

FY 2022
Adopted
Budget

Multnomah County
Oregon



Adopted by Multnomah County
Board of Commissioners
Deborah Kafoury, Chair

Volume 3:
County Human Services
Joint Office Of Homeless Services
Health Department
Library
Nondepartmental

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Understanding Program Offers

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

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

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

Program offers are labeled with a five digit document number and title (e.g. 50005 - DCJ Human Resources). Throughout the budget document, readers will see references to program offers by number and/or title. To find a program offer that is referenced in this document, go to the department's section in Volume 2 or 3; 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 results it produces for the community. 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.
- Communicate how they use an equity lens in relation to services provided.
- 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, including how the program will impact racial equity. 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.

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 youth might report the number of youth who received treatment (output), and the percentage of youth 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 youth 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 or does not perform at the proposed level.

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 funds, 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 that 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 are 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

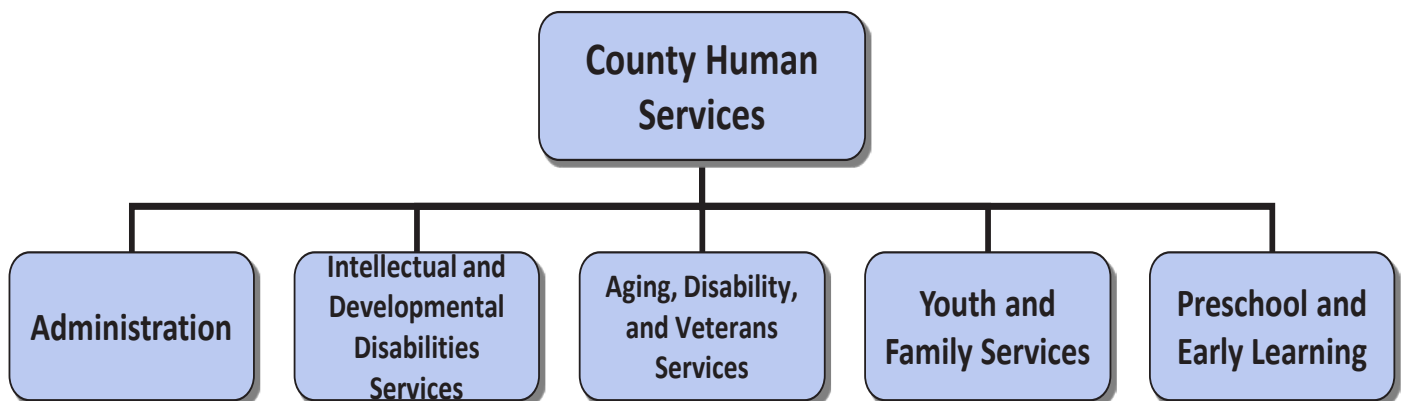
The Department of County Human Services' long-range vision is guided by the DCHS North Star, which states: ***In Multnomah County, every person – at every stage in life – has equitable opportunities to thrive.***

In order to achieve our North Star, we know that we must actively work against systemic racism and socio-economic disparities within our communities by centering racial justice and equity in the work we do. DCHS strives to not only uplift our community members in times of need – but to invest in innovative, future-oriented approaches to human services that prevent crises, build assets and nurture self-determination within our communities by addressing and redressing the root causes of racism and all other forms of inequity.

DCHS has a critical role in the county because the department designs 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 supports young adults with disabilities who want to live in their own homes and have fulfilling and stable jobs, thus contributing to their economic stability. DCHS helps people stay in affordable homes and provides safety and support for survivors of domestic and sexual violence. DCHS supports older adults by helping veterans navigate the public programs they've earned as part of their service, setting up classes at senior centers to support people staying healthy, and intervening when older adults or people with disabilities are potentially being abused.

Outcomes for these services are stronger when people are treated as experts in their own lives. That's why DCHS takes a trauma-informed and equitable services approach, providing the best opportunity to achieve the department's long-term goals and those of the County more broadly.

In addition to the key goals mentioned, DCHS serves as the Area Agency on Aging, the Community Action Agency, the managing partner for the Schools Uniting Neighborhoods (SUN) program, the Domestic and Sexual Violence Coordination Office for the County and City of Portland, and the Community Developmental Disability Program (CDDP) for Multnomah County.



Budget Overview

The FY 2022 Department of County Human Services (DCHS) Adopted budget is \$275.6 million and 780.85 FTE. The County General Fund accounts for \$58.8 million or 21.3% of the total. Other Funds include Federal/State at \$132.4 million (48.0%), Preschool for All at \$20.6 million (7.5%) and COVID-19 Response at \$63.8 million (23.2%).

Most of the DCHS budget comes from nearly 100 Federal, State and local sources. This includes \$63.8 million in the COVID-19 Response Fund, which increased by \$43.5 million from the FY 2021 Adopted budget. DCHS is able to maintain current service levels in their State funding sources according to the FY 2021-23 biennium Oregon Governor’s recommended budget where the Department of Human Services (DHS) was overall held harmless.

The new Preschool for All Program Fund was added during FY 2021, after the budget was adopted. In November 2020, voters in Multnomah County overwhelmingly supported “Preschool for All” with 64% of voters approving the measure to extend free early education to 3 and 4 year olds across the County. Measure 26-214 implements a personal income tax on high-income earners and directs DCHS to administer the program. DCHS added the new Preschool and Early Learning (PEL) Division to administer the program. The budget totals \$82.7 million and 21.00 FTE in the PEL Division. Of this amount, \$51.6 million is unappropriated balance and \$10.5 million is contingency, leaving a balance of \$20.6 million for direct programming in DCHS’s budget.

The FY 2022 DCHS General Fund allocation includes \$642,734 in ongoing funding for the following new or enhanced programs: YFS - DVCRU Increase Capacity (25047B) \$221,636, YFS - Gateway Center Legal Supports (25050B) \$60,000, YFS - Fair Housing Testing (25134) \$110,000, YFS - SUN Community Schools Staff Capacity (25145B) \$131,098 and YFS - Bienestar Social Services Youth Program Coordinator (25156B) \$120,000.

Additionally, the FY 2022 DCHS General Fund allocation includes \$586,000 in one-time-only funding. A list of programs funded as one-time only can be found in the Budget Director’s Message.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	
	Actual	Current	Adopted	Adopted	Difference
		Estimate	Budget	Budget	
Staffing FTE	741.23	761.50	753.55	780.85	27.30
Personnel Services	\$78,599,600	\$84,761,169	\$85,792,955	\$96,643,398	\$10,850,443
Contractual Services	60,925,102	89,517,842	85,597,938	147,628,079	62,030,141
Materials & Supplies	2,220,727	1,389,635	2,148,226	2,378,160	229,934
Internal Services	24,382,815	25,017,780	28,509,353	28,905,706	396,353
Capital Outlay	<u>29,920</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$166,158,164	\$200,686,426	\$202,048,472	\$275,555,343	\$73,506,871

*Does not include contingencies or unappropriated balances. Program offers DO contain contingencies and unappropriated balances.

Successes and Challenges

In alignment with our racial justice and equity commitment and innovative, future-oriented approach, DCHS has several key priorities for FY 2022 and beyond:

Long-term recovery from the COVID-19 pandemic:

DCHS strives to be a leader in anti-poverty work and long-term COVID-19 pandemic recovery efforts focused on the needs of Black, Indigenous and People of Color (BIPOC) communities in our region. All older adults, people with disabilities, service industry workers, migrant farm workers and people working in food processing have also been impacted by higher than normal COVID-19 outbreaks and layoffs that impact earning ability and access to basic needs. Our department's economic stability efforts via direct client assistance and deep partnership building with Community Based Organizations that provide culturally specific services will continue to be a top priority in FY 2022.

Housing Stability:

We know that without safe, stable and affordable housing, none of the communities and populations we serve can thrive. This is why our programs across the department focused on housing stability – especially culturally specific housing stability services – will be prioritized in FY 2022. For example, housing security will be a key focus area of the Aging, Disability and Veterans Services Division's 2021 - 2025 Area Plan for Older Adults, and we will continue providing and supporting culturally specific services such as Bienestar de la Familia's rent relief program.

Early Learning:

Our newly formed Preschool and Early Learning Division (PEL) is already setting the foundation for DCHS to bring the vision behind Preschool for All to life. The program will give 3 and 4 year olds in Multnomah County access to free, high-quality, developmentally appropriate, culturally responsive preschool experiences. Preschool and Early Learning Division staff will help build the systems, processes and partnerships necessary to increase the availability of high-quality, inclusive, and culturally affirming preschool experiences in Multnomah County. The work of PEL, along with our already existing programs focused on education and youth services, such as SUN Community Schools, will also be prioritized.

To help guide the long-range vision and strategy for DCHS, we will be focusing on several other key initiatives, including the implementation of the DCHS Sustainable Business Plan, which aims to make DCHS an employer of choice – improving employees' experiences so that our communities have positive experiences accessing the critical services and supports our department provides. DCHS will also be exploring long-term economic stability initiatives such as targeted and graduated trust accounts for new births into households living at the lowest incomes in the County.

COVID-19 Impacts

The COVID-19 pandemic has had a disproportionate economic impact on Black, Indigenous and People of Color (BIPOC) communities and immigrant and refugee communities. Service industry workers, disproportionately represented by BIPOC communities, have been hard hit by lay-offs and furloughs. Older adults, people with disabilities, migrant farm workers and people working in food processing have been impacted by higher than normal outbreaks or health impact from outbreaks, requiring quarantining that impacts earning ability and access to basic needs. As the pandemic continues, the economic impact to these communities will persist.

In order to support our communities in our immediate and long-term recovery from the COVID-19 pandemic, DCHS has implemented a range of programs and initiatives across the department including direct rental assistance, unconditional payments for families to purchase food, tailored virtual senior center activities to reduce isolation for older adults, the COVID-19 call center in collaboration with Public Health, culturally specific meal and grocery distribution, wraparound support services for households quarantining due to positive COVID-19 test results, among countless others. Many of our recovery efforts will continue into FY 2022 and beyond, including plans to:

- Provide direct client assistance DCHS culturally-specific programs and culturally-specific community organizations to communities disproportionately impacted by the pandemic, with a focus on BIPOC communities, immigrants and refugees, older adults and people with disabilities.
- Distribute state and federal COVID-19 response rental assistance to individuals and families economically impacted by the pandemic, with a focus on communities experiencing disproportionate impact: BIPOC, immigrants and refugees, older and people with disabilities.
- Continue to implement a tailored Virtual Senior Center model to address social isolation among older adults in Multnomah County.
- Support COVID-19 vaccination efforts for older adults and other highly impacted populations in Multnomah County, including people with disabilities and BIPOC communities.
- Continue supporting the Emergency Operations Center's COVID-19 call center to provide Multnomah County residents with accurate information relating to the virus and available resources.
- Continue supporting Public Health by providing culturally specific wraparound supports for immigrant and refugee families who are required to quarantine or isolate due to a positive COVID-19 test result.

COVID-19 & American Rescue Plan

Since the beginning of the COVID-19 pandemic, DCHS has played a critical role in meeting community members' immediate needs, providing stability through uncertain social-economic conditions, and supporting the region's overall Public Health response. The pandemic has had a disproportionate impact on Black, Indigenous and People of Color (BIPOC) communities, exacerbating already existing disparities and economic injustices.

A key goal in DCHS for FY 2022 is to support our community's short and long term recovery from the pandemic. The American Plan Rescue (ARP) Act funding that DCHS receives aligns with the County's priorities of Public Health Emergency Response and Crisis Response & Community Recovery, focused on the following areas: emergency housing supports and eviction prevention; SUN Community Schools; expanded domestic violence response; addressing racial and economic injustices; and supporting pandemic response for older adults and people with disabilities.

The DCHS budget includes \$63.8 million in funding to respond to the COVID-19 pandemic. Below is a summary of what is funded:

- \$48.8 million - Emergency Rent Assistance Program (25399L)
- \$5.5 million – SUN Community Schools Resource Navigators and Summer Support (25399E/F)
- \$4.9 million – Direct Client Assistance (25399P)
- \$1.1 million – Expanded Housing Stability & Eviction Prevention/ Department Infrastructure (25399G/H/K/M)
- \$755,000 – Expanded Domestic Violence Services including Case Management & Victim Advocates (25399C)
- \$625,000 – Baby Bonds & Multnomah Mother's Trust – Pilot (25399B)
- \$515,000 – Culturally Specific Renter Support Focusing on East County (25399J)
- \$280,000 – ADVSD Home Assessments & Infection Prevention/IDD Support (25399A/D)
- \$100,000 – Eviction Moratorium and Support (25399G)
- \$400,423 – Energy Assistance Utility Bill Payments (25399N)
- \$336,006 – Client and Rent Assistance in East County (25399N)
- \$279,794 – Domestic Violence Emergency Motel Vouchers (25399N)
- \$150,000 – Develop and Pilot a Virtual Senior Center Model to Address Social Isolation Among Older Adults (25399N)
- \$67,238 – Low Income Weatherization Program (25399N)

Diversity, Equity, and Inclusion

Budget by Division

The DCHS North Star aligns with the County’s Workforce Equity Strategic Plan (WESP), which guides the equity work for our department and helps us strategically and intentionally uphold our commitment to inclusively leading with race – meaning that we center racial justice while understanding that all forms of oppression intersect and overlap with one another and have a compounding effect on those who hold multiple marginalized identities. For this reason, we are explicit in naming racial justice when framing and implementing our work. Some of our key racial justice and equity efforts include:

Policy: Ongoing collaboration between the DCHS Equity and Inclusion Manager, DCHS and County Human Resources, and the Office of Diversity and Equity to examine current policies, initiate a new policy development process, and recommend all needed changes as identified through the Equity and Empowerment lens.

Organization: Uplifting the role of the Diversity, Equity and Social Justice Committee (DESJC) in all aspects of department administration; creating the Systems Change Center (formerly Quality Improvement Center) to focus on racial justice and equity; and working with DCHS divisions to support and hone their racial justice and equity work specific to their systems of care.

Financial and Human Investment: We are investing in a new Equity & Inclusion Project Manager position who will provide project management and training across all DCHS divisions and work units for planning, project development and implementation of activities and systems changes to address racial justice and equity issues within DCHS and in our service delivery.

Division Name	FY 2022 General Fund	Other Funds	Total Division Cost	Total FTE
Administration	\$9,147,589	\$0	\$9,147,589	47.90
Intellectual and Developmental Disabilities	4,325,883	24,869,381	29,195,264	177.80
Aging, Disability, and Veterans Services	13,734,781	79,770,210	93,504,991	453.15
Youth and Family Services	31,611,890	27,725,544	59,337,434	81.00
Preschool and Early Learning	0	82,702,964	82,702,964	21.00
COVID-19 & American Rescue Plan	0	63,813,461	63,813,461	0.00
Total County Human Services	\$58,820,143	\$278,881,560	\$337,701,703	780.85

**Does include contingencies and unappropriated balances.*

Department Administration

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

Department leadership is responsible for the provision of racially equitable practices, trauma informed 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 780 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

Sustainable Business Plan: In November 2019, we launched a department-wide effort to create the DCHS Sustainable Business Plan (SBP). Our goal is to make DCHS an employer of choice – improving employees' experiences so that our communities receive needed services and supports. In response to the COVID-19 pandemic, we recalibrated our Sustainable Business Plan and sent out a survey inviting everyone in our department to share feedback about how the pandemic has impacted our work, and how DCHS can be a better workplace going forward as we continue providing our vital services. The survey received over 400 responses, and was followed up by ten deep-dive sessions with various DCHS work teams and an all-day retreat where 55 department leaders helped build on the insights and inform the final version of the plan itself, which will be implemented starting in FY 2022.

Racial Justice and Equity Efforts: DCHS is uplifting the role of the Diversity, Equity and Social Justice Committee (DESJC) in all aspects of department administration; creating the Systems Change Center (formerly Quality Improvement Center) to focus on racial justice and equity; and working with DCHS divisions to support and hone their racial justice and equity work specific to their systems of care. We are also investing in a new Equity & Inclusion Project Manager position who will provide project management and training across all DCHS divisions and work units for planning and implementation of activities and systems changes to address racial justice and equity issues within DCHS and in our service delivery. The department will continue prioritizing collaborative efforts between the DCHS Equity and Inclusion Manager and Human Resources to examine current policies, and initiate a new policy development process.

