3,851,720
 City of Portland pass thru Emergency Solution Grant - \$254,646

Significant Program Changes

Last Year this program was: FY 2018: 10053A Housing Placement & Retention - Adults Only Households

In FY 2018, this program included City funded components of the Housing Transitions Program rent assistance and case management services, including expanded services to Kenton Village. These services were moved to program 10053B - Housing Placement & Retention - Women. This program includes \$50,000 of one-time-only County General Funds to support a Community Volunteer Coordinator in partnership with the City of Gresham.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

To respond to observed increases in homelessness among women, A Home for Everyone (AHFE) prioritized housing placement and retention strategies to significantly reduce homelessness among women. This program supports existing programming developed and coordinated through AHFE, targeting limited duration rental assistance, mobile housing placement and retention support staffing, and culturally-specific services to create housing stability for approximately 90 women per year.

Program Summary

In the 2017 Multnomah County Point in Time Count, 471 adult women were unsheltered on one night. Women were one of the fastest growing subpopulations within the overall homeless population (16.7% increase between 2015 - 2017). In response to this significant and growing unmet need, A Home for Everyone's Executive Committee set a priority to increase prevention, housing placement, and shelter resources to reduce unsheltered homelessness among adult women. The 2017 Point in Time Count also revealed that women of color are disproportionately represented in the unsheltered and sheltered HUD-homeless population. Therefore, the direction of the AHFE Executive Committee was not only to reduce homelessness among adult women, but more specifically to decrease racial disparities among homeless women.

This program continues existing housing placement and retention strategies directed to women, developed and coordinated through A Home for Everyone, including key elements of the housing placement capacity expansion initiated in FY 2017. Specifically, it supports outreach staffing, flexible rent assistance and a multi-agency mobile housing placement and retention team that will assist at least 90 female-headed households in moving into permanent housing. These women will be referred from safety off the streets programs or sleeping in places not meant for human habitation. The multi-agency mobile team includes staff from culturally-specific, domestic violence, and behavioral health providers to provide trauma-informed services using principles of Assertive Engagement.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Women placed into permanent housing	65	90	90	90
Outcome	Percentage of people retaining housing at 6 months	100%	80%	80%	80%
Output	Number of clients receiving supportive services, including retention	130	130	130	130

Performance Measures Descriptions

The Mobile InReach Team for Women Pilot was unable to ramp up until the the last two months of FY 2017. The program is currently on track to meet its housing placement goal of 50 women for FY 2018.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$882,410	\$0	\$986,510
Total GF/non-GF	\$0	\$882,410	\$0	\$986,510
Program Total:	\$882,410		\$986,510	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$882,410	\$0	\$986,510
Total Revenue	\$0	\$882,410	\$0	\$986,510

Explanation of Revenues

City of Portland General Fund - \$986,510

Significant Program Changes

Last Year this program was: FY 2018: 10053B Housing Placement & Retention - Women

For FY 2019 this program also includes the Housing Transitions Program rent assistance and case management services, including expanded services to Kenton Village which were previously a part of 10053A - Housing Placement and Retention Adults Only Households.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Homeless Family System of Care (HFSC) works collaboratively as a leadership/direct service team to address the unique needs of homeless families in Multnomah County. The Mobile Housing Team (MHT) will maintain its current capacity to house 400 families, and provide housing placement, ongoing support and flexible rent assistance and retention to the community's most vulnerable homeless families. MHT is a collaboration of Multnomah County and seven homeless service providers, the majority culturally specific agencies.

Program Summary

The Homeless Family System of Care (HFSC) is the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice shared budgeting, leveraging of resources, shared accountability, case consultation and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to assure racial and social justice, and a shared belief that all homeless families should be housed. The majority of agencies in the collaborative are culturally-specific providers.

This program offer continues housing placement/retention services, including short- to medium-term flexible rent assistance (0-12 months) and client assistance for families experiencing homelessness. Eligible families may be living in shelter, doubled-up, experiencing domestic violence, living on the streets or in cars, or other places not meant for human habitation. A broad definition of homelessness allows us to equitably serve families that are most vulnerable in a variety of living situations. In FY 2017, 79% of the families served through MHT identified as being from communities of color, achieving the A Home for Everyone goal of improving access and outcomes for these communities.

Homeless families access the system through Coordinated Access staff, who screen families for immediate safety and overall vulnerability. Because many more families are seeking housing assistance than MHT is resourced to provide, families are prioritized based on vulnerability, housing opportunity and provider capacity.

This program leverages federal and state funding including U.S. Department of Housing and Urban Development grants. The system collaborates with the Department of Human Services (DHS), which provides a full-time DHS staff who is an integrated member of the team and provides eligibility assistance and benefits acquisition.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households placed in housing	421	400	400	400
Outcome	Percentage of households who remain housed 12 months after exit	84%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$3,772,613	\$958,370	\$3,811,710	\$991,920
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$3,772,613	\$958,370	\$3,811,710	\$991,920
Program Total:	\$4,730,983		\$4,803,630	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$958,370	\$0	\$991,920
Total Revenue	\$0	\$958,370	\$0	\$991,920

Explanation of Revenues

City of Portland General Fund - \$991,920

Significant Program Changes

Last Year this program was: FY 2018: 10053C Housing Placement & Retention - Homeless Families (Part I)

This program combines two offers from FY 2018: 10053C Homeless Families (Part I) and 10053D Homeless Families (Part II).