Intellectual and Developmental Disabilities Services

The Intellectual and Developmental Disabilities Services Division (IDDSD) serves over 6,400 people with intellectual and developmental disabilities such as autism, cerebral palsy or an intellectual disability diagnosed prior to the age of 22. Services may span the entire lifetime. Policy, advocacy and research around quality of life for individuals with intellectual and developmental disabilities has helped IDDSD identify quality of life domains that guide the implementation of our services: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. IDDSD provides case management services supporting these domains to directly engage and link consumers and families to resources in the community and, where eligible, to Medicaid-funded residential, employment, in-home and non-County brokerage case management services. Additionally, the division continuously reviews intake and eligibility referrals and provides abuse investigation services to participants. Results from our client survey show 87% of respondents are satisfied or extremely satisfied with the support they receive from IDDSD.

Significant Changes

The FY 2022 Budget was prepared to preserve current service levels with no adjustments to staffing levels from the FY 2021 Budget. The net increase in revenue (almost \$1.0 million) needed to fund the FY 2022 Budget for increased personnel and operation costs is supported by the Governor's Recommended Budget. Budget changes will be determined once legislators have reviewed and approved the spring forecast and workload model. Despite a 9.5% annual growth in clients served with no corresponding increase in FTE, the division has implemented innovations to increase direct client assistance. These innovations have maintained the quality, accuracy and equity of client services during the COVID-19 pandemic. These include the distribution of PPE, increased use of telework, virtual meetings for client interactions, electronic signatures, and verbal authorization for services. The division is now advocating for electronic signatures to become a permanent change, as it increases service access for BIPOC communities with less access to the computers and printers needed to print out a form for signature. Recent increases in direct client assistance also includes expanded funding for children receiving in-home services, distribution of CARES Act funding in the form of unconditional cash and housing assistance, coordination of COVID-19 vaccinations for IDDSD clients in phase 1A in partnership with public health, and the Citizenship Variance Project, which opens access to IDDSD services for individuals who do not meet current citizenship requirements. IDDSD Leadership also continues to work with Department and County Leadership and the DCHS Diversity, Equity, and Social Justice Committee to guide internal equity efforts, including: the IDDSD Equity Steering Committee; changing business processes as identified in the IDDSD Racial Equity Assessment; analyzing equity in our service delivery by disaggregating service data by client demographics; and intentionally recruiting employees of color at all levels to fulfill the need for staff with specific knowledge, skills, and abilities to serve our diverse community.

Aging, Disability and Veterans Services

Aging, Disability and Veterans Services Division (ADVSD) is the federally designated Area Agency on Aging that represents the diverse needs of 181,000 older adults, people with disabilities, and veterans in Multnomah County. 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 services and supports; access to Veterans' benefits; protective and guardianship services; and adult care home licensing. ADVSD administers 29 programs that include over 50,000 participants receiving Medicaid long-term services and supports, and over 7,300 participants receiving community social supports.

According to the 2019 Poverty in Multnomah County report, poverty among older adults and people with disabilities is growing. People with disabilities and older adults of color are over-represented within the county's population living in poverty, with 28% of people with disabilities and 22% of older adults of color living in poverty. Another indicator that demonstrates the growing impact of poverty on the county's older adult population is the 10% increase in homelessness for adults ages 55 and older since 2014. Income and housing security will be key focus areas of the division's 2021 - 2024 Area Plan for Older Adults.

Significant Changes

The new ONE Integrated Eligibility system rolled out in Multnomah County on February 2, 2021, and our eligibility and business services teams began using it to work on a statewide shared caseload. This shared caseload includes consumers currently served individually by Area Agencies on Aging, Aging and People with Disabilities, Oregon Health Authority, and Self Sufficiency.

In 2018, ADVSD completed a racial equity assessment, identifying gaps contributing to systemic and institutional barriers for employees and program participants. In 2019 we created an Equity Development Team to address the gaps identified in the assessment. This year we are prioritizing the following areas for development: making a public commitment to racial equity; incorporating racial equity in our mission, vision and values statements; ensuring racial equity training is available to the workforce; and strengthening formal partnerships with culturally specific organizations.

As the Federally designated Area Agency on Aging, ADVSD is charged with completing a Community Needs Assessment and Area Plan for 2021 - 2024. This year, in response to the COVID-19 pandemic, we modified the outreach and community engagement plan and developed an online survey tool which was offered in 17 languages and shared with the community using traditional and social media strategies. Additionally, we worked with community non-profits to help engage older adults and people with disabilities, and hired interpreter services in 15 languages to help individual community members enter their survey feedback. We also conducted one culturally specific focus group, with transgender and non-binary identified elders.

Youth and Family Services

The Youth & Family Services (YFS) Division manages over 40 programs and initiatives that focus on two major impact areas: educational success and economic stability for families. Within those impact areas, we have five core system and policy areas that represent our work: Energy Services, Housing Stability, Education Supports, Early Childhood, and Domestic and Sexual Violence.

The division manages programs funded by Federal, State, and local resources. These programs offer a wide range of interventions including access to SNAP benefits, domestic violence emergency response, kindergarten transition, housing stability assistance, participant supports, Assertive Engagement, sexual assault services, youth advocacy, after-school programming, home weatherization, and more.

Just over 78% of YFS funding is contracted out to partner agencies who work in the community, including a wide network of culturally specific organizations. Ensuring we provide quality support to the contractors and their direct service staff is a high priority for the division. YFS actively partners with local jurisdictions, such as city governments, Home Forward, the Joint Office for Homeless Services, school districts, and other departments within the County.

Significant Changes

FY 2022 brings renewed opportunities for the Youth & Family Services Division to strengthen our commitment to racial justice and equity as we continue to provide high quality services and support and to grow as a division. In FY 2021 we began a strategic planning process focused on deepening our foundational values as a division and making YFS a leader in anti-poverty work and long-term COVID-19 pandemic recovery efforts focused on the needs of BIPOC communities in our region. A few highlights of new focus areas for FY 2022 include:

- We will engage in a system review and procurement planning for the Domestic Violence Service System, centering the voices of survivors and partner organizations through a facilitated process as we consider ways to adjust programs and service delivery approaches with a focus on racial equity.
- We will continue to support the community with flexible and meaningful COVID-19 pandemic response activities through local and federal funds. Bienestar de la Familia in particular has been a pillar of support to Immigrant and Refugee communities, shifting service priorities to focus on rent relief, food assistance and support services for those who test positive for COVID-19 and have to quarantine.
- We have reorganized the Division's work in the area of Housing Stability in order to deepen our leadership in this area. We anticipate several new and/or expanded programs as part of the Metro Supportive Housing Services (SHS) ballot measure that will support Black, Indigenous and People of Color to remain stably housed.
- We will contract directly for Successful Families programs, creating deeper alignment with the SUN Service System.

Preschool and Early Learning

Significant Changes

DCHS established the Preschool & Early Learning Division (PEL) in January 2021 in order to implement Preschool for All, as directed by Measure 26-214.

Preschool for All (PFA) will give 3 and 4 year olds in Multnomah County access to free, high-quality, developmentally appropriate, culturally affirming preschool experiences. The program is slated to grow over time, increasing the number of children and families that it serves each year. Families will be able to apply for slots in early 2022 and preschoolers will begin in September of 2022. All families in Multnomah County will be eligible to apply and families who currently have the least access to high-quality preschool will be prioritized for the first-available slots, including Black, Indigenous, and children of color.

Preschool & Early Learning Division staff will help create the foundation for Preschool for All's success, including the systems, processes and partnerships necessary to increase the number of high-quality, inclusive, and culturally affirming preschool slots in Multnomah County.

Preschool for All spent two years on a community planning process prior to the November 2020 election, which is the foundation for the work of the Preschool & Early Learning Division. Early implementation projects in FY 2021 include:

- Finalizing the PFA tax code and establishing an agreement with the City of Portland, which will collect the tax.
- Finalizing an agreement with Child Care Resource & Referral of Multnomah County for preschool provider coaching.
- Starting the development process for an application and database system for families who would like to participate in Preschool for All. This work will continue in FY 2022 and is reflected in program offer 25200.
- Establishing the Preschool for All Advisory Committee outlined in the Preschool for All ballot measure.

Based on estimates that incorporate the details of the newly adopted tax code, DCHS anticipates \$96.3 million dollars of revenue from the Preschool for All (PFA) tax in FY 2022. Personal income tax can be a volatile revenue source, so 15% of PFA revenue in FY 2022 will be allocated to a reserve fund. An additional 10% will be budgeted as contingency funds to address any cost increases or new program expenses.

The Preschool & Early Learning Division will build capacity in FY 2022, bringing on an additional 7.00 FTE. Key investments during this first full year of implementation include:

- Coaching & Provider Supports to increase preschool quality and strengthen providers' businesses (PO 25204).
- Family Connector & Intermediary Organizations who will partner with small in-home providers and with Black and Indigenous families and other families of color to ensure their participation in PFA (PO 25202).
- Preschool Infrastructure & Early Educator Workforce Development funds to increase the number of preschool spaces and the number of diverse early educators (PO 25203).

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 2022 General Fund	Other Funds	Total Cost	FTE
Department Administration					
25000A	DCHS Director's Office	\$3,717,215	\$0	\$3,717,215	17.90
25001	DCHS Human Resources	1,456,191	0	1,456,191	8.00
25002	DCHS Business Services	3,974,183	0	3,974,183	22.00
Intellectual and Developmental Disabilities Services					
25010	IDDSD Administration & Support	678,351	2,796,967	3,475,318	18.00
25011	IDDSD Budget and Operations	647,797	5,297,679	5,945,476	31.00
25012	IDDSD Services for Adults	1,170,150	6,493,960	7,664,110	49.80
25013	IDDSD Services for Children and Young Adults	1,191,921	6,733,116	7,925,037	53.00
25014	IDDSD Abuse Investigations	627,664	1,713,493	2,341,157	15.00
25016	IDDSD Eligibility & Intake Services	10,000	1,834,166	1,844,166	11.00
Aging, Disability and Veterans Services					
25022	ADVSD Adult Care Home Program	270,545	3,847,100	4,117,645	21.00
25023	ADVSD Long Term Services & Supports (Medicaid)	2,966,434	42,076,795	45,043,229	288.80
25024	ADVSD Adult Protective Services	517,557	6,862,837	7,380,394	41.35
25025	ADVSD Veterans Services	673,312	348,717	1,022,029	7.75
25026	ADVSD Public Guardian/Conservator	1,754,374	0	1,754,374	11.00
25027	ADVSD Quality and Business Services	1,171,973	1,794,371	2,966,344	9.00
25028	ADVSD Multi-Disciplinary Team	852,916	614,951	1,467,867	4.65
25029	ADVSD Transition & Diversion (Medicaid)	365,345	5,167,014	5,532,359	33.00
25032	ADVSD Outreach, Information & Referral	1,160,386	1,667,308	2,827,694	11.30
25032B	ADVSD HIV Aging Support	250,000	0	250,000	0.00
25033	ADVSD Nutrition Program	490,473	1,830,687	2,321,160	1.00
25034	ADVSD Health Promotion	62,987	512,040	575,027	3.00
25035	ADVSD Case Management & In-Home Services (non-Medicaid)	1,423,355	10,225,073	11,648,428	4.60
25036	ADVSD Safety Net Program	661,100	116,068	777,168	1.50
25037	ADVSD Transportation Services	171,742	2,085,084	2,256,826	1.70
25038	ADVSD Advocacy & Community Program Operations	782,406	2,278,623	3,061,029	12.60
25039	ADVSD Family Caregiver Program	159,876	343,542	503,418	0.90

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Youth and Family Services					
25041	YFS - Domestic Violence Crisis Services	395,481	0	395,481	0.00
25044	YFS - Domestic and Sexual Violence Coordination	782,037	301,194	1,083,231	4.90
25046	YFS - Domestic Violence Legal Services	192,546	35,000	227,546	0.00
25047A	YFS - Domestic Violence Crisis Response Unit	1,051,328	545,170	1,596,498	10.00
25047B	YFS - DVCRU Increase Capacity	221,636	0	221,636	2.00
25048	YFS - Culturally Specific and Underserved Domestic & Sexual Violence Services	732,083	0	732,083	0.00
25049	YFS - Sexual Assault Services	306,455	0	306,455	0.00
25050A	YFS - Gateway Center	302,841	981,529	1,284,370	4.00
25050B	YFS - Gateway Center Legal Supports	60,000	0	60,000	0.00
25118	YFS - Youth & Family Services Administration	2,217,912	0	2,217,912	13.00
25119	YFS - Energy Assistance	0	12,528,827	12,528,827	8.40
25121	YFS - Weatherization	0	4,602,784	4,602,784	6.60
25130	YFS - Family Unification Program	641,702	0	641,702	0.00
25131A	YFS - Legal Services & Supports	254,750	0	254,750	0.00
25131B	YFS - Legal Services & Supports Expansion	160,552	0	160,552	0.00
25131C	YFS - Legal Services Day Program Expansion	211,000	0	211,000	0.00
25132	YFS - Long Term Rent Assistance (LTRA)	150,000	0	150,000	0.00
25133	YFS - Housing Stabilization for Vulnerable Populations (HSVP)	990,147	2,286,945	3,277,092	1.00
25133B	YFS - Housing Stabilization for Vulnerable Families Restoration	237,500	0	237,500	0.00
25134	YFS - Fair Housing Testing	110,000	0	110,000	0.00
25135	YFS - Sex Trafficked Youth Services	588,330	310,000	898,330	0.00
25136A	YFS - Culturally Specific Navigation Services for Immigrant Families	254,750	0	254,750	0.00
25137	YFS - Successful Families	2,176,295	0	2,176,295	0.00
25137B	YFS - Successful Families Restoration	200,000	0	200,000	1.00
25138	YFS - Youth Stability & Homelessness Prevention Services	600,077	100,000	700,077	0.00
25139	YFS - Multnomah Stability Initiative (MSI)	2,714,703	1,122,338	3,837,041	1.00
25140	YFS - Community Development	132,940	340,370	473,310	1.00
25141	YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach	162,738	125,120	287,858	2.00

County Human Services

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Youth and Family Services (cont.)					
25145A	YFS - SUN Community Schools	7,148,944	2,408,479	9,557,423	3.00
25145B	YFS - SUN Community Schools Staff Capacity	131,098	0	131,098	1.00
25147	YFS - Child & Family Hunger Relief	467,722	0	467,722	1.00
25149	YFS - SUN Youth Advocacy Program	2,554,900	200,000	2,754,900	0.00
25151	YFS - SUN Parent & Child Development Services	1,552,212	342,449	1,894,661	0.50
25151B	YFS - Parent Child Development Services Restoration	59,739	0	59,739	0.00
25152	YFS - Early Learning Family Engagement and Kindergarten Transition	409,902	874,624	1,284,526	1.00
25155	YFS - Sexual & Gender Minority Youth Services	319,513	0	319,513	0.00
25156A	YFS - Bienestar Social Services	1,311,649	620,715	1,932,364	9.60
25156B	YFS - Bienestar Social Services Youth Program Coordinator	120,000	0	120,000	1.00
25156C	YFS - Bienestar Social Services East County Service Site Expansion	125,000	0	125,000	0.00
25160	YFS - Data and Evaluation Services	1,563,408	0	1,563,408	9.00
Preschool and Early Learning					
25200	PEL - Administration & System Support	0	63,979,847	63,979,847	4.00
25201	PEL - Program Development & System Support	0	2,669,117	2,669,117	17.00
25202	PEL - Preschool Access: Family & Provider Navigation	0	900,000	900,000	0.00
25203	PEL - Capacity Building: Preschool Infrastructure & Early Educator Workforce Development	0	4,500,000	4,500,000	0.00
25204	PEL - Program Quality: Coaching & Provider Supports	0	10,654,000	10,654,000	0.00

County Human Services

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
COVID-19 & American Rescue Plan					
25399A	ARP - ACHP Registered Nurse	0	200,000	200,000	0.00
25399B	ARP - Multnomah Mothers' Trust Project (MMTP)	0	625,000	625,000	0.00
25399C	ARP - Domestic Violence Services	0	755,000	755,000	0.00
25399D	ARP - COVID-19 Response Coordination	0	80,000	80,000	0.00
25399E	ARP - SUN Community Schools: Family Resource Navigators	0	4,073,000	4,073,000	0.00
25399F	ARP - SUN Community Schools: Summer Support	0	1,456,000	1,456,000	0.00
25399G	ARP - Eviction Moratorium & Prevention Support	0	400,000	400,000	0.00
25399H	ARP - HR and Business Services Support	0	450,000	450,000	0.00
25399J	ARP - Peer Support Tenant Services & Housing Stability	0	515,000	515,000	0.00
25399K	ARP - YFS Staffing Capacity Increase	0	140,000	140,000	0.00
25399L	ARP - Emergency Rent Assistance	0	48,800,000	48,800,000	0.00
25399M	ARP - YFS Rent Assistance Team Staffing Capacity	0	230,000	230,000	0.00
25399N	COVID-19 YFS Energy & Housing Services, Domestic Violence Motel Vouchers, and ADVSD Support Services	0	1,233,461	1,233,461	0.00
25399P	ARP - DCHS Client Assistance	0	4,856,000	4,856,000	0.00
Total County Human Services		\$58,820,143	\$278,881,560	\$337,701,703	780.85

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Department: County Human Services

Program Contact: Mohammad Bader

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 the community so every person, at every stage of life has equitable opportunities to thrive. The Director's Office uses a racial justice and equity lens to: develop and lead the department's mission, policies, communications and strategic initiatives; provide financial management; and support the divisions' efforts to provide equitable, high quality, and innovative services to the communities we serve.

Program Summary

ISSUE: The Department of County Human Services is made up of four divisions tasked with providing human services to diverse communities. 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 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 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) providing department-wide COVID-19 response and recovery supports to the community; b) ensuring DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collections, and reporting; c) Department-wide performance management and sharing of systems improvement tools and techniques; d) identifying new approaches to DCHS work and the application of research for emerging and best practices and solutions; and e) communication and coordination with elected officials, partners and participants by using multiple methods to engage with the community, including online tools.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of DCHS web page views*	301,806	850,000	387,117	450,000
Outcome	Percent of visitors who were able to find what they were looking for on the DCHS website**	48.1%	95%	69.1%	85%
Outcome	Percent of employees completing Stay Interviews***	N/A	N/A	1%	5%

Performance Measures Descriptions

*Number of DCHS web page views are calculated using Google Analytics. Numbers exclude job postings and error pages.

**Percent of visitors who were able to find what they were looking for on the DCHS website is based on survey data from "was this page helpful?" surveys placed throughout the DCHS website.

***Removed Number of formal communication to employees as a measure. Added new equity measure: Percent of employees completing Stay Interviews.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,645,237	\$0	\$2,816,298	\$0
Contractual Services	\$101,839	\$0	\$101,839	\$0
Materials & Supplies	\$84,348	\$0	\$102,915	\$0
Internal Services	\$687,511	\$0	\$696,163	\$0
Total GF/non-GF	\$3,518,935	\$0	\$3,717,215	\$0
Program Total:	\$3,518,935		\$3,717,215	
Program FTE	16.80	0.00	17.90	0.00

Program Revenues				
Other / Miscellaneous	\$2,708,587	\$0	\$3,126,332	\$0
Total Revenue	\$2,708,587	\$0	\$3,126,332	\$0

Explanation of Revenues

\$3,126,332 - County General Fund Department Indirect: Based on FY 2022 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2021: 25000 DCHS Director's Office

Increase in 1.00 FTE Project Manager. This position would provide project management support across all DCHS divisions and work units for planning, project development and management and implementation of activities and systems changes to address equity and racial justice within the DCHS and in the provision of DCHS services.

Department: County Human Services

Program Contact: Stephon Okibedi

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 over 784 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 also 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. Efforts in FY 2022 will focus on supporting the workforce in an uncertain environment, equity (including supporting the department's Workforce Equity Strategic Plan), professional development, education, compassion, and compliance, while supporting Department-wide goals. HR will continue to support implementation of the new ERP while maintaining service levels. HR continues to support department process improvement projects related to equity. Those projects include: 1) Bilingual pay assessment and selection. This project is designed to maximize the use of employees' bilingual skills to serve clients. The project takes into account new contract language for ad hoc pay and ensuring language proficiency; 2) Interview panel selection and preparation. This project seeks to ensure diversity in panel selection and training panel members to ensure equitable assessment of interviewees; 3) Workforce Equity - Recruiting and Retention. HR supports this project led by the Director's Office. The project will address identified disparities in the first year of employment, and seek to identify the sources of perceived disparities in access to positions and promotions. Improvements will be made to current processes for selection/hiring and for support during the initial trial service period.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Recruitments	216	345	725	400
Outcome	Placement/reassignment of employees impacted by reduced staffing	3%	1%	5%	3%
Outcome	Percent of DCHS employees who identify as a person of color*	42.6%	N/A	43%	44%

Performance Measures Descriptions

* Percent of DCHS employees who identify as a person of color is a new measure for FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,054,993	\$0	\$1,254,070	\$0
Contractual Services	\$3,000	\$0	\$3,000	\$0
Materials & Supplies	\$10,145	\$0	\$10,036	\$0
Internal Services	\$153,097	\$0	\$189,085	\$0
Total GF/non-GF	\$1,221,235	\$0	\$1,456,191	\$0
Program Total:	\$1,221,235		\$1,456,191	
Program FTE	7.00	0.00	8.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,097,046	\$0	\$1,254,070	\$0
Total Revenue	\$1,097,046	\$0	\$1,254,070	\$0

Explanation of Revenues

\$1,254,070 - County General Fund Department Indirect: Based on FY 2022 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2021: 25001A DCHS Human Resources

Increase in 1.00 FTE HR Analyst 2 (NR) to expand recruitment capacity and support key WESP initiatives related to equitable hiring practices.

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. Racial equity as well as alignment with the department's Workforce Equity Strategic Plan is a key focus in all our work. The Business Services Management Team is 100% diverse and is 75% BIPOC. DCHS Business Services staff is approximately 40% BIPOC.

Program Summary

More than 40% of the total funds in the Department are contracted to community-based providers for services to the populations served by DCHS. DCHS includes culturally specific and culturally responsive requirements in the procurement process. This process allows DCHS to contract with a diverse pool of suppliers who are able to provide culturally specific and responsive services to clients that are tailored to specific populations. This process assists the department in ensuring that clients are comfortable accessing services and that we are not causing additional trauma to marginalized and vulnerable populations. About 50% of DCHS contracts contain culturally specific and culturally responsive requirements. 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. 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. 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; problem solving and financial risk mitigation. We work across the County with other Departments and agencies. We serve as liaisons between the department and internal service providers such as County Finance, Central Budget, County Facilities, Fleet, Records, IT, Central Purchasing, Risk Management and County Attorney.

DCHS Business Services Management Team offers mentorship, WOC opportunities, cross-training and supporting education for staff with aspirations for promotion and those who have financial and time commitment issues. DCHS also offers remote working opportunities and varied schedules to help staff maintain good work/life balance. The DCHS Business Services Management Team also cultivates strong team building activities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of invoices paid in 30 days or less (*estimated based on FY2021 actual)	90%	87%	91%	90%
Outcome	Management Team Diversity (75% of the Management Team is BIPOC)	75%	75%	75%	75%
Output	Number of anticipated contract actions including new contracts, amendments and purchase orders	280	300	300	320**
Outcome	*Percent of annual contracts executed prior to start date	85%	85%	85%	85%

Performance Measures Descriptions

* Includes Preschool and Early Learning Division.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,917,360	\$0	\$3,437,536	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$28,150	\$0	\$27,310	\$0
Internal Services	\$403,203	\$0	\$469,337	\$0
Total GF/non-GF	\$3,388,713	\$0	\$3,974,183	\$0
Program Total:	\$3,388,713		\$3,974,183	
Program FTE	21.00	0.00	22.00	0.00

Program Revenues				
Other / Miscellaneous	\$3,010,509	\$0	\$3,437,536	\$0
Total Revenue	\$3,010,509	\$0	\$3,437,536	\$0

Explanation of Revenues

\$3,437,536 - County General Fund Department Indirect: Based on FY 2022 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2021: 25002 DCHS Business Services

Increase of 1.00 FTE Budget Analyst position to provide Workday System Position Control for the entire department.

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Intellectual and Developmental Disabilities Services Division (IDSD) Administration provides oversight of the division to ensure the delivery of services that increase quality of life for individuals with intellectual and developmental disabilities. 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. 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, collaborative efforts with partner agencies, and using data to examine service equity.

Program Summary

ISSUE: IDSD 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.

PROGRAM GOALS: Business strategies related to system improvements 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 a) demonstrate public stewardship and accountability by optimizing service capacity through staff development and retention; b) develop and implement a performance management system to deliver quality, timely, culturally appropriate, and Medicaid compliant services to support the health, safety, independence and inclusion of clients; c) improve policies and remove barriers to access by advocating for clients; and d) increase resources for clients through collaborative partnerships.

PROGRAM ACTIVITY: The four goals outlined above correspond to four general areas of activity: coordination, quality, advocacy, and collaboration. Coordination efforts include overall staff development, office management, updates to the division service database, workflow innovations, and ensuring timely provision of services. Quality efforts include the creation of a strategic plan, metrics, and dashboards to examine and mitigate service inequities experienced by historically marginalized clients. Administration and support also monitors the state inter-agency agreement, maintains the quality assurance of records and practices, and collects and responds to customer feedback. Advocacy efforts include the identification and removal of barriers to service and open, continuous dialogue with state and local agencies. Collaboration efforts include work with a variety of community-based and culturally specific 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of client records audited annually for Medicaid compliance.	330	120	210	360
Outcome	Percent of federally-funded plan waivers in compliance for re-authorization. ¹	62%	90%	65%	75%
Outcome	Percent of survey respondents satisfied with the services they receive.	87%	85%	87%	90%

Performance Measures Descriptions

¹The measure language was updated to reflect the compliance requirement. The decline in waiver re-authorization can be attributed to time-intensive training needed for new Service Coordinators to gain efficiency in completing reviews.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$157,286	\$1,961,735	\$162,575	\$2,062,020
Contractual Services	\$462,430	\$1,000	\$462,430	\$0
Materials & Supplies	\$30,557	\$67,924	\$31,169	\$57,063
Internal Services	\$23,372	\$657,478	\$22,177	\$677,884
Total GF/non-GF	\$673,645	\$2,688,137	\$678,351	\$2,796,967
Program Total:	\$3,361,782		\$3,475,318	
Program FTE	1.00	17.00	1.00	17.00

Program Revenues				
Intergovernmental	\$0	\$2,688,137	\$0	\$2,796,967
Total Revenue	\$0	\$2,688,137	\$0	\$2,796,967

Explanation of Revenues

This program generates \$300,849 in indirect revenues.
 \$2,796,967 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2021: 25010 IDDSD Administration & Support

Department: County Human Services

Program Contact: Alexis Alberti

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. Budget and Operations uses targeted universalism to equitably support service providers from historically underserved communities, for example, prioritizing technical assistance for providers who speak a primary language other than English.

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: Efforts to support quality of life for individuals with intellectual and developmental disabilities must enhance the individual's opportunity to choose activities, supports, and living arrangements. The goals of Budget and Operations 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. This includes financial support for emergency and long-term housing, ensuring BIPOC clients have equitable access to housing funds; c) implement 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. Capacity efforts provide interpersonal support for navigating the technical requirements for services, including credentialing and time sheets for Direct Service Providers, 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. Access efforts include administration of housing stability services, and verification, authorization, and tracking of 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. Compliance efforts include the determination of regulatory requirements, initiating and facilitating service agreements with providers, and overseeing public procurement and implementation of County administrative procedures. Budgeting efforts include the review and report of funding allocations and service expenditures, securing budget approval, settling contracts with the State, and tracking all budget costs for employees and client services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of direct service provider timesheets processed annually for clients receiving in-home services. ¹	31,656	45,000	29,500	35,000
Outcome	Percent of clients referred who are accepted into an employment setting.	82%	90%	90%	90%
Outcome	Percent of provider payment lines authorized and built in state billing system within 10 business days.	57%	30%	48%	60%
Outcome	Percent of clients who are stably housed 12 months after receiving housing funds. ²	97%	N/A	90%	90%

Performance Measures Descriptions

¹ The FY2020 actual and FY2021 estimate are lower than expected because the number of direct service providers (DSP) working billable hours declined during COVID-19 due to the "Stay Home, Save Lives" Executive Order 20-12.

² New Performance Measure for FY2022. Short-term rent assistance and shelter plus care grants stabilize housing so that clients remain housed after receiving housing funds. Grantors set the outcome target at 70% stably housed 12 months after receiving funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$250,772	\$3,378,075	\$257,539	\$3,506,609
Contractual Services	\$342,461	\$606,400	\$342,461	\$586,400
Materials & Supplies	\$2,215	\$11,340	\$3,440	\$49,879
Internal Services	\$46,748	\$1,283,421	\$44,357	\$1,154,791
Total GF/non-GF	\$642,196	\$5,279,236	\$647,797	\$5,297,679
Program Total:	\$5,921,432		\$5,945,476	
Program FTE	2.00	29.00	2.00	29.00

Program Revenues				
Intergovernmental	\$0	\$5,051,586	\$0	\$5,297,679
Other / Miscellaneous	\$0	\$70,000	\$0	\$0
Beginning Working Capital	\$0	\$157,650	\$0	\$0
Total Revenue	\$0	\$5,279,236	\$0	\$5,297,679

Explanation of Revenues

This program generates \$511,615 in indirect revenues.
 \$3,897,507 - State Mental Health Grant Case Management; \$813,772 - State Mental Health Grant Local Admin; \$162,000 - State Mental Health Grant Self Directed Individual/Family; \$141,900 - State Mental Health Grant Long Term Support for Children; \$110,000 - HAP Housing Program; \$70,000 - Partners for Hunger-Free Oregon; \$50,000 - State Mental Health Grant Special Projects; \$35,000 - State Mental Health Grant Ancillary Service; \$10,000 - State Mental Health Grant Room and Board State General Fund; \$4,000 - State Mental Health Grant Family Support Services; \$3,500 - United Way Housing Assistance;

Significant Program Changes

Last Year this program was: FY 2021: 25011 IDSD Budget and Operations

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Existing Operating Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Intellectual and Developmental Disabilities Services Division (IDDSD) 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. 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. Adult Services include service coordination and monitoring, individual support plans, needs and risk assessments, and connections to resources. All services are inclusive, culturally specific and culturally responsive, 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.

PROGRAM GOALS: There are 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; f) optimize client involvement in education, employment, and purposive activity; and g) center the cultural and linguistic needs of clients to increase service equity and improve client outcomes.

PROGRAM ACTIVITY: The six goals outlined above correspond to five areas of activity: assessment, connection, service coordination, and monitoring, and documentation. Assessment efforts include the application of needs assessments to determine service levels and categories. Connection efforts link clients to residential, educational, employment, and interpersonal resources. Service coordination efforts include ongoing person-centered planning to identify interests, strengths, choices, and goals, which are documented in an Individual Support Plan that outlines a path to goal achievement. Service coordinators with KSA (knowledge, skills, and abilities) designation provide culturally and linguistically specific support and serve 50% of clients who have a language support need. Monitoring efforts include regular monitoring of service providers and partnerships with Community Justice, Mental Health and Addiction Services, Vocational Rehabilitation, and Crisis Services to ensure the health and safety of clients. Documentation efforts require that service coordinators record all service and client data in state and county databases to comply with Medicaid requirements.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of adults served each month. ¹	2,011	2,000	2,100	2,150
Outcome	Number of monitoring contacts for adults.	35,125	34,000	34,000	35,000
Outcome	Percent of adult survey respondents who report that they like where they live.	89%	90%	89%	91%

Performance Measures Descriptions

¹ Adults included in this count are aged 22 and up. Adults aged 18 to 21 years are included in the "young adult" count in program offer 25013 - IDDSD Services for Children and Young Adults.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,031,461	\$4,449,584	\$960,315	\$4,799,517
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$8,999	\$49,990	\$15,480	\$86,744
Internal Services	\$233,736	\$1,520,288	\$184,355	\$1,607,699
Total GF/non-GF	\$1,284,196	\$6,019,862	\$1,170,150	\$6,493,960
Program Total:	\$7,304,058		\$7,664,110	
Program FTE	10.00	39.80	9.00	40.80

Program Revenues				
Intergovernmental	\$0	\$6,019,862	\$0	\$6,493,960
Total Revenue	\$0	\$6,019,862	\$0	\$6,493,960

Explanation of Revenues

This program generates \$700,249 in indirect revenues.
 \$6,477,392 - State Mental Health Grant Case Management
 \$16,568 - State Mental Health Grant Psychiatric Treatment and Supervision

Significant Program Changes

Last Year this program was: FY 2021: 25012 IDSD Services for Adults

Department: County Human Services **Program Contact:** Alexis Alberti
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. 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. 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. Services center the linguistic and cultural needs of the client and family, and support clients to make informed decisions.