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized a range of highly effective housing placement and retention strategies focused on placing people directly from shelter in order to significantly reduce homelessness among vulnerable adult households. This program uses existing programming to house and retain an additional 85 men and women experiencing homelessness through limited duration rental assistance, mobile housing placement and retention support staffing, as well as culturally-specific services. All services are delivered through skilled nonprofit partners including culturally-specific providers.

Program Summary

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, highly flexible rent assistance, housing placement and retention support staffing, as well as income assistance. This housing placement and retention strategy, often referred to as “rapid rehousing” is a recognized national best practice and critical element of the housing placement strategies prioritized through A Home for Everyone to significantly decrease homelessness among those who are highly vulnerable in Multnomah County.

This program offer uses the range of existing housing placement and retention strategies developed and coordinated through A Home for Everyone, including key elements of the housing placement capacity expansion initiated during FY 2017. These investments in rapid rehousing programs support the efforts of people experiencing homelessness to secure and retain permanent housing.

Services are delivered by highly skilled nonprofit partners and targeted to communities of color, women, and other vulnerable adults experiencing homelessness. They include flexible rent assistance and housing placement and retention staffing accessed through:

- Emergency shelters and day centers; and
- Multi-agency mobile in-reach teams that include staff from culturally-specific, domestic violence, and behavioral health providers to assist adults in emergency shelters to more quickly exit shelter and return to housing.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people placed or retained in permanent housing	N/A	N/A	N/A	85
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	80%

Performance Measures Descriptions

The outcome (percentage of people retaining housing at 6 months) is reported as an aggregate system performance measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$0	\$1,000,000
Total GF/non-GF	\$0	\$0	\$0	\$1,000,000
Program Total:	\$0		\$1,000,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

City of Portland General Fund - \$1,000,000

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone prioritizes addressing the intersection of homelessness and domestic violence. Many survivors must leave their home to be safe, while others face eviction due to problems created by an abusive partner's behavior. Rapid re-housing is a nationally recognized best practice to address homelessness for individuals fleeing domestic violence who are in need of financial assistance and support. This program provides housing and support services to more than 550 individuals of whom 85% identify as people of color.

Program Summary

Rapid re-housing programs provide advocacy support and financial assistance to help survivors and their children quickly establish safe, permanent housing after fleeing domestic violence (DV). Providers assist survivors with safety planning, reducing barriers to safe housing, identifying housing options, advocating with landlords, providing flexible financial assistance for housing placement and retention, and connecting survivors to community resources. This program supports:

- Rapid rehousing housing placements and support services, including advocacy, case management, client assistance, rent assistance and safety planning. Additionally, participants receive support for housing retention through the provision of vocational, educational, and financial management training to help increase their economic stability.
- Domestic Violence Housing Advocacy at culturally-specific domestic violence programs, providing rapid re-housing services, as well as eviction prevention for survivors who can safely remain in their homes.
- Shared housing for survivors and their children through democratically run homes. Funding assists with move-in costs, rent assistance, and short-term needs, and participants have access to case management, economic empowerment services, and advocacy support.
- Mobile DV Community Advocacy at non-traditional DV services settings, connecting survivors in need of DV specific services with safety planning, barrier removal, flexible client assistance, and referrals to DV housing programs and other community resources.
- Shelter to Stabilization Advocacy co-located at domestic violence emergency shelters, to assist survivors with barrier removal to employment and housing, client assistance for short-term needs, and referrals to housing programs and community resources.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of participants served	626	500	550*	550
Outcome	Percentage of participants who will exit to permanent housing	89%	85%	85%	85%

Performance Measures Descriptions

*FY 2018 estimates reflect challenges around finding housing that is both safe and affordable and transitions with previously contracted providers at the beginning of the fiscal year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,629,368	\$780,984	\$1,633,084	\$838,630
Total GF/non-GF	\$1,629,368	\$780,984	\$1,633,084	\$838,630
Program Total:	\$2,410,352		\$2,471,714	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$780,984	\$0	\$838,630
Total Revenue	\$0	\$780,984	\$0	\$838,630

Explanation of Revenues

Department of Justice Office of Violence Against Women (OVW) - \$157,500
 Housing & Urban Development Horizons Domestic Violence - \$640,295
 City of Portland General Fund - \$40,835

Significant Program Changes

Last Year this program was: FY 2018: 10053E Housing Placement & Retention - Domestic Violence (Part I)

This program offers combines two programs from FY 2018: 10053E Domestic Violence (Part I) and 10053F Domestic Violence (Part II).

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized a range of effective housing placement and retention strategies in order to reduce homelessness among highly vulnerable adult households including seniors. This program supports existing programming coordinated through AHFE, including rent assistance, housing placement and retention, and supportive services to provide stability for seniors experiencing or at risk of homelessness. All services are delivered through skilled nonprofit partners.

Program Summary

In the 2017 Point In Time Count, nearly 20% (816) of those counted were 55 and older. There was a 14.5% increase from 2015 in adults 55 to 69. In addition, 44 of those counted were 70 and older, a nearly 50% increase from 2015.

For the majority of seniors experiencing homelessness, returning to permanent housing requires a combination of limited duration, highly flexible rent assistance, housing placement and retention support staffing, and income acquisition assistance. This housing placement and retention strategy, often referred to as “rapid rehousing” is a recognized national best practice and critical element of the housing placement strategies prioritized through A Home for Everyone to significantly decrease homelessness among highly vulnerable adults experiencing homelessness throughout Multnomah County.

This program continues housing placement and retention strategies developed and coordinated through A Home for Everyone, specifically targeted to meet the needs of seniors. These targeted investments highly leverage other federal, state and local resources including Medicaid, affordable housing units and permanent rental subsidies to support the needs of seniors experiencing homelessness. Services are delivered by multiple highly skilled nonprofit partners that provide flexible rent assistance and housing placement and retention staffing to assist seniors experiencing or at risk of homelessness into other leveraged permanent housing resources.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of seniors placed into permanent housing or prevented from eviction	505*	400	400	400
Outcome	Percentage of seniors retaining housing at 12 months	90%	80%	80%	80%

Performance Measures Descriptions

*Rent assistance funds were added mid-year in FY 2017, enabling to serve more than the initial goal. FY 2018 returned to base level funding.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$565,470	\$0	\$585,270
Total GF/non-GF	\$0	\$565,470	\$0	\$585,270
Program Total:	\$565,470		\$585,270	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$565,470	\$0	\$585,270
Total Revenue	\$0	\$565,470	\$0	\$585,270

Explanation of Revenues

City of Portland General Fund - \$585,270

Significant Program Changes

Last Year this program was: FY 2018: 10053G Housing Placement & Retention - Medical/Aging

In FY 2018, this program included components of the Community Engagement Program housing, case management and support services. These services were moved to program 10054B - Supportive Housing - Mental Health/Medical Supportive Housing.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone partners have prioritized permanent housing placement for vulnerable populations, including homeless youth. The Homeless Youth Continuum, through this program and program 10053I, maintains existing capacity to provide services essential to achieving successful housing and developmental outcomes for homeless youth, including case management, recovery-oriented services, peer mentorship, health and parenting resources, as well as housing placement/retention.

Program Summary

The Homeless Youth Continuum (HYC) is a highly collaborative and coordinated system comprised of four non-profit agencies, including a culturally-specific agency, that provides a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment, pregnancy and parenting support, and health services to homeless youth up to age 25. This program maintains current capacity to provide essential housing and developmental supports for youth, including Assertive Engagement, Parenting Education, Recovery Oriented Supports & Engagement (ROSE), and housing placement and retention supports. Services include:

- **Assertive Engagement (case management):** These services are fundamental to moving youth into independence by providing access, assessment, transition planning and support by staff that are relationship focused, mobile, and operate throughout Multnomah County. AE staff provide linkage to education, employment, health, mental health and addictions treatment, housing services, and provide follow up care upon exit from programs.
- **Parenting Support:** Over the last three years, HYC has seen a 25% increase in the number of youth accessing services who are pregnant and parenting. With supports on-site and at mobile locations, HYC can provide both culturally appropriate services and meet the developmental needs of pregnant and parenting youth. Housing placement funds are provided to house youth in appropriate housing options.
- **Recovery Oriented Supports & Engagement (ROSE):** For the majority of youth served, access to mental health and addiction recovery support services is essential to their housing and developmental success. 93% of youth served have either addiction or mental health issues, with 53% reporting co-occurring issues. The ROSE program provides certified staff and peer mentors who engage homeless youth in recovery supports, conduct assessments, and connect youth to formal treatment programs, provide follow up care, on-going support in group settings, and healthy recreation alternatives.
- **Housing:** Programs provide a range of developmentally appropriate housing options. Many homeless youth lack rental histories or have other barriers to finding safe, stable housing. Housing options include onsite housing with 24 hour staffing, scattered site housing, rapid re-housing, shared, and group housing. Youth can access the options that best fit their needs and can move within the types of housing as needed. Housing navigators help youth search for best fit housing and provide retention supports.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of youth receiving recovery support services	735	700	700	700
Outcome	Number of youth remaining in safe, stable housing at 6 month follow up	81%	65%	70%	70%
Output	Number of youth receiving pregnancy and parenting supports	125	110	120	120
Output	Number of youth receiving housing placement and retention supports*	418	460	460	460

Performance Measures Descriptions

Funding for these services was increased in FY 2017.

*In FY 2017, number was under target due to youth staying in housing longer, limiting the number of new youth to whom the system could provide rent assistance and housing supports.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$2,566,433	\$1,467,977	\$2,607,780	\$1,702,639
Total GF/non-GF	\$2,566,433	\$1,467,977	\$2,607,780	\$1,702,639
Program Total:	\$4,034,410		\$4,310,419	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,467,977	\$0	\$1,702,639
Total Revenue	\$0	\$1,467,977	\$0	\$1,702,639

Explanation of Revenues

Housing & Urban Development Homesafe - \$462,671
 Housing & Urban Development Horizons Youth - \$197,676
 Housing & Urban Development Pathways Housing for Youth with Mental Health - \$46,673
 Housing & Urban Development Pathways Youth Housing - \$20,833
 State of Oregon Emergency Housing Assistance (EHA) - \$254,126
 City of Portland General Fund - \$720,660

Significant Program Changes

Last Year this program was: FY 2018: 10053H Housing Placement & Retention - Youth (Part I)

This program offer combines two programs from FY 2018: 10053H Youth (Part I) and 10053I Youth (Part II).