Program Summary

ISSUE: Child and Young Adult Services address the need for home and community based long-term supports, so that individuals with intellectual and developmental disabilities can develop secure caregiver attachments, and maintain independence, health, and safety within their community. Services are provided in family homes, IDDSD and DHS certified foster homes, and group homes.

PROGRAM GOALS: Eight quality of life domains 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 client, with a focus on keeping children in the family home, or a stable, long term out-of-home placement; b) provide planning and 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; e) optimize client involvement in education and employment; and f) center the cultural and linguistic needs of clients and families to increase service equity and improve client outcomes.

PROGRAM ACTIVITY: The goals outlined above correspond to five areas of activity: assessment, connection, service coordination, monitoring, and documentation. Assessments are conducted to determine levels and categories of service. Connection efforts link clients and families to community, educational, employment, and developmental resources. Service coordinators engage the client in person-centered planning to identify choices and goals, and document this information in an Individual Support Plan that outlines a path to goal achievement. For young adults, this may include a plan to transition to independence. Service coordinators with KSA designation provide culturally and linguistically specific support and serve 32% of child and young adult clients. Monitoring is conducted for all Medicaid services. Collaboration with ODHS, ODDS, Behavioral Health, and emergency response services support client health and safety. Documentation efforts require that staff record all service and client data in state and county databases to comply with Medicaid requirements.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of children (birth - 17) served each month.	2,024	1,990	2,100	2,300
Outcome	Percent of children retained in the family home.	89%	90%	90%	90%
Output	Number of young adults (aged 18-21) served each month.	562	560	560	560
Outcome	Number of monitoring contacts for children and young adults.	27,482	20,000	28,000	30,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$930,269	\$4,704,742	\$964,400	\$4,947,217
Contractual Services	\$25,000	\$0	\$25,000	\$0
Materials & Supplies	\$9,967	\$33,204	\$15,483	\$75,678
Internal Services	\$210,364	\$1,628,392	\$187,038	\$1,710,221
Total GF/non-GF	\$1,175,600	\$6,366,338	\$1,191,921	\$6,733,116
Program Total:	\$7,541,938		\$7,925,037	
Program FTE	9.00	44.00	9.00	44.00

Program Revenues				
Intergovernmental	\$0	\$6,366,338	\$0	\$6,733,116
Total Revenue	\$0	\$6,366,338	\$0	\$6,733,116

Explanation of Revenues

This program generates \$721,799 in indirect revenues.
 \$6,733,116 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2021: 25013 IDDSD Services for Children and Young Adults

Department: County Human Services **Program Contact:** Alexis Alberti
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 protective 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 centered in equity, person centered, and collaborative. Abuse reporting decreased 38% after COVID quarantine measures were announced in March, 2020. To mitigate this decline, the Abuse Investigations team has issued a press release to increase awareness, while continuing to deliver required services.

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 address four of the core quality of life domains identified by the research on 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 services and criminal justice protections through an abuse investigation process that centers clients' needs related to language, culture, race, health status, and financial situation; b) increase and maintain client health and safety through safety plans; c) improve service delivery for clients by partnering with local, state and federal agencies; and d) prevent further abuse through a 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, investigators are responsible for ensuring that timely safety plans are in place so that clients have access to direct supports for their health and safety needs. Additional responsibilities include objective review, screening, and investigation of death, alleged abuse, neglect, or exploitation of adults now or previously enrolled in IDSD services. Investigators use an equity lens to examine potential bias throughout the process. These services are conducted under the oversight of the State Department of Human Services Office of Training, Investigation, and Safety, and include investigations of care and non-care providers. In the area of collaboration, investigators maintain working relationships with local, state, and federal law enforcement agencies and community partners, and participate in the District Attorney's Multi-Disciplinary Team, the DD Advisory Committee, The Inter-Agency Committee for Abuse Prevention, the Death Abuse Neglect/Serious Incident Review Team, and the Critical Case Review Committee, which identifies safe options for high-risk clients experiencing complex situations. In the area of prevention, abuse investigators provide technical assistance and follow-up for protective services and recommended action plans. These services ensure compliance with Oregon Administrative Rules and statutes, and reduce the risk of abuse, neglect, and exploitation of clients.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of investigations closed.	167	175	175	190
Outcome	Percent of abuse referrals screened within 3 working days. ¹	70%	90%	85%	90%
Outcome	Percent of recommended actions completed.	100%	100%	100%	100%

Performance Measures Descriptions

¹Measure performance dipped due to new State mandates, including the CAM (Centralized Abuse Management) data entry, administrative law judge hearings (appeal hearings), increased critical review threshold for investigations and investigative reports, a new death review screening process, and staff turnover.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$412,353	\$1,357,316	\$520,121	\$1,275,469
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$3,876	\$8,688	\$7,738	\$18,058
Internal Services	\$81,808	\$418,388	\$99,805	\$418,966
Total GF/non-GF	\$498,037	\$1,785,392	\$627,664	\$1,713,493
Program Total:	\$2,283,429		\$2,341,157	
Program FTE	3.50	11.50	4.50	10.50

Program Revenues				
Intergovernmental	\$0	\$1,785,392	\$0	\$1,713,493
Total Revenue	\$0	\$1,785,392	\$0	\$1,713,493

Explanation of Revenues

This program generates \$186,090 in indirect revenues.
 \$1,400,661 - State Mental Health Grant Abuse Investigation Services
 \$312,832 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2021: 25014 IDSD Abuse Investigations

Department: County Human Services **Program Contact:** Alexis Alberti
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 equitable 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 and linguistically responsive, 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: 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 include: a) increase understanding of available services and eligibility requirements; b) increase connections of individuals to community resources; c) provide direct, trauma-informed application support that centers the linguistic, cultural, emotional, and economic needs of the applicant; 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, equitable access, and connection. Awareness efforts include community outreach to increase understanding of 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. Equitable access efforts include contacting the potential client in their primary language to schedule an intake appointment at a location convenient for them, 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 in their primary language regarding the outcome of their eligibility determination and eligible clients are paired with a Service Coordinator. Connection efforts include connecting potential clients to community partner agencies that provide additional needed resources, such as health insurance, social security benefits, early intervention, or housing support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of intake eligibility referrals.	1,081	1,000	1,100	1,100
Outcome	Percent of referrals made eligible for DD services.	77%	76%	76%	76%
Output	Number of 90-day extension requests submitted to the state. ¹	251	250	259	N/A
Outcome	Percent of intake appointments conducted in the primary language of the applicant. ²	N/A	N/A	90%	90%

Performance Measures Descriptions

¹Removing this measure for FY 2022, as a permanent OA2 position was hired in FY 2020, and 90-day extension requests are no longer expected to increase substantially.

²New Performance Measure for FY 2022. Intake appointments are offered in the applicant's primary language whenever possible, increasing the equity and accessibility of service.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,299,802	\$0	\$1,360,149
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$9,373	\$0	\$18,920
Internal Services	\$0	\$483,754	\$0	\$455,097
Total GF/non-GF	\$10,000	\$1,792,929	\$10,000	\$1,834,166
Program Total:	\$1,802,929		\$1,844,166	
Program FTE	0.00	11.00	0.00	11.00

Program Revenues				
Intergovernmental	\$0	\$1,792,929	\$0	\$1,834,166
Total Revenue	\$0	\$1,792,929	\$0	\$1,834,166

Explanation of Revenues

This program generates \$198,446 in indirect revenues.
 \$1,117,062 - State Mental Health Grant Local Admin
 \$717,104 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2021: 25016 IDDSD 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 (ADVSD) Adult Care Home Program (ACHP) licenses, monitors, and provides equitable access to 616 quality adult care homes in Multnomah County. The ACHP licenses adult care homes to ensure compliance with health and safety rules and regulations developed to support older adults, people with disabilities, people with behavioral health needs, and Veterans. Quarterly monitoring ensures residents' preferences are honored and their specific 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 goal of the Adult Care Home Program is to ensure residents receive appropriate, person-directed, culturally specific, and safe services, and that the operators of the homes are in compliance with Multnomah County Administrative Rules (MCARs).

PROGRAM ACTIVITY: The ACHP accepts, reviews, and approves license applications for those interested in operating an adult care home. Once approved, all adult care home operators are trained on and follow MCARs which exceed the State of Oregon's minimum requirements. Multnomah County has 2,725 licensed beds in the 607 licensed adult care homes and 9 room and board facilities. A quality improvement position ensures process efficiencies, data quality, and program outcomes. All homes are licensed annually. Licensing visits ensure that residents receive appropriate care, socialization, and services—including personal care, nutrition, physical safety, nursing care, and medication management. During the COVID-19 pandemic, in-person licensing visits were reduced to only essential visits to address health and safety concerns. In FY 2021, ACHP resumed modified annual renewal inspections. ACHP takes corrective action when it identifies issues of noncompliance in the home. Program staff provide technical assistance to adult care home operators and issue written warnings, sanctions, or fines when there are serious deficits.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of licenses issued	502 ¹	665	500	675
Outcome	Percent of adult care homes that were licensed accurately and timely based on ACHP audit findings	93%	87%	80%	80%
Outcome	Percent of adult care home residents satisfied with services received in adult care homes	94%	94%	94%	94%
Outcome	Average Medicaid cost savings for adult care home residents compared to nursing facility placement ²	53% ³	55%	51%	49%

Performance Measures Descriptions

¹The number of licenses is down because COVID-19 restrictions prevented license renewals for part of FY 2020. ²The average monthly Medicaid cost of services provided to older adults, people with disabilities, and Veterans in an adult care home is \$4,476. This is 53% less than the \$9,578 average Medicaid cost of a nursing facility placement for the same population. ³This rate decreased due to rising costs of ACHs. The program suspects this is due to an increase in residents with special needs being served in ACHs rather than nursing facilities. but more investigation is needed to confirm.

Legal / Contractual Obligation

Multnomah County has a contract with the 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$47,827	\$2,353,264	\$49,641	\$2,432,399
Contractual Services	\$181,614	\$386,829	\$176,080	\$579,830
Materials & Supplies	\$0	\$30,054	\$13,000	\$19,600
Internal Services	\$0	\$812,743	\$31,824	\$815,271
Total GF/non-GF	\$229,441	\$3,582,890	\$270,545	\$3,847,100
Program Total:	\$3,812,331		\$4,117,645	
Program FTE	0.42	20.58	0.42	20.58

Program Revenues				
Fees, Permits & Charges	\$0	\$15,000	\$0	\$15,400
Intergovernmental	\$0	\$3,228,060	\$0	\$3,292,270
Beginning Working Capital	\$0	\$0	\$0	\$200,000
Service Charges	\$0	\$339,830	\$0	\$339,430
Total Revenue	\$0	\$3,582,890	\$0	\$3,847,100

Explanation of Revenues

This program generates \$354,888 in indirect revenues.
 \$3,292,270 - Title XIX
 \$299,430 - Adult Care Home Program License Fees
 \$200,000 - Fed/State Fund - Beginning Working Capital
 \$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 2021: 25022 ADVSD Adult Care Home Program

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides a continuum of programs that ensure older adults, people with disabilities, and Veterans who have low-incomes 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, behavioral health need, 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. 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: service case management and eligibility case management. Service case management utilizes a person-centered approach to assess needs and jointly create plans with participants 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." Service case managers authorize, coordinate, and monitor services that address health and safety risks in the least restrictive environment. At any point in time, there are approximately 9,151 participants receiving service case management.

Participants who meet financial eligibility guidelines, but do not meet the criteria for nursing facility level of care receive eligibility case management. These participants are enrolled in programs that meet basic health, financial, and nutritional needs through the Oregon Health Plan, Medicaid, or the Supplemental Nutrition Assistance Program (SNAP). They may also receive counseling to help choose the most appropriate managed care and Medicare Part D plans. At any point in time, there are approximately 35,025 participants receiving eligibility case management.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants served in LTSS programs	50,457	50,000	50,000	50,000
Outcome	Percent of participants who felt listened to by LTSS staff	72%	80%	72% ¹	80%
Output	Number of participants receiving Medicaid service case management	11,210	11,200	11,300	11,300
Outcome	Percent of nursing facility eligible clients who are living in the community	87%	86%	88%	88%

Performance Measures Descriptions

¹Participant experience survey rate has declined during LTSS branch office closures due to the COVID-19 pandemic. This estimate is based on FY 2020 response trends.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$29,797,004	\$0	\$30,833,507
Contractual Services	\$3,176,313	\$330,900	\$2,966,434	\$330,900
Materials & Supplies	\$0	\$445,712	\$0	\$450,401
Internal Services	\$0	\$9,439,367	\$0	\$10,461,987
Total GF/non-GF	\$3,176,313	\$40,012,983	\$2,966,434	\$42,076,795
Program Total:	\$43,189,296		\$45,043,229	
Program FTE	0.00	289.55	0.00	288.80

Program Revenues				
Intergovernmental	\$0	\$39,555,892	\$0	\$41,439,576
Other / Miscellaneous	\$0	\$457,091	\$0	\$637,219
Total Revenue	\$0	\$40,012,983	\$0	\$42,076,795

Explanation of Revenues

This program generates \$4,498,608 in indirect revenues.
 \$41,269,417 - Title XIX
 \$295,667 - Providence Medical Center
 \$185,256 - OHSU Intake Specialist (Case Manager)
 \$170,159 - Case Management Assessments for Medicaid Patients
 \$156,296 - Kaiser Foundation Hospitals

Significant Program Changes

Last Year this program was: FY 2021: 25023 ADVSD Long Term Services & Supports (Medicaid)

Personnel costs increased by \$1.0 million. Internal Services costs increase by \$1.0 million mainly due to increase in Indirect charges.

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) Adult Protective Services Program (APS) helps vulnerable 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 conducts abuse investigations, links victims of abuse to health, legal, and social services to improve safety and reduce risk to prevent self-neglect, and provides community 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, neglect, self-neglect, and financial exploitation of older adults, people with disabilities, and Veterans through a centralized screening number. Thirty-two APS investigators review all reported incidents of abuse both for those living in the community or residing in a long-term care facility. APS staff link vulnerable adults to needed healthcare, housing, social services, and legal and participant advocacy agencies. The APS team consists of clinical services specialists, human services investigators, a risk case manager, and APS screeners. 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 APS risk case manager provides short-term case management for vulnerable adults without a substantiated abuse claim but who are at high risk for abuse or self-neglect, or have a significant threat to their health and safety. Risk case management services stabilize individuals and provides intensive oversight for up to a year by creating linkages to appropriate agencies and ongoing services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Adult Protective Service intakes	9,831	9,100	8,678 ¹	9,000
Outcome	Percent of investigations with timely response	99%	97%	99%	97%
Output	Number of Adult Protective Service investigations completed	2,584	1,600	2,887	2,500
Outcome	Re-abuse rate for individuals involved with APS	2%	4%	4%	4%

Performance Measures Descriptions

¹Abuse reporting has decreased state-wide during the COVID-19 pandemic due to reduced in-person service delivery.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$47,014	\$5,002,689	\$49,281	\$5,171,791
Contractual Services	\$516,732	\$5,000	\$463,951	\$5,000
Materials & Supplies	\$0	\$63,001	\$0	\$63,001
Internal Services	\$0	\$1,413,130	\$4,325	\$1,623,045
Total GF/non-GF	\$563,746	\$6,483,820	\$517,557	\$6,862,837
Program Total:	\$7,047,566		\$7,380,394	
Program FTE	0.35	41.00	0.35	41.00

Program Revenues				
Intergovernmental	\$0	\$6,483,820	\$0	\$6,862,837
Total Revenue	\$0	\$6,483,820	\$0	\$6,862,837

Explanation of Revenues

This program generates \$754,564 in indirect revenues.
\$6,862,837 - Title XIX

Significant Program Changes

Last Year this program was: FY 2021: 25024 ADVSD Adult Protective Services

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

Program Contact: Erin Grahek
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) operates the County Veterans Services Office (VSO) to ensure that Veterans receive equitable and efficient access to quality services and programs that meet their diverse needs. The VSO supports anyone who served on active duty with the U.S. Armed Forces and their families by providing advocacy, access, and assistance to obtain all benefits through the Federal Veterans' Administration contributing to the 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 the VSO are to provide information, assistance, and advocacy to all who served in the military to improve their access to a pension, disability, and health benefits. The VSO leverages strong community partnerships, resulting in increased community referrals for underrepresented Veterans.