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone's "A Home for Every Veteran" initiative successfully created a system capable of offering permanent housing to more than 600 homeless Veterans during last fiscal year. This program offer will ensure that we continue to leverage federal HUD and VA resources, as well as State EHA funds, to meet the short-term rent assistance and barrier mitigation needs of Veterans who become homeless in our community. This program will help at least 175 Veteran households end or prevent their homelessness.

Program Summary

In January 2015, the County Chair and Portland's Mayor joined the national "Mayors' Challenge to End Veteran Homelessness" and Portland was chosen to participate in the federal 25 Cities Initiative to End Veteran Homelessness. In order to achieve a functional end to Veteran homelessness, our community was required to build a system that could offer permanent housing to at least as many Veterans as are expected to become homeless in Multnomah County during a single year. Based on a point-in-time count conducted in January 2015, that number was estimated at 690. As of the end of December 2015, we had successfully housed 695 Veterans and by the end of 2016 more than 1,300 Veterans had returned to permanent housing. As a result of our efforts, Portland was the first West Coast city certified by the U.S. Interagency Council on Homelessness as having effectively ended Veteran homelessness.

The capacity to house this number of Veterans depends, to a significant extent, on federal funding in the form of Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF). It also relies on a commitment of 50 Housing Choice Vouchers and 50 subsidized housing units by Home Forward. While we anticipate that federal funding will remain available in FY 2019, these federal funds are not enough to help Veterans move into housing if they have significant barriers or lack security deposit funds. The federal funds also have limitations on eviction prevention assistance, and eligibility restrictions that limit who among homeless Veterans can be served.

The flexible rent assistance and barrier mitigation funds available through this program offer allow housing staff the ability to assist with an array of services. This includes security deposits, helping with utility/past property debts, limited term rent assistance, legal fees and moving fees.

This program provides sufficient short-term rent assistance, housing staff and flexible client assistance in order to meet the needs of all Veterans who will become homeless in Multnomah County in the coming year, and to prevent a return to homelessness for Veterans needing eviction prevention services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households placed or retained	182	164	175	175
Outcome	Number of households retaining housing 12 months post subsidy	80%	70%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$183,600	\$767,984	\$190,670	\$695,526
Total GF/non-GF	\$183,600	\$767,984	\$190,670	\$695,526
Program Total:	\$951,584		\$886,196	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$767,984	\$0	\$695,526
Total Revenue	\$0	\$767,984	\$0	\$695,526

Explanation of Revenues

State of Oregon Emergency Housing Assistance (EHA Veterans) - \$71,408
 State of Oregon Lottery Funds (Lottery Veterans) - \$55,298
 City of Portland General Fund - \$568,820

Significant Program Changes

Last Year this program was: FY 2018: 10053J Housing Placement & Retention - Veterans

There is no reduction in services. The reduction in "Other Funds" is due to the technical limitation in assigning the historical revenues and expenditures.

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized supportive housing programs to meet the needs of adults experiencing homelessness who are in recovery or who have significant disabilities. This program continues highly effective limited duration housing with intensive attached services, as well as permanently affordable rent assistance and longer-term wrap around support services that will lead to more people assisted in moving into and retaining permanent housing. These housing strategies are nationally recognized best practices, and leverage other state, local and federal resources.

Program Summary

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations to significantly reduce: (a) unmet need for permanent housing, (b) the over-representation of people of color among the homeless population, and (c) unsheltered homelessness among women, Veterans and people with severe and persistent mental illness. Within AHFE priority populations are adults in the early stages of recovery from an alcohol or drug addiction and other adults with significant disabilities, including Veterans. This program offer provides continued support for two types of programs prioritized by and coordinated through AHFE for these individuals – transitional recovery housing and supportive housing.

Transitional housing is an effective program model for people experiencing homelessness in the early stages of recovery from an alcohol or drug addiction. Transitional housing programs typically provide no-cost or extremely low-cost housing for up to two years, coupled with intensive recovery support services tailored to the needs of the program’s target population.

On any given night, there are nearly 1,300 individuals who have been homeless for more than a year and are living with one or more severe disabilities. These individuals are considered chronically homeless. Supportive housing programs are our community’s most effective response to chronic homelessness. Offering a combination of permanently affordable housing and appropriate ongoing support services has proven locally and nationally to be the most effective and cost effective way to end the homelessness of this population. This program supports a range of supportive housing for highly vulnerable disabled adults. In some cases, funding is used to provide only the support services because rent assistance is provided through, for example, a grant from the U.S. Department of Housing and Urban Development (HUD). In other cases, funds support primarily the long term rental subsidy needs of program participants, and support services are leveraged through other systems, such as the health care system. Finally, there are programs where local funds provide both the rental assistance and the bulk of the support services because of the unique needs of the subpopulation served by the program and/or the absence of other sources of support.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people placed into or retained in permanent housing	1,766	1,580	1,580	1,590
Outcome	Percentage of people retaining housing at 6 months	80%	90%	90%	90%

Performance Measures Descriptions

Retention rates were increased to align with AHFE retention goals. Many of these are new programs and retention rates should increase.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,288,940	\$4,643,640	\$1,347,840	\$4,391,370
Total GF/non-GF	\$1,288,940	\$4,643,640	\$1,347,840	\$4,391,370
Program Total:	\$5,932,580		\$5,739,210	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,643,640	\$0	\$4,391,370
Total Revenue	\$0	\$4,643,640	\$0	\$4,391,370

Explanation of Revenues

City of Portland General Fund - \$4,391,370

Significant Program Changes

Last Year this program was: FY 2018: 10054A Supportive Housing - Adults Only Households

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized a range of supported housing programs to meet the needs of hundreds of adults experiencing homelessness who are disabled by mental illness or medical conditions including HIV/AIDS. This offer continues highly effective permanently affordable rent assistance and longer-term wrap around support services that will assist people to access or retain permanent housing. These supportive housing strategies are nationally recognized best practices, and local funds are coordinated through AHFE to highly leverage other state, local and federal resources.

Program Summary

On any given night, there are nearly 1,300 individuals who have been homeless for more than a year and are living with one or more severe disabilities. These individuals are considered chronically homeless. This program provides continued support for permanent supportive housing (PSH) for adults who are disabled by a variety of medical/mental health conditions, including HIV/AIDS. The program continues a range of housing placement and retention strategies developed and coordinated through A Home for Everyone, each specifically targeted to meet the needs of chronically homeless individuals. These targeted investments highly leverage other federal, state and local resources including through the U.S. Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) and Continuum of Care (CoC) programs, Medicaid, affordable housing units and permanent rental subsidies to support the needs of vulnerable adults experiencing homelessness to secure and retain permanent housing.

Permanent Supportive Housing (PSH) programs are our community's most effective response to chronic homelessness. Offering a combination of permanently affordable housing and ongoing support services has proven locally and nationally to be the most effective and cost effective strategy. This program offer supports a range of PSH programs for highly vulnerable adult households disabled by mental illness and/or or serious health conditions, including HIV/AIDS. In some cases, funding is used only to provide match for a HUD CoC or HOPWA grant. In other cases, funds support primarily the long term rental subsidy needs of program participants, and support services are leveraged through other systems.

Services are delivered by skilled nonprofit partners that provide housing, intensive case management and support services for chronically homeless adults who have a combination of diagnoses including chemical dependency, mental illness, cognitive and/or physical disabilities, and/or chronic medical conditions. Other specific activities include, intensive street engagement staffing working in collaboration with Portland Police Bureau Neighborhood Response Team officers to provide housing placement and retention for people with mental illnesses; mental health street outreach coupled with flexible housing placement and permanent rental assistance subsidies; supportive service staffing to support facility-based permanent supportive housing for people with mental illnesses; facility- and tenant-based supportive housing rental assistance and staffing for those who are exiting the Unity Center or for people living with HIV/AIDS.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number placed into or retained in permanent housing	827	830	830	830
Outcome	Percentage of people retained in housing at 6 months after exit	80%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$800,000	\$3,743,932	\$50,000	\$4,714,821
Internal Services	\$0	\$0	\$0	\$207,804
Total GF/non-GF	\$800,000	\$3,743,932	\$50,000	\$4,922,625
Program Total:	\$4,543,932		\$4,972,625	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,743,932	\$0	\$4,922,625
Total Revenue	\$0	\$3,743,932	\$0	\$4,922,625

Explanation of Revenues

City of Portland General Fund - \$2,502,710
 Federal Housing for Persons Living with AIDS (HOPWA) - \$382,415
 City of Portland Housing Bureau HOPWA - \$1,287,500
 Multnomah County Supportive Housing Fund - \$750,000

Significant Program Changes

Last Year this program was: FY 2018: 10054B Supportive Housing - Mental Health/Medical Supportive Housing
 \$750,000 of County General Fund was budgeted in the new Supportive Housing Fund (1521). Although shown in the program as "Other Funds" this funding is still County General Fund.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$175,000	\$0	\$362,260	\$0
Total GF/non-GF	\$175,000	\$0	\$362,260	\$0
Program Total:	\$175,000		\$362,260	
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 2018: 10053L Housing Placement & Retention - Local Long Term Rental Vouchers

Department: Nondepartmental

Program Contact: Marc Jolin

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

A Home for Everyone (AHFE) has prioritized supported housing programs to meet the needs of families with long-term experiences of homelessness and at least one family member who has a significant disability. This program creates longer-term rent assistance vouchers and wrap around support services to help move 20-25 of the hardest to house families (60-100 total people) from family shelters into permanent housing. Supportive housing strategies are nationally recognized best practices and can leverage existing market-rate and new affordable housing.

Program Summary

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations to significantly reduce: (a) unmet need for permanent housing, (b) the over-representation of people of color among the homeless population, and (c) unsheltered homelessness among women, Veterans and people with severe and persistent mental illness. Within AHFE priority populations are families with long-term experiences of homelessness and at least one family member who has a significant disability.

Between 2015 and 2017, the number of people in chronically homeless families in emergency shelter increased by more than 30%. Other families experiencing homelessness also face multiple barriers to housing and will require long-term assistance to gain and retain housing. These families are disproportionately families of color, are among some of the hardest to house, and are the longest-term stayers in our family shelters. This program expands supportive housing resources to serve these families, offering them access to permanent housing while freeing up scarce and expensive shelter capacity for other families.