PROGRAM ACTIVITY: VSO staff are trained and accredited by the Oregon Department of Veterans Affairs to represent Veterans and their families in their claims for benefits. Staff are versed in applicable Federal and State laws to provide the best representation possible, free of charge. The VSO provides comprehensive Veterans Administration (VA) benefits counseling and enrollment, submits claims for VA compensation and pensions, coordinates appeals, and provides outreach to Veterans involved with the justice system. ADVSD leads the County's Veterans Services Task Force to strengthen the network of community partners. The VSO is a supporting partner in "A Home for Everyone" efforts to end chronic homelessness for Veterans through participation in the "By Name List," a registry for Veterans who are homeless or at risk of homelessness. This effort increases awareness about VSO services in assisting Veterans to quickly and smoothly navigate the claims process. The VSO promotes equity for Veterans and military families in underrepresented communities who face barriers to access Federal, State, and local benefits. The VSO implements 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 socioeconomic disparities. At any given point in time, the VSO serves over 9,000 Veterans in the County. In FY2020, the VSO provided over 4,900 telephone and email screening for prospective clients which resulted in information and referral services and scheduled appointments with the VSO for Veterans, their family members or other community members.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of appointments held by Veterans Services Officers	2,480	N/A	2,100	2,300
Outcome	New monthly compensation or pension awarded for ongoing benefit to Veterans due to VSO representation	\$901,421	\$595,000	\$901,421	\$901,421
Output	Number of claims filed for Veterans or eligible family members	721	N/A	625	700
Outcome	New retroactive benefits awarded to Veterans because of VSO representation in the last fiscal year	\$3,760,298	\$2,800,000	\$3,760,298	\$4,000,000

Performance Measures Descriptions

Previous measure: "Number of Veterans with new representation with Veterans Services." FY 2020 Actual=N/A, data not available. FY 2021 Purchased=1,050. FY 2021 Estimate=N/A, data not available. Previous measure: "Number of Veterans or eligible family members with financial claims filed in the fiscal year." FY 2020 Actual=N/A, data not available. FY 2021 Purchased=430. FY 2021 Estimate=N/A, data not available. These measures are being removed due to the unavailability of reliable data from the State.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$506,855	\$295,298	\$523,977	\$303,794
Contractual Services	\$5,000	\$25,000	\$10,000	\$0
Materials & Supplies	\$0	\$34,580	\$34,580	\$0
Internal Services	\$130,803	\$11,813	\$104,755	\$44,923
Total GF/non-GF	\$642,658	\$366,691	\$673,312	\$348,717
Program Total:	\$1,009,349		\$1,022,029	
Program FTE	4.71	3.29	4.91	2.84

Program Revenues				
Intergovernmental	\$0	\$341,691	\$0	\$348,717
Beginning Working Capital	\$0	\$25,000	\$0	\$0
Total Revenue	\$0	\$366,691	\$0	\$348,717

Explanation of Revenues

\$348,717 - Oregon Department of Veteran Affairs

Significant Program Changes

Last Year this program was: FY 2021: 25025 ADVSD Veterans Services

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

Executive Summary

Under court authority, the Aging, Disability & Veterans Services Division (ADVSD) Public Guardian and Conservator Program (PGC) supports older adults, people with disabilities, and Veterans. The PGC protects and enhances the quality of life for mentally incapacitated and impoverished adults who are victims of abuse, neglect, and financial exploitation by improving their safety and well-being. The program also seeks to provide culturally specific and appropriate services for BIPOC (Black, Indigenous, and/or People of Color) communities. Finally, PGC diverts at-risk and underserved individuals to less restrictive and costly alternatives to publicly funded guardianship.

Program Summary

ISSUE: Without PGC making vital decisions under court authority, extremely vulnerable adults would experience continued victimization, frequent emergency department and hospital 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. The COVID-19 pandemic has also driven up referrals as hospitals face pressure to free up capacity.

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

PROGRAM ACTIVITY: Public guardians serve as the court-appointed representative for adults with mental incapability, severe and persistent behavioral health needs, Alzheimer's, and other dementias or brain injury. PGC participants are also functionally incapacitated, requiring intensive supports and specialized housing arrangements to balance the need for protection with the right to autonomy. PGC centers racial equity by tailoring services based on culturally-specific client needs and working to reduce health disparities. Person-centered care plans address immediate risks, ensure adequate care arrangements, and stabilize medical and psychiatric conditions. Public guardians are available 24/7 to make medical, psychiatric, financial, and life decisions for participants. The average caseload for PGC is 35 participants—higher than the recommended standard of 25 used by the State. PGC also provides community consultation to identify alternatives to the restrictions of guardianship. PGC educates community partners and works with Adult Protective Services, families, law enforcement, hospitals, multi-disciplinary teams, and the court to intervene early to resolve fraud, abuse, and neglect of vulnerable adults.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of County residents with a Public Guardian/Conservator	189	185	185	185
Outcome	Percent of new high-risk PGC participants with a reduction in hospital visits within a year ¹	100%	95%	95%	95%
Outcome	Percent of PGC participants with properly managed assets to ensure ongoing eligibility and fraud protection	100%	100%	100%	100%
Outcome	Percent of PGC contacts diverted to a less costly and less restrictive resource	54%	30%	40%	40%

Performance Measures Descriptions

¹Because this measure requires a 12-month service window, data for individuals newly appointed with a Guardian during FY 2020 is not yet available. The figure reported for FY 2020 Actual represents all high-risk PGC participants with a petition date during FY 2019.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,359,950	\$0	\$1,407,083	\$0
Contractual Services	\$26,384	\$0	\$26,384	\$0
Materials & Supplies	\$30,420	\$0	\$30,420	\$0
Internal Services	\$286,533	\$0	\$290,487	\$0
Total GF/non-GF	\$1,703,287	\$0	\$1,754,374	\$0
Program Total:	\$1,703,287		\$1,754,374	
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 2021: 25026 ADVSD Public Guardian/Conservator

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) Quality & Business Services (QBS, formerly Administrative Services) provides division-wide leadership, budget development, performance management, program evaluation, data analysis, administrative support, and workforce equity strategies to ensure fiscal responsibility, compliance, and participant-focused outcomes. QBS is also deeply engaged in driving department and countywide initiatives related to these topics to align efforts and leverage shared resources.

Program Summary

ISSUE: As the Area Agency on Aging for Multnomah County, ADVSD is responsible for developing a coordinated service system and ensuring equitable access for the county’s 181,000 older adults, people with disabilities, and Veterans. QBS provides administrative support to the 29 programs across five program areas: Long Term Services and Supports, Community Services, Adult Protective Services, the Adult Care Home Program, and the Public Guardian/Conservator.

PROGRAM GOAL: The primary goal of QBS is to support the division’s commitment to equity, quality, and accountability by providing strategic direction and critical infrastructure that guide quality improvement, budget oversight, and program evaluation.

PROGRAM ACTIVITY: QBS provides division-wide quality improvement support by leading quality improvement projects and convening the ADVSD Quality Council staffed by all ADVSD program areas and the DCHS Quality Improvement Center. Through ongoing budget development and monitoring, QBS supports fiscally responsible resource management that aligns to the DCHS North Star and ensures regulatory compliance. QBS program evaluation efforts center participant and community input to provide staff with insights to enhance equity in service delivery and participant outcomes. Members of QBS co-facilitate the DCHS Performance Management Council to ensure alignment with department initiatives, such as the DCHS Dashboard and workforce equity initiatives. QBS collaborates with the Enterprise and Data Analytics Team and Data Governance Program in IT to develop and implement a division-wide data strategy grounded in equity-driven data stewardship and analytics. QBS builds and maintains dozens of program-specific dashboards to support data-informed decisions in program management, funding allocation, and workforce development. QBS staff are members of the DCHS Data and Reporting Steering Committee that aligns the data governance practices of the department. Additional QBS activities include staff onboarding, coordination of travel and training, technology and IT support, monitoring policy compliance, and providing other critical administrative support to ADVSD’s team of 446 FTE.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of ADVSD quality improvement, program evaluation or data analytics projects completed	27	N/A	27	27
Outcome	Percent of ADVSD employees who identify as Black, Indigenous, and/or People of Color (BIPOC) ¹	41%	39%	41%	41%
Outcome	Percent of ADVSD promotions that went to BIPOC employees	60%	N/A	60%	60%

Performance Measures Descriptions

¹Reworded for clarity. Measure was previously “Percent of ADVSD employees of color.”
Former measure: “Total number of ADVSD employees.” FY 2020 Actual=447. FY 2021 Purchased=485. FY 2021 Estimate=458. Former measure: “Percent of ADVSD employees who completed required annual HIPAA training on time.” FY 2020 Actual=95.5%. FY 2021 Purchased=95%. FY 2021 Estimate=95%.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$207,801	\$1,194,684	\$206,134	\$1,168,091
Contractual Services	\$608,302	\$67,750	\$801,740	\$215,750
Materials & Supplies	\$54,906	\$142,594	\$146,500	\$71,000
Internal Services	\$62,265	\$3,781,927	\$17,599	\$339,530
Total GF/non-GF	\$933,274	\$5,186,955	\$1,171,973	\$1,794,371
Program Total:	\$6,120,229		\$2,966,344	
Program FTE	1.47	8.33	1.35	7.65

Program Revenues				
Intergovernmental	\$0	\$5,182,955	\$0	\$1,792,371
Other / Miscellaneous	\$0	\$2,000	\$0	\$2,000
Beginning Working Capital	\$0	\$2,000	\$0	\$0
Total Revenue	\$0	\$5,186,955	\$0	\$1,794,371

Explanation of Revenues

This program generates \$170,425 in indirect revenues.
\$1,792,371 - Title XIX
\$2,000 - Special Risk Fund

Significant Program Changes

Last Year this program was: FY 2021: 25027 ADVSD Administration

Program name updated to more accurately represent the services provided. Decrease in Internal Services by \$3.5 million - one-time-only funds initially allocated to move to a new leased building for ADVSD. Due to COVID-19 the decision was made not to move to a new building; later this also absorbed \$1.7 million in State Reductions (Bud Mod 010-21) for FY 2021.

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

Executive Summary

The Multi-Disciplinary Team (MDT) provides vulnerable older adults, people with disabilities, and Veterans with complex health, mental health, and social needs with equitable access to quality services. The MDT provides complex case consultation and in-home mental health and nursing services to isolated individuals with the goal of improving safety and quality of life.

Program Summary

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

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

PROGRAM ACTIVITY: The Multi-Disciplinary Team 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 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. Case managers bring complex cases for consultation and in-home nursing services or mental health services depending on their needs. The Multi-Disciplinary Team may provide short-term monitoring following the closure of an APS investigation for people with complex care plans. In FY 2022, the MDT will develop tools to collect and evaluate information to identify service disparities that impact the Black, Indigenous, and/or People of Color (BIPOC).

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants served by the Multi-Disciplinary Team (MDT)	619	515	578	580
Outcome	Percent of participants referred to nursing clinical supports and/or mental health services through MDT	51%	70%	54%	60%
Output	Number of MDT participants who receive mental health services	149	150	150	150

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$374,637	\$324,190	\$390,096	\$337,618
Contractual Services	\$437,724	\$160,687	\$432,544	\$160,687
Materials & Supplies	\$0	\$11,030	\$0	\$11,030
Internal Services	\$0	\$117,188	\$30,276	\$105,616
Total GF/non-GF	\$812,361	\$613,095	\$852,916	\$614,951
Program Total:	\$1,425,456		\$1,467,867	
Program FTE	2.45	2.20	2.45	2.20

Program Revenues				
Intergovernmental	\$0	\$613,095	\$0	\$614,951
Total Revenue	\$0	\$613,095	\$0	\$614,951

Explanation of Revenues

This program generates \$49,259 in indirect revenues.
 \$454,264 - Title XIX
 \$160,687 - Older/Disabled Mental Health

Significant Program Changes

Last Year this program was: FY 2021: 25028A ADVSD Multi-Disciplinary Team

Department: County Human Services **Program Contact:** Joe Valtierra
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. The Transition and Diversion Program (T&D) promotes home and community living for individuals, who would otherwise reside in a nursing facility. Individuals' ability to live in the setting of their choice with culturally appropriate care plans improves their quality of life.

Program Summary

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

PROGRAM GOAL: The Transition and Diversion Program goal is to center equity and help older adults, people with disabilities, and Veterans live in the setting of their choice rather than in institutional settings. This results in minimizing the use of more costly nursing facility care and reducing unnecessary hospitalizations and readmissions. The costs that are saved by serving people in the community are reinvested in the programs, allowing more people to be served in the setting of their choice.

PROGRAM ACTIVITY: The Transition and Diversion Program serves all nursing facility eligible individuals in Multnomah County. Transition and Diversion staff assess and assist individuals who live in nursing facilities to relocate to community settings if they desire to leave the nursing facility. This is done by connecting them with equity centered services and assistance to help them live safely in the community. Transition and Diversion works 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 such as an 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 and Diversion Program supports independent living and the DCHS priority to reduce housing insecurity.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Annual number of transitions from a nursing facility ¹	554	500	570	570
Outcome	Percent of transitions where participants returned home	55%	58%	51%	51%
Outcome	Percent of transitions where participants returned to a community-based facility	40%	40%	48%	48%

Performance Measures Descriptions

¹This measure and all following measures include both transitions and diversions.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$3,614,338	\$0	\$3,798,224
Contractual Services	\$376,829	\$41,708	\$365,345	\$55,000
Materials & Supplies	\$0	\$64,448	\$0	\$64,322
Internal Services	\$0	\$1,134,545	\$0	\$1,249,468
Total GF/non-GF	\$376,829	\$4,855,039	\$365,345	\$5,167,014
Program Total:	\$5,231,868		\$5,532,359	
Program FTE	0.00	33.00	0.00	33.00

Program Revenues				
Intergovernmental	\$0	\$4,704,758	\$0	\$5,167,014
Other / Miscellaneous	\$0	\$150,281	\$0	\$0
Total Revenue	\$0	\$4,855,039	\$0	\$5,167,014

Explanation of Revenues

This program generates \$554,161 in indirect revenues.
 \$4,983,774 - Title XIX
 \$183,240 - Case Management Assessments for Medicaid Patients

Significant Program Changes

Last Year this program was: FY 2021: 25029 ADVSD Transition & Diversion (Medicaid)

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

The Aging, Disability & Veterans Services Division (ADVSD) Outreach, Information, Referral and Assistance services are the entry point for helping people maintain their independence and contribute to the quality of life through equitable service access. The Aging and Disability Resource Connection Helpline (ADRC) is a contact center that is available 24/7/365 that provides people with access to information, assistance, and resources specific to their needs.

Program Summary

ISSUE: The network of public and private sector services and resources is complex and can be difficult to navigate and access particularly for BIPOC communities (Black Indigenous, and/or People of Color). Multnomah County's Aging and Disability Resource Connection Helpline (ADRC) assists older adults, people with disabilities, Veterans, and their family members to navigate this complex system by providing appropriate information, 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 equitable access to services. The core service of the ADRC is Information, Referral and Assistance (I&R/A) which is governed by national standards through the Association of Information & Referral Services. Outreach and information services help meet a department-wide goal to increase ease of resource navigation and equity in access for the community.

PROGRAM ACTIVITY: As the federally designated Area Agency on Aging, ADVSD provides outreach and specialized information and assistance to vulnerable older adults, people with disabilities, and Veterans. ADVSD and contracted partners have certified I&R/A specialists who provide comprehensive service delivery through information and assistance, follow-up, and crisis intervention. I&R/A specialists screen and refer individuals for Medicare, long-term care options counseling, public benefits such as Medicaid and the Supplemental Nutrition Assistance Program, and intensive services such as Oregon Project Independence, Medicaid in-home services, Adult Protective Services, Intellectual & Developmental Disabilities, and the Mental Health Crisis Line. The ADRC partners with 211info to create a cohesive information and assistance network. The top referrals from the ADRC include Medicare, housing assistance, energy assistance, and District Senior Centers. Community partnerships are key to the work as contracted District Senior Centers and Enhancing Equity partners provide 43% of all I&R/A client contacts. Community partners serve as a culturally responsive and culturally specific entry point for the community by providing outreach, education, recreation opportunities, and person-centered intergenerational services, and leveraging resources including volunteer hours and in-kind and cash donations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of contacts to the Aging and Disability Resource Connection Helpline	31,197	28,500	29,000	29,000
Outcome	Percent of participants who would recommend the ADRC	90%	93%	90%	90%
Output	Number of referrals to County and community partner agencies from the ADRC	49,068	45,000	41,500	42,000
Outcome	Percent of participants with a new ADVSD service after an ADVSD referral from the ADRC	54% ¹	35%	35%	35%

Performance Measures Descriptions

¹FY 2020 had strong enrollment rates early in the year which decreased during the COVID-19 pandemic.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$257,742	\$1,076,318	\$230,085	\$1,084,705
Contractual Services	\$938,611	\$246,825	\$905,548	\$246,825
Materials & Supplies	\$36,612	\$30,536	\$0	\$50,450
Internal Services	\$1,698	\$267,107	\$24,753	\$285,328
Total GF/non-GF	\$1,234,663	\$1,620,786	\$1,160,386	\$1,667,308
Program Total:	\$2,855,449		\$2,827,694	
Program FTE	2.16	9.64	2.00	9.30

Program Revenues				
Intergovernmental	\$0	\$1,608,786	\$0	\$1,667,308
Beginning Working Capital	\$0	\$12,000	\$0	\$0
Total Revenue	\$0	\$1,620,786	\$0	\$1,667,308

Explanation of Revenues

This program generates \$154,480 in indirect revenues.