Offering a combination of longer-term rental support and appropriate ongoing support services has proven to be an effective and cost effective way to end the homelessness of this population. This program will expand supportive housing programming for highly vulnerable, long-term shelter families with children by providing rental assistance vouchers and wrap-around services to 20-25 families. While not a permanent rental subsidy, the proposed 24 month subsidy is long enough to leverage existing market-rate and newly developed or acquired affordable housing and to use progressive engagement strategies to either transition families off of subsidies altogether or, if needed, onto a more permanent subsidy program.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people in families placed into or retained in permanent housing	N/A	N/A	N/A	75
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$600,000	\$0
Total GF/non-GF	\$0	\$0	\$600,000	\$0
Program Total:	\$0		\$600,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone (AHFE) has prioritized supportive housing programs to meet the needs of people who have one or more disabilities and have experienced long periods of homelessness. This program continues highly effective limited duration housing with intensive attached services, as well as permanently affordable rent assistance and longer-term wrap around support services that will lead to more people assisted in moving into and retaining permanent housing. These housing strategies are nationally recognized best practices, and leverage other state, local and federal resources.

Program Summary

The Executive Committee of A Home for Everyone (AHFE) adopted a set of recommendations to significantly reduce: (a) unmet need for permanent housing, (b) the over-representation of people of color among the homeless population, and (c) unsheltered homelessness among women, Veterans and people with severe and persistent mental illness. Within AHFE priority populations are people in the early stages of recovery from an alcohol or drug addiction and other people with significant disabilities, including Veterans. This program offer provides expanded supportive housing for for people with one or more disabilities and long term experiences of homelessness.

Supportive housing is for those who would not be successful in their housing without additional supportive services, and for whom services would be less effective without stable housing. Permanent supportive housing serves those with long-term disabilities, including mental illness and addictions, who usually have long-term or cyclical homelessness in their background. Transitional housing serves those who require a level of intensives services, but not necessarily permanently and are at high risk of becoming chronically homeless.

This program expands a range of supportive housing for highly vulnerable people experiencing or at risk of homelessness. In some cases, funding may be used to provide only the support services because rent assistance is provided through, for example, a grant from the U.S. Department of Housing and Urban Development (HUD). In other cases, funds may support primarily the long term rental subsidy needs of program participants, with support services leveraged through other systems, such as the health care system. Finally, there are programs where local funds may provide both the rental assistance and the bulk of the support services because of the unique needs of the subpopulation served by the program and/or the absence of other sources of support.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of people placed into or retained in permanent housing	N/A	N/A	N/A	166
Outcome	Percentage of people retaining housing at 6 months	N/A	N/A	N/A	90%

Performance Measures Descriptions

Retention rates were increased to align with AHFE retention goals. Many of these are new programs and retention rates should increase.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$0	\$1,945,000
Total GF/non-GF	\$0	\$0	\$0	\$1,945,000
Program Total:	\$0		\$1,945,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,945,000
Total Revenue	\$0	\$0	\$0	\$1,945,000

Explanation of Revenues

City of Portland General Fund - \$1,945,000

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Several A Home for Everyone workgroups identified diversion as a critical strategy to reduce the number of people experiencing street and shelter homelessness in our community. This program continues existing capacity to divert people from homelessness through partnerships with the domestic violence system, the family system, the corrections and healthcare systems, as well as 211info. Together these investments will divert hundreds of men, women and children from street and shelter homelessness.

Program Summary

Diversion programs vary by implementation, but have in common the assessment of an individual who is facing living on the streets or in shelter to determine whether they have a housing option they could access with a modest, typically one-time, investment. Diversion is recognized nationally and locally as a critical tool in reducing street and shelter homelessness.

- Family Diversion has been a successful intervention for both preventing families from coming to emergency shelter and moving families out of shelter quickly. All families are surveyed to determine if they have an immediate housing option and, if so, diversion resources are used to help them capitalize on that opportunity.
- Corrections Diversion resources are directed to people leaving incarceration through a partnership with DCJ that offers access to employment, treatment, and housing assistance resources to ensure that they do not become homeless. 42% of participants are from communities of color.
- DV Diversion services focus on preventing homelessness and diverting domestic violence survivors and their children from shelters through eviction prevention or housing placement. Diversion services offer flexible, rapid responses that allows survivors to avoid the trauma and safety risks of becoming homeless. These services reach hundreds of survivors annually and serve a diverse population, with 75% identifying as people of color.
- Hospital Diversion partners with the hospital system to provide essential rental assistance and care coordination resources to hospital discharge workers to allow patients to discharge to housing options and not to the streets or shelter.
- Transportation Program diverts individuals from the streets and shelter through one-time transportation assistance to a location where they have a verified housing option. Most commonly this program reunites individuals with family in other communities.
- Benefit Assistance serves homeless and formerly homeless individuals with assistance in securing Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and/or Medicaid and Medicare benefits. A team of disability specialists, and a workflow system with federal and local benefits agencies, streamline and expedite the application process. When individuals are awarded benefits, not only do they have income which helps them pay for housing, they are awarded Medicaid which brings a tremendous amount of resources to the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of participants receiving diversion services	1,558	1,495	1,845	1,830
Outcome	% of DV survivors exiting to permanent housing	95%	95%	95%	95%
Output	Number of DV survivors diverted from homelessness	215	215	215	250