\$1,171,036 - Title XIX

\$248,105 - Outreach & Enrollment - MIPPA

\$183,178 - ADRC - System-Wide Technical Assistance

\$22,388 - Senior Health Insurance (SHIBA); \$19,644 - Title IIIB (OAA - Supportive Services)

\$10,771 - Senior Medicare Patrol Grant; \$7,336 - Title VIIB (OAA - Elder Abuse)

\$3,000 - City of Troutdale; \$1,850 - City of Fairview

Significant Program Changes

Last Year this program was: FY 2021: 25032 ADVSD Outreach, Information & Referral

Department: County Human Services **Program Contact:** Erin Grahek
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25032
Program Characteristics: One-Time-Only Request

Executive Summary

The Aging, Disability & Veterans Services Division (ADVSD) Outreach, Information, Referral and Assistance services are the entry point for helping people maintain their independence and contribute to the quality of life through equitable service access. For older adults living with or affected by HIV, access to resources specific to their needs is essential in ensuring healthy aging and promoting a sense of safety and belonging.

Program Summary

ISSUE: Thanks to advances in treatment options, individuals living with or affected by HIV have much longer and healthier lives than would have been imaginable 30 years ago. This has given rise to a need for supports and resources that address the unique needs of older adults living with or impacted by HIV. According to the Oregon Health Authority, 65% of Oregonians living with or affected by HIV can be considered long term survivors. Even individuals who are HIV-negative have experienced significant trauma as they cope with loss, survivor's guilt and depression.

PROGRAM GOAL: The goal of the ADVSD HIV Aging Support program offer is to ensure the continuation of the Aging Well program and bolster the service network dedicated to supporting older adults living with or impacted by HIV. These efforts support a department-wide goal to increase ease of resource navigation, promote equity in service access and enhance safety and connectedness for this population.

PROGRAM ACTIVITY: As the designated Area Agency on Aging (AAA) for Multnomah County, ADVSD provides Focal Point Activities as one of the core functions described in the Older American Act (OAA). Community partners serve as a culturally responsive and culturally specific Community Focal Points, providing outreach, education, recreation opportunities, and person-centered intergenerational services that promote healthy aging and reduce social isolation. Aging Well is a participant-driven program offered by the Cascade AIDS Project (CAP) which promotes healthy aging and social connection for long term survivors of HIV. CAP's Aging Well activities support the Focal Point model by offering support groups, community events, seminars, and opportunities for advocacy and community leadership. During the COVID-19 pandemic, many events and activities have pivoted to a virtual model to maintain participant connection and engagement. This program offer also includes funding for consultation and legal services to support the merger of Cascade AIDS Project and Our House, which will result in continuity of services to participants throughout the merger.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Aging Well community events	N/A	N/A	N/A	48
Outcome	Percent of participants who report a reduction in social isolation due to participation in Aging Well	N/A	N/A	N/A	90%

Performance Measures Descriptions

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$250,000	\$0
Total GF/non-GF	\$0	\$0	\$250,000	\$0
Program Total:	\$0		\$250,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: 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 equitable and efficient access to quality nutrition services that meet 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 provides nutrition education and nutritious congregate and home-delivered meals.

Program Summary

ISSUE: Participants from diverse communities have indicated that barriers to nutrition include a lack of 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. According to the U.S. Administration on Community Living, adequate nutrition, on a daily basis, is the key to a person maintaining adequate health necessary to live at home.

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 throughout Multnomah County 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 individuals who are isolated, low-income, minority, and have limited English proficiency. In FY 2020, 33% of program participants said they were an ethnic or racial minority. 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 the preferences of a particular culture or group of cultures. Acknowledging this issue ADVSD increased the nutrition funding allocation to provide more culturally specific services. There has been a significant increase in home-delivered meals as a result of the closure of congregate meals sites during the COVID-19 pandemic. Congregate meals and nutrition education will resume when the Governor and the State have deemed it safe to do so. ADVSD has contracted with an on-call dietitian to provide the required review of planned menus and ensure compliance with Federal and State nutrition guidelines.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of meals served	619,886 ¹	515,000	685,130 ¹	526,000
Outcome	Percent of high nutritional risk participants who experienced an improvement in their annual risk score	44%	32%	31%	31%
Output	Percent of meals through culturally specific services	12%	10%	12%	12%
Outcome	Percent of home-delivered meal participants satisfied or very satisfied with nutritional services	N/A ²	92%	N/A	92%

Performance Measures Descriptions

¹The significant increase in meals provided is due to local, State, and Federal disaster response funds. ²Survey data was not available due to service delivery changes resulting from the COVID-19 pandemic.

Legal / Contractual Obligation

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$64,663	\$0	\$128,986
Contractual Services	\$509,317	\$1,651,931	\$487,403	\$1,685,605
Materials & Supplies	\$2,000	\$3,738	\$2,000	\$3,738
Internal Services	\$6,105	\$0	\$1,070	\$12,358
Total GF/non-GF	\$517,422	\$1,720,332	\$490,473	\$1,830,687
Program Total:	\$2,237,754		\$2,321,160	
Program FTE	0.00	0.50	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$1,720,332	\$0	\$1,830,687
Total Revenue	\$0	\$1,720,332	\$0	\$1,830,687

Explanation of Revenues

\$675,889 - Title IIIC-2 (OAA - Home Meals)
 \$493,184 - Title IIIC-1 (OAA - Congregate Meals)
 \$438,532 - U.S. Department of Agriculture
 \$145,082 - Title IIIB (OAA - Supportive Services)
 \$78,000 - PWD OPI Pilot Project

Significant Program Changes

Last Year this program was: FY 2021: 25033 ADVSD Nutrition Program

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 health promotion activities and interventions that support healthy, active living, and chronic disease self-management that contribute towards quality of life. With community organizations providing culturally specific and culturally responsive services, ADVSD employs proven practices to improve health through exercise, disease self-management, healthy eating, and other activities. During the COVID-19 pandemic agencies modified traditional healthy aging classes to a virtual environment to continue service. These services are part of the ADVSD access and early intervention continuum.

Program Summary

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

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

PROGRAM ACTIVITY: Evidence-based health promotion activities include physical activity and exercise, healthy eating, chronic disease self-management, fall prevention, medication management, anxiety and depression management, and Alzheimer's disease and dementia support. Programs include Care Transitions that provide transition support from hospital to home. The health promotion program reaches out to Black, Indigenous, and/or People of Color (BIPOC), and at risk populations, and fosters community engagement to reduce social isolation. With numerous community partnerships hosting preventative activities, ADVSD coordinates to streamline access to services and support healthy aging. Community agencies programs include 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.

ADVSD uses a calendar of activities on the County website and a 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. EBHP programs serve a wider department goal of preventing health decline and supporting the ability for individuals to age in place while providing proven healthcare cost savings.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people enrolled in evidence-based behavioral and health promotion activities	1,067	600	993	600 ²
Outcome	Percent of EBHP fall prevention participants who had a reduction in fall risk compared to non-participants ¹	55%	55%	55%	55%
Outcome	Percent of evidence based Care Transition participants with no hospital readmission in 30 days	88%	89%	88%	88%

Performance Measures Descriptions

¹Outcome data is from national clinical trials; however, ADVSD undertakes fidelity monitoring to ensure similar outcomes. Falls prevention data is from Tai Chi: Moving for Better Balance Program clinical trials. ²Service levels are expected to decrease due to State budget cuts to the ADRC Mental Health grant.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$636,924	\$0	\$348,415
Contractual Services	\$6,993	\$623,790	\$17,056	\$68,086
Materials & Supplies	\$10,154	\$2,254	\$12,408	\$0
Internal Services	\$100,627	\$63,163	\$33,523	\$95,539
Total GF/non-GF	\$117,774	\$1,326,131	\$62,987	\$512,040
Program Total:	\$1,443,905		\$575,027	
Program FTE	0.00	5.30	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$765,131	\$0	\$313,021
Other / Miscellaneous	\$0	\$561,000	\$0	\$199,019
Total Revenue	\$0	\$1,326,131	\$0	\$512,040

Explanation of Revenues

This program generates \$50,833 in indirect revenues.
 \$269,771 - ADRC - Person Centered Option Counseling Medicaid
 \$199,019 - Providence Health Services - Metro Care Transitions
 \$43,250 - Title IIID (OAA - Health Promotion)

Significant Program Changes

Last Year this program was: FY 2021: 25034 ADVSD Health Promotion

Decrease in Other Funds by \$0.3M due to the contract ending with Legacy Health System on Metro Care Transitions.
 Decrease in Other Funds by \$0.3M due to ADRC (Aging and Disability Resource Center) Mental Health Grant reduction.
 The FTE reduction is mainly due to the realignment of the program offers (1.00 FTE Program Specialist and 0.80 FTE Program Technician moved to program offer 25038 ADVSD Advocacy & Community Program Operations)

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

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) provides support through a continuum of access and early intervention programs, to have equitable and efficient access to quality services and programs. For individuals not receiving Medicaid case management and at risk for nursing facility placement, non-Medicaid case management and in-home services provide critical supports that allow them to 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 based on extensive listening sessions. 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.

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, support their family caregivers and delay an individual's need for more costly Medicaid services and nursing facility care. Research conducted by Boston University showed that case management can improve housing stability and prevent isolation through services such as housekeeping or grocery shopping.

PROGRAM ACTIVITY: The Case Management and In-Home Services Program is part of the access and early intervention continuum, separate from Medicaid services, conducted through partnerships with community organizations providing culturally responsive and culturally specific services. These services are funded through a variety of sources including County General Funds, Federal Older Americans Act, Oregon Project Independence, and Federal Veterans' Administration. Case managers work with individuals and their families to assess needs for services; determine eligibility; authorize and coordinate services; and develop, implement, monitor, and evaluate the person-centered care plan. With the exception of adult day respite services, all other in-home services have continued throughout the COVID-19 pandemic, including: housekeeping, personal care, and grocery shopping. Case managers use virtual means to reassess participant needs, provide telephone reassurance and advocate on their behalf, and provide information, assistance and referral as needed.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people receiving case management and/or in-home services	2,879	2,700	2,961	2,900
Outcome	Percent of Oregon Project Independence participants who did not enroll in Medicaid services	92%	92%	92%	92%
Outcome	Percent of participants who would recommend these services to a friend or family member ¹	98%	99%	98%	99%

Performance Measures Descriptions

¹Data taken from an anonymous participant satisfaction survey of those served by ADVSD. Includes, but is not specific to, those who receive case management and in-home services.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$151,638	\$588,931	\$159,434	\$438,504
Contractual Services	\$1,392,157	\$6,030,795	\$1,245,549	\$9,700,277
Materials & Supplies	\$7,600	\$5,238	\$0	\$15,795
Internal Services	\$63,426	\$25,104	\$18,372	\$70,497
Total GF/non-GF	\$1,614,821	\$6,650,068	\$1,423,355	\$10,225,073
Program Total:	\$8,264,889		\$11,648,428	
Program FTE	0.97	3.93	0.97	3.63

Program Revenues				
Intergovernmental	\$0	\$6,610,833	\$0	\$10,199,328
Beginning Working Capital	\$0	\$12,000	\$0	\$0
Service Charges	\$0	\$27,235	\$0	\$25,745
Total Revenue	\$0	\$6,650,068	\$0	\$10,225,073

Explanation of Revenues

This program generates \$12,989 in indirect revenues.
 \$8,914,234 - Veteran's Directed Home & Community Services
 \$505,611 - Oregon Project Independence
 \$340,401 - PWD OPI Pilot Project
 \$285,533 - Title IIIB (OAA - Supportive Services)
 \$111,411 - Oregon Money Management Program
 \$28,853 - Title IIIE (OAA - Caregiver Support)
 \$25,745 - Client Employer Provider Fees; \$13,285 - Title IIID (OAA - Health Promotion)

Significant Program Changes

Last Year this program was: FY 2021: 25035 ADVSD Case Management & In-Home Services (non-Medicaid)

Increase of \$3.7 million for Veterans Directed Care services - Federal VA funding has been increased to pass through to Veterans participating in the program.

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

The Safety Net Program provides eviction prevention assistance and housing stabilization services to ensure clean and safe housing. The program provides funds for bed bug mitigation, medical equipment, dental services, and prescriptions to those with no other financial options to prevent health decline, increase independence, and improve quality of life.

Program Summary

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

PROGRAM GOAL: The first goal of the Safety Net Program is to 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, by providing denture assistance. Collectively, these three goals provide services and supports to address significant gaps.

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 is the primary access point for these services. Specific to the goal of providing or maintaining safe, stable housing, the Safety Net Program provides direct housing assistance by facilitating housing support services such as extreme cleaning and bed bug mitigation. To ensure individuals are able to get their prescribed treatments and prevent health decline, the Safety Net Program provides financial assistance for special medical needs, such as dentures, eyeglasses, and other durable medical equipment not covered by Medicaid, Medicare, or other programs. Short-term emergency prescription assistance is provided to cover the cost of medications and help develop a long-term prescription coverage plan.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people who received Safety Net services	513 ¹	650	230 ¹	350
Outcome	Percent of participants in stable housing six months after receiving services	96%	95%	97%	94%
Outcome	Percent of requests for Safety Net services fulfilled to avert eviction	65%	70%	73%	55% ¹

Performance Measures Descriptions

¹The eviction moratorium during the COVID-19 pandemic led to a decrease in requests for rent assistance. This is compounded by increasing costs of housing and deposits, which reduced the number of individuals who could be served.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$88,921	\$88,921	\$92,003	\$92,003
Contractual Services	\$557,949	\$0	\$558,038	\$0
Materials & Supplies	\$0	\$1,790	\$1,790	\$0
Internal Services	\$0	\$20,600	\$9,269	\$24,065
Total GF/non-GF	\$646,870	\$111,311	\$661,100	\$116,068
Program Total:	\$758,181		\$777,168	
Program FTE	0.75	0.75	0.75	0.75

Program Revenues				
Intergovernmental	\$0	\$111,311	\$0	\$116,068
Total Revenue	\$0	\$111,311	\$0	\$116,068

Explanation of Revenues

This program generates \$13,423 in indirect revenues.
 \$116,068 - Title XIX

Significant Program Changes

Last Year this program was: FY 2021: 25036 ADVSD Safety Net Program

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. Transportation services help individuals with transportation and mobility barriers to maintain their independence and quality of life. Transportation services provide participants with transportation coordination, bus passes and tickets, and emergency rides for increased mobility and access to health and social services.

Program Summary

ISSUE: Participants from diverse communities have indicated 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. 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 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: 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 in applications, authorizing and coordinating rides, and distributing bus passes and tickets purchased through contracts with local transportation providers, and authorization of other transportation services. 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. A direct impact of the COVID-19 pandemic was reduced utilization for transportation for social and medical appointments. Transportation providers have modified their services to provide home delivery of groceries and other essential items.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants who received transportation assistance	1,712	1,900	1,022	1,200
Outcome	ADVSD services after receiving transportation services	33% ¹	40%	30%	30%
Outcome	Percent of non-Medicaid participants who report increased mobility because of transportation services	N/A ²	85%	85%	85%

Performance Measures Descriptions

¹All transportation utilization by older adults and people with disabilities is down due to the Governor's Stay Home Stay Safe order. ²Survey data was not available due to service delivery changes resulting from the COVID-19 pandemic.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$211,880	\$0	\$192,351
Contractual Services	\$168,542	\$1,843,660	\$171,742	\$1,843,660
Internal Services	\$0	\$28,097	\$0	\$49,073
Total GF/non-GF	\$168,542	\$2,083,637	\$171,742	\$2,085,084
Program Total:	\$2,252,179		\$2,256,826	
Program FTE	0.00	1.98	0.00	1.70

Program Revenues				
Intergovernmental	\$0	\$2,083,637	\$0	\$2,085,084
Total Revenue	\$0	\$2,083,637	\$0	\$2,085,084

Explanation of Revenues

This program generates \$28,064 in indirect revenues.
\$1,527,422 - Medicaid Community Transportation
\$500,062 - TriMet Community Transportation Local Match
\$52,000 - PWD OPI Pilot Project
\$5,600 - Title IIIB (OAA - Supportive Services)

Significant Program Changes

Last Year this program was: FY 2021: 25037A 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) Advocacy & Community Program Operations seek to center the voice of communities that have been historically marginalized in order to support an equity focused, participant-directed service system through ADVSD advisory councils management, Area Plan development and management, contract administration, network advocacy, and program support.

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 engages with diverse communities who can share their needs and issues. 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 consistent, equitable, and quality-focused services to participants.

PROGRAM ACTIVITY: The Advocacy program includes contract monitoring, Area Plan development, participant advocacy, and management of two advisory councils (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 Older Americans Act, describes the scope of diverse needs in the service area and outlines the goals, objectives, and key tasks to be undertaken and is 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of volunteer hours donated to ADVSD	41,896	47,000	41,900	41,000
Outcome	Percent of diverse ¹ representation on ADVSD Advisory Councils	81% ¹	50%	80%	75%
Output	Number of opportunities for participants and community members to give feedback to ADVSD	46	40	50	40
Outcome	Percent of ADVSD contract funds dedicated to culturally specific providers ¹	40%	38%	45%	38%

Performance Measures Descriptions

¹Those who identify as Black, Indigenous and/or People of Color (BIPOC), a person with a disability, an immigrant or refugee, non-English speaking, LGBTQ+. ²Contracts are specific to the Federal Older Americans Act and Oregon Project Independence and exclude Adult Care Home Program, Adult Protective Services, Public Guardian/Conservator, and Long Term Services & Supports.

Legal / Contractual Obligation

ADVSD is designated the Type B Transfer Area Agency on Aging for Multnomah County through a contract with the Oregon Department of Human Services and as guided by ORS Ch 410, to provide mandatory functions for older adults and people with disabilities. These include the 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$320,400	\$927,074	\$329,373	\$1,201,712
Contractual Services	\$127,911	\$364,308	\$117,863	\$376,808
Materials & Supplies	\$9,569	\$117,942	\$9,307	\$111,410
Internal Services	\$304,374	\$530,951	\$325,863	\$588,693
Total GF/non-GF	\$762,254	\$1,940,275	\$782,406	\$2,278,623
Program Total:	\$2,702,529		\$3,061,029	
Program FTE	2.79	6.73	2.82	9.78

Program Revenues				
Intergovernmental	\$0	\$1,706,000	\$0	\$2,020,617
Other / Miscellaneous	\$0	\$4,000	\$0	\$27,657
Beginning Working Capital	\$0	\$15,000	\$0	\$0
Service Charges	\$0	\$215,275	\$0	\$230,349
Total Revenue	\$0	\$1,940,275	\$0	\$2,278,623

Explanation of Revenues

This program generates \$61,456 in indirect revenues.

\$501,283 - Title IIIB (OAA - Supportive Services);

\$444,989 - Title XIX; \$243,653 - Foster Grandparent Program;

\$230,349 - Contractor Rentals; \$221,158 - Oregon Money Management Program;

\$179,979 - Oregon Project Independence; \$158,028 - Older/Disabled Mental Health

\$136,537 - Veteran's Directed Home & Community Services; \$96,490 - PWD OPI Pilot Project

\$38,500 - Title IIIC-1 (OAA - Congregate Meals); \$27,657 - Volunteer Foster Grandparent Program

Significant Program Changes

Last Year this program was: FY 2021: 25038 ADVSD Advocacy & Community Program Operations

The FTE increase is mainly due to the realignment of the program offers (1.00 FTE Program Specialist and 0.80 FTE Program Technician moved to program offer 25034 ADVSD Health Promotion)

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 support through a continuum of access and early intervention programs for equitable and efficient access to quality services and programs. People caring for older family members or raising grandchildren face stress, a financial burden that negatively impacts their own health and family well-being. The Family Caregiver Support Program (FCSP) alleviates burnout, maximizes independence, and provides support that allows people to remain in their homes.

Program Summary

ISSUE: AARP estimates that 30% of the general population provides care for an older adult. These unpaid caregivers represent the largest source of long-term services and support. Stress and financial burden impact caregiver health and can increase nursing facility placement for their loved ones.

PROGRAM GOAL: As the federally designated Area Agency on Aging, ADVSD creates a four-year strategic plan for service. A focus area of the strategic plan is the support of family caregivers who experience emotional, financial, and health burdens as a result of their unpaid caretaking responsibilities. The goal of FCSP is to support primary family caregivers caring for an older adult family member or raising grandchildren or related family members. Supporting family caregivers can reduce nursing facility placement for older adults and can increase the well-being of younger family members. The Family Caregiver Support Program alleviates burnout, maximizes independence, and provides support that allows people to remain in their homes.

PROGRAM ACTIVITY: The Family Caregiver Support Program (FCSP) provides unpaid family caregivers with a system of supports that helps them provide quality care to their loved ones and makes caregiving easier. The Family Caregiver Support Program provides unpaid family caregivers with a connected system of information, training, options counseling, case management, peer support groups, and financial aid. The information and assistance services are expected to help caregivers identify and focus on their needs, while also empowering them to take advantage of available resources. Respite, financial awards, and education assistance are designed to reduce caregiver burnout. During the COVID-19 pandemic, support groups, training, and events shifted to virtual platforms with particular attention to reaching out to diverse communities. A webinar series for grandparents raising school-aged grandchildren was offered with specific strategies and supports for navigating remote learning. FCSP case managers increased their outreach efforts and helped connect caregivers with additional supports such as food boxes, activity kits, and information around safety during the pandemic.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants served by the Family Caregiver Support Program	318	350	300	350
Outcome	Percent of family caregivers who report services received were excellent or good	N/A ¹	90%	N/A	90%
Outcome	Percent of family caregivers who receive training that would recommend the program	100%	95%	96%	95%

Performance Measures Descriptions

¹Survey data was not available due to service delivery changes resulting from the COVID-19 pandemic.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$144,009	\$0	\$120,572
Contractual Services	\$25,505	\$200,068	\$159,876	\$190,584
Materials & Supplies	\$0	\$21,031	\$0	\$21,031
Internal Services	\$0	\$0	\$0	\$11,355
Total GF/non-GF	\$25,505	\$365,108	\$159,876	\$343,542
Program Total:	\$390,613		\$503,418	
Program FTE	0.00	1.10	0.00	0.90

Program Revenues				
Intergovernmental	\$0	\$365,108	\$0	\$343,542
Total Revenue	\$0	\$365,108	\$0	\$343,542

Explanation of Revenues

\$343,542 - Title III E (OAA - Caregiver Support)

Significant Program Changes

Last Year this program was: FY 2021: 25039 ADVSD Family Caregiver Program

Per requirement of Older Americans Act III E the County General Funds in contracted has increased to meet the required minimum of 25% maintenance of effort.

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

Domestic Violence Crisis Services support individuals and families in the county who are seeking safety from domestic violence. Because domestic violence does not present uniformly across racial/ethnic and other intersectional demographics, individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. Crisis services are nimble, trauma-informed, and collaborative in order to meet the unique needs of each individual and family. Programming includes 24-hour wraparound shelter support and mobile advocacy that provides crisis intervention to survivors who are unable to access established shelters or other crisis diversion.

Program Summary

PROGRAM GOAL: In their lifetimes, 1 in 4 women and 1 in 9 men experience intimate partner violence. This offer funds programs that, alongside other funded services, meet our community goal to provide immediate safety and emergency response systems for those seeking safety from domestic violence. It is part of the County's regional response to domestic violence. Services reach more than 400 individuals annually and serve a racially and ethnically diverse population.

PROGRAM ACTIVITY: There are two main program activities: Shelter-based services and mobile advocacy. Shelter-based programming supports and wraparound services to individuals and families staying in shelters funded by the Joint Office of Homeless Services. Comprehensive shelter support is designed to provide secure, confidential, 24-hour specialized services for victims who are seeking safety from domestic violence. This includes 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 navigating the domestic violence system.

Mobile advocacy provides confidential, community-based, comprehensive crisis support to victims who are seeking safety from 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 navigating the domestic violence system. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of domestic violence victims and children receiving comprehensive, specialized crisis services	230	275	250	250
Outcome	Percentage of adult survivors who work with an advocate to update a safety plan by exit	96%	80%	85%	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$388,107	\$0	\$395,481	\$0
Total GF/non-GF	\$388,107	\$0	\$395,481	\$0
Program Total:	\$388,107		\$395,481	
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 2021: 25041 YFS - Domestic Violence Crisis 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 their lifetimes, 1 in 4 women and 1 in 9 men will experience domestic violence. Because domestic violence does not present uniformly across racial/ethnic and other intersectional demographics, individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. Domestic and Sexual Violence Coordination provides administration, planning, coordination, evaluation, technical assistance, and policy support for the continuum of domestic and sexual violence services 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 address domestic and sexual violence, and to ensure that all survivors have equitable access to comprehensive, culturally-relevant services. Coordination efforts build system-wide collaboration 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 with a racial equity lens and focus, 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 under this offer include the Family Violence Coordinating Council; the Domestic Violence Fatality Review Team, and monthly community-based training for providers. The office oversees direct service contracts including monitoring and performance measurement to assess the impact and quality of contracted services.

Due to the COVID-19 pandemic, many activities funded under this offer were shifted to meet the emergent needs of the community and the provider network. Training offerings were on hold for much of 2020, and that capacity was shifted to providing ongoing technical assistance, coordination and engagement within the domestic violence services continuum.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of professionals trained to understand dynamics of domestic violence ¹	513	700	400	500
Outcome	Percentage of non-profit partners receiving higher scores on the 'Performance Indicator tool' ²	100%	100%	100%	100%
Output	Number of training events provided to public employees, law enforcement, and other community members	24	75	75	75

Performance Measures Descriptions

¹Number is lower than expected due to the COVID-19 pandemic. FY 2022 totals adjusted down to reflect current training capacity.

²The Performance Indicator Tool, developed by the Vera Institute of Justice's Center on Victimization and Safety, helps domestic and sexual violence organizations to track their progress in serving survivors who have disabilities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$549,095	\$135,535	\$570,130	\$157,160
Contractual Services	\$66,485	\$75,294	\$83,591	\$100,608
Materials & Supplies	\$33,520	\$0	\$26,075	\$18,000
Internal Services	\$54,734	\$18,408	\$102,241	\$25,426
Total GF/non-GF	\$703,834	\$229,237	\$782,037	\$301,194
Program Total:	\$933,071		\$1,083,231	
Program FTE	3.98	0.92	3.90	1.00

Program Revenues				
Fees, Permits & Charges	\$0	\$3,600	\$0	\$3,600
Intergovernmental	\$0	\$222,037	\$0	\$275,994
Other / Miscellaneous	\$0	\$12,000	\$0	\$18,000
Beginning Working Capital	\$0	\$3,600	\$0	\$3,600
Total Revenue	\$0	\$241,237	\$0	\$301,194

Explanation of Revenues

This program generates \$20,012 in indirect revenues.
 \$225,794 - US Department of Justice, Office on Violence Against Women
 \$50,000 - City of Portland Intergovernmental Agreement
 \$18,000 - Weston Grant
 \$3,600 - Beginning Working Capital
 \$3,600 - Domestic Partnership Fees
 \$200 - Misc Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2021: 25044 YFS - Domestic and Sexual Violence Coordination

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

Domestic violence is a multifaceted issue, often requiring legal intervention to support client safety and offender accountability. Because the legal system can be complex and often traumatic for survivors, especially for survivors from marginalized communities, high quality legal services are made available to assist survivors who choose a legal intervention.

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. Additionally, the complexity of the legal system can pose a barrier for many survivors without representation. 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: This program is designed to support survivor safety and help ensure offender accountability by providing civil legal advocacy and civil legal services to help survivors to safely 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. Due to the COVID-19 pandemic, courthouse-based services moved to remote operation for most of FY 2021. In-person courthouse services will resume when it is safe to do so.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy ¹	1,823	800	1,000	1,000
Outcome	Percentage of retained cases with a court action filed or contested by an attorney	75%	80%	80%	80%

Performance Measures Descriptions

¹Requests for courthouse-based services continue to increase. Program will continue to be monitored and totals adjusted to reflect service levels as in-person services resume.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$189,608	\$35,000	\$192,546	\$35,000
Total GF/non-GF	\$189,608	\$35,000	\$192,546	\$35,000
Program Total:	\$224,608		\$227,546	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$35,000 - Oregon Judicial Department Court Care Center

Significant Program Changes

Last Year this program was: FY 2021: 25046 YFS - Domestic Violence Legal 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

Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of homicides in Multnomah County. It does not present uniformly across racial/ethnic and other intersectional demographics, so individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. The Domestic Violence Crisis Response Unit (DVCRU) provides intervention for cases with a high risk of ongoing, severe violence or lethality. The DVCRU works with law enforcement to provide after-hours victim services and crisis response, including a focus on older adults experiencing violence. The COVID-19 pandemic has caused an increase in the frequency and severity of domestic violence, resulting in increased demand for services.

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 the community.

PROGRAM GOAL: The goal of the DVCRU program is to increase victim safety and offender accountability where there is high risk of lethality and concern of immediate/severe re-assault.

PROGRAM ACTIVITIES: As part of a multi-jurisdictional effort to improve responses to domestic violence, the DVCRU provides daytime and after-hours victim advocates to provide immediate on-scene crisis response, safety planning and victim support following police response to domestic violence crimes. The team has one FTE focused on older adults who are victims of violence from family members or caregivers to reduce the risk of injury and death from abuse. All DVCRU advocates are co-located with police, including the Elder Crimes Unit.

DVCRU includes four program components: Domestic Violence Enhanced Response Team (DVERT), Domestic Violence Response Advocates (DVRA), Elder & Vulnerable Adults Advocate and advocacy attached to the Domestic Violence Reduction Unit (DVRU). DVRA's provide 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. The DVRU advocate works 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 Elder/Vulnerable adult advocate collaborates with the Elder Crimes unit to support adults over 55yo or those experiencing other vulnerability with client assistance, systems navigation, safety planning and protective order assistance. Because of the essential nature of this work the DVCRU has continued to provide this in-person service, uninterrupted, during the pandemic.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of survivors receiving multi-disciplinary, intensive intervention ¹	150	200	200	200
Outcome	% of police officers who agree that DV survivors benefit from having DVRA's on the scene	95%	90%	90%	90%
Output	Number of domestic violence survivors referred by police to afterhours victim advocates ²	1,200	700	1,000	1,000

Performance Measures Descriptions

¹Outputs lower in FY 2020 due to significant staffing turnover in the unit. Service levels are anticipated to return to their original level in FY 2021.

²The COVID-19 pandemic has caused an increase in domestic violence, resulting in a much higher number of referrals for crisis services. Totals adjusted to better reflect service levels.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$707,420	\$355,936	\$793,484	\$323,133
Contractual Services	\$50,000	\$247,710	\$50,000	\$217,000
Materials & Supplies	\$27,856	\$0	\$9,070	\$0
Internal Services	\$141,152	\$12,923	\$198,774	\$5,037
Total GF/non-GF	\$926,428	\$616,569	\$1,051,328	\$545,170
Program Total:	\$1,542,997		\$1,596,498	
Program FTE	6.41	3.59	7.00	3.00

Program Revenues				
Intergovernmental	\$0	\$616,569	\$0	\$545,170
Total Revenue	\$0	\$616,569	\$0	\$545,170

Explanation of Revenues

\$328,170 - City of Portland General Fund
 \$217,000 - US Department of Justice Office on Violence Against Women

Significant Program Changes

Last Year this program was: FY 2021: 25047 YFS - Domestic Violence Crisis Response Unit

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25047A
Program Characteristics:

Executive Summary

Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Because domestic violence does not present uniformly across racial/ethnic and other intersectional demographics, individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. Multnomah County's Domestic Violence Crisis Response Unit (DVCRU) provides intervention for domestic violence cases that have a high risk of ongoing, severe

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 the community.