Performance Measures Descriptions

This program offer supports multiple diversion programs, with various outcome measures. We're highlighting outcomes for the Domestic Violence diversion program.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$601,970	\$1,356,060	\$657,710	\$1,466,815
Total GF/non-GF	\$601,970	\$1,356,060	\$657,710	\$1,466,815
Program Total:	\$1,958,030		\$2,124,525	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,356,060	\$0	\$1,466,815
Total Revenue	\$0	\$1,356,060	\$0	\$1,466,815

Explanation of Revenues

City of Portland General Fund - \$1,466,815

Significant Program Changes

Last Year this program was: FY 2018: 10055A Diversion

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 10052D
Program Characteristics:

Executive Summary

A Home for Everyone has identified diversion as a critical strategy to reduce the number of families experiencing homelessness in our community and assist them in finding possible housing options outside of the traditional homeless system. This program expands existing shelter diversion capacity to divert families from street and shelter homelessness.

Program Summary

The Homeless Family System of Care (HFSC) provides low-barrier and traditional shelter for homeless families in Multnomah County. Over the past two years, there has been an unprecedented influx of families requesting shelter and housing services in our community. Diversion services assist families who are requesting homeless housing resources (e.g. shelter) in finding possible housing options outside of the traditional homeless system, ensuring that immediate and alternative arrangements are fully explored and supported while reserving shelter beds for those families that are the most vulnerable and have no other options. This program will divert 148 households, approximately 355 parents and children, from street and shelter homelessness.

Through the Homeless Family System of Care coordinated entry process, families in shelter and those inquiring about shelter are assessed immediately for available Mobile Housing and Shelter Diversion Program resources. Diversion funding allows a flexible approach to meet the unique needs of families and to quickly support pathways out of housing crises that may include assisting families with re-securing housing, eviction prevention, move-in costs, and relocation. A diversion intervention allows families to determine what stabilization looks like for their unique situation and encourages families to look at immediate supports they may have in their lives, and consider them resources.

As an intervention, diversion is considered a trauma informed approach that keeps families stable in their communities and allows them to consider alternatives to shelter. Diversion is recognized nationally and locally as a critical tool in reducing street and shelter homelessness.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households assisted with diversion funds	N/A	N/A	N/A	148
Outcome	Percentage of households retaining housing at 6 months	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$370,000	\$0
Total GF/non-GF	\$0	\$0	\$370,000	\$0
Program Total:	\$0		\$370,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$370,000	\$0
Total Revenue	\$0	\$0	\$370,000	\$0

Explanation of Revenues

This program is funded with Tax Title Affordable Housing (TTAH) funds

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

A Home for Everyone partners have prioritized alignment of employment and housing resources to help people who are experiencing or at-risk of homelessness achieve long-term economic and housing stability. This highly effective program connects employment and housing resources for homeless families, youth and communities of color.

Program Summary

Following recommendations of the A Home For Everyone (AHFE) Workforce & Economic Opportunity Workgroup, this program sustains critical capacity in several targeted employment and housing initiatives, with an emphasis on meeting the needs of families, youth, and communities of color. All programs assist households experiencing homelessness or housing instability by offering a combination of housing assistance and access to a range of workforce supports, provided in a culturally specific or culturally responsive manner. Together, these programs will provide at least 400 individuals with employment services and 110 households with rent assistance or eviction prevention supports. Programs include:

- Family Employment Services provide capacity to an existing network of six nonprofit employment providers, to connect families to career track employment services, housing resources and community-based support, and to the Employment Opportunity Program (EOP). Participants who are survivors of domestic violence and/or who are eligible for Supplemental Nutrition Assistance Program (SNAP) are prioritized.
- Youth Employment Services expands capacity provided by Homeless Youth Continuum partners to improve employment and housing alignment through pre-readiness support, job training, day labor opportunities and work experiences/internships.
- Equitable Access to Employment, implemented by a culturally-specific provider, supports individuals and families seeking employment and experiencing homelessness to secure culturally-specific employment services.
- Adult Employment Services and Rent Assistance provides capacity through the EOP, and its multiple culturally-specific providers, to offer employment and housing support for adults, including adults in couples or parents with adult children, rent assistance for housing placement, and career coaching and expanded one-stop employment services and resources to serve young adults of color, many of whom are exiting the corrections system.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Individuals receiving employment services and supports*	392	400	400	400
Outcome	Number of employment placements	149	225	225	225
Outcome	Number of households receiving rent assistance or eviction prevention	84	100	100	110

Performance Measures Descriptions

*The program funding was authorized after the start of the FY 2017 and implemented after the first quarter which is why the outputs and outcomes were under target (as they represent only three quarters of a year).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$511,240	\$859,390	\$0	\$1,418,630
Total GF/non-GF	\$511,240	\$859,390	\$0	\$1,418,630
Program Total:	\$1,370,630		\$1,418,630	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$859,390	\$0	\$889,480
Total Revenue	\$0	\$859,390	\$0	\$889,480

Explanation of Revenues

City of Portland General Fund - \$889,480
 Multnomah County Video Lottery Fund - \$529,150

Significant Program Changes

Last Year this program was: FY 2018: 10056A Employment Programs (Part I)

This program offer combines two programs from FY 2018: 10056A Employment Programs (Part I) and 10056B Employment Programs (Part II).

Department: Nondepartmental **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

A Home for Everyone partners have prioritized alignment of employment and housing resources to help people experiencing/at-risk of homelessness achieve long-term housing stability. This provides additional resources to connect employment and housing resources for families, youth, and communities of color. It also help maximize the benefits of employment and housing assistance by ensuring they are appropriately integrated.

Program Summary

Following recommendations of the A Home for Everyone (AHFE) Economic Opportunity Workgroup, this program assists households experiencing homelessness or housing instability by combining housing assistance and access to a range of workforce supports, provided in a culturally-specific or culturally-responsive manner. This program offer represents an expansion of rent assistance funding for 55 participants through the Employment Opportunity Program (EOP), that has demonstrated to be a highly effective system's alignment of housing and employment supports.

Employment Services and Rent Assistance provides capacity through the EOP, and its multiple culturally-specific providers, to offer employment and housing support for adults, including adults in couples or parents with adult children, rent assistance for housing placement, eviction prevention, and career coaching; expanded one-stop employment services at an employment express center and dedicated rental assistance funding to serve young adults of color, many of whom are exiting the corrections system.

EOP partners have seen that participants who are homeless or struggling to maintain their housing face many challenges engaging in employment services, and often leave the program without completing their career goals. A recent report commissioned by Meyer Memorial Trust showed that 67% of participants who received rent assistance supports were more likely to obtain career track employment and increased their income at double the rate of those without housing assistance. Housing supports give participants the stability they need to focus on and commit to their career goals, leading to higher wages at program exit and allows them to meet the ever-rising cost of housing in our region.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Individuals receiving housing supports (rent assistance or eviction prevention)	N/A	N/A	N/A	55
Outcome	Individuals remaining in stable housing at 6 months	N/A	N/A	N/A	80%
Outcome	Individuals remaining in stable housing at 12 months	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
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:

Legal / Contractual Obligation

HB 2195, approved by the Oregon Legislature in 2015, amends ORS 275.275, and is effective January 1, 2016. That statute defines the expenses to be paid from proceeds of sales of real property acquired by foreclosure of a delinquent tax lien or by exchange for land originally acquired by foreclosure of delinquent tax liens; and the purposes for which the net proceeds must be used.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$4,683,640	\$0	\$3,805,000	\$0
Total GF/non-GF	\$4,683,640	\$0	\$3,805,000	\$0
Program Total:	\$4,683,640		\$3,805,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$4,683,640	\$0	\$3,805,000	\$0
Total Revenue	\$4,683,640	\$0	\$3,805,000	\$0

Explanation of Revenues

This program includes \$2,755,000 million of carryover from FY 2018. It also includes anticipated net proceeds from sales of foreclosed properties, after operating expenses during FY 2018, for credit to the program in FY 2019 which are projected at \$1,050,000.

Significant Program Changes

Last Year this program was: FY 2018: 10057 Tax Title Affordable Housing

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Capital Outlay	\$0	\$0	\$5,000,000	\$1,250,000
Total GF/non-GF	\$0	\$0	\$5,000,000	\$1,250,000
Program Total:	\$0		\$6,250,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,250,000
Total Revenue	\$0	\$0	\$0	\$1,250,000

Explanation of Revenues

City of Portland General Fund - \$1,250,000

Significant Program Changes

Last Year this program was:

Legal / Contractual Obligation

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investors Service uses as a benchmark. The goal in developing the reserve policy was to shield the County from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the Board takes affirmative action to transfer it. Conditions under which the the contingency can be used are limited, in most cases, to one-time-only expenditures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Cash Transfers	\$37,388,141	\$5,143,000	\$22,610,152	\$4,525,000
Unappropriated & Contingency	\$54,587,942	\$55,790,425	\$54,028,178	\$65,755,459
Total GF/non-GF	\$91,976,083	\$60,933,425	\$76,638,330	\$70,280,459
Program Total:	\$152,909,508		\$146,918,789	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,654,250	\$0	\$5,125,000
Other / Miscellaneous	\$10,562	\$0	\$150,379	\$1,025,000
Financing Sources	\$0	\$16,200	\$0	\$5,000,000
Interest	\$0	\$325,000	\$0	\$992,959
Beginning Working Capital	\$0	\$60,857,742	\$250,000	\$60,229,483
Total Revenue	\$10,562	\$65,853,192	\$400,379	\$72,372,442

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 95000 Fund Level Transactions

No significant changes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Unappropriated & Contingency	\$0	\$0	\$1,600,108	\$0
Total GF/non-GF	\$0	\$0	\$1,600,108	\$0
Program Total:	\$0		\$1,600,108	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$7,218,902	\$0	\$7,082,354	\$0
Taxes	\$406,811,812	\$0	\$420,195,483	\$0
Other / Miscellaneous	\$6,469,080	\$0	\$6,653,137	\$0
Financing Sources	\$125,000	\$0	\$0	\$0
Interest	\$1,365,025	\$0	\$1,517,310	\$0
Beginning Working Capital	\$76,429,853	\$0	\$76,184,097	\$0
Total Revenue	\$498,419,672	\$0	\$511,632,381	\$0

Explanation of Revenues

A handful of revenues make up the bulk of the General Fund. These include (in order of size) - property tax, business income taxes, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget document.

A more complete discussion of the forecast and assumptions can be found on the Budget Office website.

Significant Program Changes

Last Year this program was: FY 2018: 95001 General Fund Revenues