PROGRAM GOAL: The goal of the DVCRU program is to increase victim safety and offender accountability where there is high risk of lethality and concern of immediate/severe re-assault. When offered support and access to advocacy and services immediately following an acute DV event, survivors are more likely to engage in safety planning and other safety services than when outreach is completed 24 hours post-event. This program offers immediate response, on scene, to meet survivors where they are at and offer crisis oriented services to meet safety and basic wellness needs.

PROGRAM ACTIVITY: Law enforcement and community-based partners have all highlighted the work of the DVCRU as vital liaisons between law enforcement and community. Currently, the program is staffed 7 day/week until midnight, however many of the most complex DV calls occur after midnight. This offer funds the expansion of staffing capacity to have advocates available to respond on-scene 24 hours a day, four days a week in order to provide these vital services when survivors need them most.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of domestic violence survivors referred by police to after-hours victim advocates.	N/A	N/A	N/A	200
Outcome	Percent of police officers who agree that DV survivors benefit from having DVRAs on the scene.	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$202,636	\$0
Contractual Services	\$0	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$0	\$9,000	\$0
Total GF/non-GF	\$0	\$0	\$221,636	\$0
Program Total:	\$0		\$221,636	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

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

Related Programs:
Program Characteristics:

Executive Summary

Domestic violence is a multifaceted issue, with both individual and community-level effects. Because domestic violence does not present uniformly across racial/ethnic and other intersectional demographics, individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. Funding culturally-specific services helps to ensure that survivors of color and LGBTQ+ survivors have equitable access to services in Multnomah County. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance, and contract monitoring.

Program Summary

ISSUE: Domestic violence manifests itself differently depending on the community. Cultural considerations are an important factor in effective service delivery. 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 prevent and address domestic violence by providing access to culturally-specific and population-specific services, increasing the efficacy of domestic violence services in underserved communities.

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.

These services are contracted through a variety of culturally-specific service providers. 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. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals receiving culturally/population-specific domestic violence services ¹	575	500	400	400
Outcome	Percentage of adult survivors who engage in safety planning with an advocate by exit	89%	85%	85%	85%

Performance Measures Descriptions

¹Output targets lowered to better reflect program activities. Culturally-specific providers are serving a smaller number of people for longer periods of time with a high intensity of service

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$718,435	\$0	\$732,083	\$0
Total GF/non-GF	\$718,435	\$0	\$732,083	\$0
Program Total:	\$718,435		\$732,083	
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 2021: 25048 YFS - Culturally Specific and Underserved Domestic & Sexual Violence

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

Community-Based Sexual Assault services improve the immediate safety and quality of life for survivors of sexual assault. Individuals who have experienced sexual assault should have equitable 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 survivors of sexual assault and includes specialized services for medical and legal advocacy, case management, support groups, and counseling. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

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 a variety of reasons and thus are not eligible for traditional sexual assault victim services available through that system. Survivors -- especially undocumented immigrants and survivors from communities disproportionately impacted by carceral systems -- are often 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: Access to community-based sexual assault and trauma services are available to survivors regardless of their willingness to engage with the police or criminal justice system.

PROGRAM ACTIVITY: This program funds comprehensive community-based services to survivors 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 and a multidisciplinary team of systems-based and community-based providers to coordinate response and increase capacity in the community for these services through documentation of need, technical assistance, and training for new providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of sexual assault survivors who receive comprehensive, specialized advocacy services.	88	70	70	70
Outcome	Percentage of adult survivors who work with an advocate to update a safety plan by exit.	85%	75%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$300,741	\$0	\$306,455	\$0
Total GF/non-GF	\$300,741	\$0	\$306,455	\$0
Program Total:	\$300,741		\$306,455	
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 2021: 25049 YFS - Sexual Assault 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 Gateway Center is a drop-in service center providing a wide range of critical services to survivors of domestic and sexual violence and their children. The Gateway Center ensures that survivors in the community can learn about and access available resources, safety services such as restraining orders, and mitigate the impact of domestic violence exposure on children. The Gateway Center contracts for services from a wide variety of culturally-specific organizations, to support equitable access for a diverse population of survivors. The Gateway Center is a unique access point to domestic and sexual violence services in a continuum that includes shelters, crisis lines and culturally specific services among others.

Program Summary

ISSUE: Domestic violence is a complex issue that requires an accessible and varied array of services. 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 Gateway Center is to prevent and mitigate the impact of trauma caused by domestic and sexual violence by providing access to meaningful services and safety planning in a trauma informed, culturally responsive and welcoming environment.

PROGRAM ACTIVITY: The program manages a front desk/reception service that welcomes upward of 50 survivors, children and their support-people each day. The program also manages the contracted front line advocates to ensure consistently high-quality service delivery and safety planning for each individual survivor. It coordinates a complex service delivery system across 16 agency on-site partners including police, prosecutors, DHS, and 12 nonprofits. It ensures that partners providing services to survivors are present, consistent, survivor-led and trauma informed. Services include advocacy, safety planning, restraining order facilitation, civil legal assistance, crime victim advocacy, prosecution services, housing assistance, motel stays, therapeutic services for adults and children, and DHS services. Services also include economic empowerment services and mental health services for adults. It provides space and support for an on-site childcare so children are safe while a parent accesses services. It manages a busy satellite courtroom and partnership with the Multnomah County Circuit Court so survivors can access protection order petitions on site. The Gateway Center wraps individual survivors with services designed to interrupt oppressive power dynamics and ensure community members have autonomy over their well being. Recognizing survivors from marginalized populations often require additional resources to reach equitable outcomes, the Gateway Center employs 'Targeted Universalism' to achieve equity for survivors.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of community members who are able to access protection orders at the Gateway Center ¹	1,590	1,450	1,450	1,450
Outcome	Percent responding new knowledge of resources and improved access to same	97%	90%	90%	90%

Performance Measures Descriptions

¹During the COVID-19 pandemic, the Gateway Center has shifted to a remote access model, and continues to provide services via phone, video conferencing and other electronic methods.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$500,689	\$0	\$518,029
Contractual Services	\$69,696	\$392,000	\$71,020	\$392,000
Materials & Supplies	\$0	\$4,894	\$0	\$10,932
Internal Services	\$239,474	\$64,700	\$231,821	\$60,568
Total GF/non-GF	\$309,170	\$962,283	\$302,841	\$981,529
Program Total:	\$1,271,453		\$1,284,370	
Program FTE	0.00	4.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$962,283	\$0	\$981,529
Total Revenue	\$0	\$962,283	\$0	\$981,529

Explanation of Revenues

\$981,529 - City of Portland Intergovernmental Agreement

Significant Program Changes

Last Year this program was: FY 2021: 25050A YFS - Gateway Center

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25050A
Program Characteristics:

Executive Summary

Immigrants and refugees experiencing domestic and sexual violence need specialized support to navigate the legal system. Domestic Violence Immigration Legal Services provides legal consultation to survivors of domestic and sexual violence who seek services at the Gateway Center for Domestic Violence Services. Immigration Legal Services provides on-site intake services one day each week to consult with survivors. Subsequently, survivors are chosen for ongoing representation to access visas or other immigration relief.

Program Summary

ISSUE: Survivors of domestic and sexual violence who are immigrants often qualify for immigration legal relief based on their status as survivors of crime or domestic violence. However, gaining access to these protections can be complex and many survivors struggle with the process. Access to immigration lawyers helps ensure survivors are able to leave abusive relationships without fear of deportation being used in retaliation for leaving the abuse.

PROGRAM GOAL: Provide Immigration legal Advice and representation to survivors of domestic and sexual violence seeking services at the Gateway Center for Domestic Violence Services.

PROGRAM ACTIVITIES: Engage legal services partner to provide legal consultation and intake services one day a week at the Gateway Center for Domestic Violence Services. An attorney with expertise in immigration law will work at the Gateway Center once a week. Front line advocates (“navigators”) will recommend legal consultations for survivors who are concerned about their immigration status. Legal services partner will consider each survivor for ongoing representation. When a survivor qualifies for immigration legal relief based on their status as a domestic violence survivor, a crime victim, or a victim.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of domestic violence and/or sexual assault survivors seen at intake for legal consultation	N/A	40	40	80
Outcome	Number of retained cases with immigration relief actions filed by legal service attorneys	N/A	N/A	N/A	25

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$60,000	\$0
Total GF/non-GF	\$0	\$0	\$60,000	\$0
Program Total:	\$0		\$60,000	
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

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. Division staff provide direct services in the community as well as support program development through convening providers, providing technical assistance and contract monitoring. During the COVID-19 pandemic, many division staff have shifted focus to prioritize COVID-19 response and relief efforts and to supporting community providers in doing the same.

Program Summary

ISSUE: Leading with racial equity for accountability, leadership, and data-driven strategic direction are key activities used to reach the Division's overall goals. All activities in the Youth & Family Services Division align with and lead toward two primary outcomes: educational success and stability.

PROGRAM GOAL: The goal of YFS Division Administration is to lead with racial equity and justice in alignment with the Department's North Star and WESP to ensure effective use of resources. This is achieved by maximizing budget funding, driving policy, developing effective programs, supervising staff, ensuring staff professional development, and fostering and sustaining internal and external partnerships.

PROGRAM ACTIVITY: The Division is responsible for providing, contracting for, and/or coordinating the County's investments in five core areas: Energy Services, Housing Stability, Education Supports, Early Childhood, and Domestic and Sexual Violence. The Division functions as the County's legislatively mandated Community Action Program Office. YFS' commitment to leading with racial equity and the DCHS North Star is operationalized by building partnerships that empower our diverse communities and by ensuring that our activities align with their needs.

YFS administrative work is anchored by racial equity as it spans three broad areas: 1) Developing annual budget documents and reviewing expenditures quarterly to ensure they adhere to revenue and funding guidelines. 2) Coordinating daily functions such as supervision of staff and creating systems and structures that foster innovation, creativity, and cohesive amongst staff. 3) Performance management activities such as creating professional development opportunities for staff, setting the overall framework for contractor data collection, reporting, and engaging in program evaluation. In the service of WESP priorities, YFS leadership provides direction toward creating a work culture that restores safety, trust and belonging within the workforce, with staff experiences and input at the center. During the COVID-19 pandemic, YFS Division Administration and staff have played a critical role in convening and supporting partners and community providers in COVID-19 response and relief activities in each of the Division's five core areas.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of staff attending at least 10 hours of skill building/professional development per year. ¹	37%	60%	60%	60%
Outcome	Percent of program areas with completed monitoring in fiscal year. ¹²	14%	50%	50%	50%

Performance Measures Descriptions

¹ Due to the COVID-19 pandemic, these outputs and outcomes are lower than anticipated as staff focus shifted to COVID-19 response activities and to remote working.

² A remote monitoring plan has been put into place, and it's anticipated that this outcome will stabilize.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,796,623	\$0	\$1,863,504	\$0
Contractual Services	\$26,020	\$0	\$26,020	\$0
Materials & Supplies	\$68,236	\$0	\$37,118	\$0
Internal Services	\$215,228	\$0	\$291,270	\$0
Total GF/non-GF	\$2,106,107	\$0	\$2,217,912	\$0
Program Total:	\$2,106,107		\$2,217,912	
Program FTE	13.00	0.00	13.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 25118 YFS - Youth & Family Services Administration

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

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, especially members of the BIPOC community. Functional utilities help ensure that a young person can learn at home, an older adult is living safely, and families remain stable. This becomes all the more critical during the COVID-19 pandemic, when people have been directed to stay at home in order to save lives. The Energy Assistance Program supports housing stability by providing people who live on a fixed or low income with financial assistance to help meet their energy costs with an emphasis on providing equitable access for all people.

Program Summary

ISSUE: The average energy burden for low-income households is 8.2% - 3 times higher than higher-income households. Additionally, Black, Indigenous, and Communities of Color bear a further disproportionate energy burden. A 2016 study by the American Council for Energy Efficient Economy found that Black households account for nearly half of energy-poor households in the US. 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. Moreover, initial research from the start of the pandemic is showing that not only were communities of color disproportionately more likely to experience economic hardship that prevented them from meeting their basic energy needs, they were also less likely to receive a stimulus check, which could have helped.

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 \$413 in utility assistance each year. During the COVID-19 pandemic, the Energy Assistance Program has shifted to 100% virtual supports to clients, and has become a model for best practices in how to engage clients virtually.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households served.	15,193	15,000	15,000	15,000
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection.	100%	100%	100%	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$847,602	\$0	\$904,690
Contractual Services	\$0	\$9,070,592	\$0	\$11,220,562
Materials & Supplies	\$0	\$31,798	\$0	\$79,530
Internal Services	\$0	\$249,147	\$0	\$324,045
Total GF/non-GF	\$0	\$10,199,139	\$0	\$12,528,827
Program Total:	\$10,199,139		\$12,528,827	
Program FTE	0.00	8.13	0.00	8.40

Program Revenues				
Intergovernmental	\$0	\$10,199,139	\$0	\$12,528,827
Total Revenue	\$0	\$10,199,139	\$0	\$12,528,827

Explanation of Revenues

This program generates \$131,991 in indirect revenues.
 \$6,856,937 - OHCSO Oregon Energy Assistance Program (OEAP)
 \$5,591,890 - OHCSO Low Income Energy Assistance Program - Energy (LIEAP)
 \$80,000 - PDX Water/Sewer D/A

Significant Program Changes

Last Year this program was: FY 2021: 25119 YFS - Energy Assistance

The \$2.3 million increase in contracted services is due to rollover of FY 2021 OEAP and LIEAP energy funds to FY 2022 (OEAP by \$1.5 million; LIEAP by \$0.8 million).

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

Homes that are safe, comfortable and energy efficient contribute to the well-being, health, and overall economic stability of people living on fixed and low incomes. This becomes all the more critical during the COVID-19 pandemic, when people have been directed to stay at home in order to save lives. The Weatherization Program provides energy use audits, weatherization services, furnace repair and replacement, and appliance replacement to fixed and low-income households through both County staff and contracted vendors.

Program Summary

ISSUE: According to the Department of Energy, every home weatherized saves its occupants an average of almost \$300 annually on energy bills. Low-income residents pay a higher percentage of their income on energy costs compared to higher-income residents (Office of Efficiency & Renewable Energy). Black, Indigenous, and Communities of Color are disproportionately more likely to experience these burdens due to historic and continual underinvestment. The Weatherization Program works to alleviate some of the challenges faced by low-income and BIPOC communities by saving people money, reducing pollution impacts and improving health, fighting the climate crisis, and, through use of contracted vendors, helping people get back to work.

PROGRAM GOAL: The goal of the Weatherization Program is to improve the livability and affordability of housing for low income residents. Weatherized homes have improved livability, reduced energy consumption, lower utility bills and improved health & safety. Energy efficiency can significantly reduce the energy burden, and result in improved health of those living in the home, habitability of their home and significant greenhouse gas savings.

PROGRAM ACTIVITY: The Weatherization Program provides comprehensive home energy audits to low-income households, including older adults, people with disabilities, Veterans, communities of color 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. Every household also receives energy education, as well as information and resources for other community services. The Weatherization program was the first in the State of Oregon to reopen after the pandemic closed weatherization services. The Board of County Commissioners and the State of Oregon approved the COVID Safety Protocols, which allowed County staff and contractors to resume work in FY 2021. Program operation continued under those protocols and provided funding to pay for additional Protective Personal Equipment necessary for this work.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households served ¹	171	250	250	250
Outcome	Number of affordable multi family housing units maintained for 10 years ²	2,905	50	50	50

Performance Measures Descriptions

¹This number includes a combined total for single family and multifamily units, which is a single family house or a multifamily unit. The output for FY 2019 is low due to the COVID-19 pandemic.

² Weatherization of multifamily buildings requires a commitment to a minimum 10 years of affordability. "50" is the number of multi-family units to be added in 2022. The larger number is the amount under a 10-year agreement. Most of these units were weatherized during ARRA 2009-2012. with twice the funding. The number will drop as the 10-year agreements end.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$766,217	\$0	\$760,867
Contractual Services	\$0	\$3,279,214	\$0	\$3,263,776
Materials & Supplies	\$0	\$200,215	\$0	\$284,970
Internal Services	\$0	\$456,597	\$0	\$293,171
Total GF/non-GF	\$0	\$4,702,243	\$0	\$4,602,784
Program Total:	\$4,702,243		\$4,602,784	
Program FTE	0.00	6.87	0.00	6.60

Program Revenues				
Intergovernmental	\$0	\$4,157,243	\$0	\$4,057,784
Beginning Working Capital	\$0	\$545,000	\$0	\$545,000
Total Revenue	\$0	\$4,702,243	\$0	\$4,602,784

Explanation of Revenues

This program generates \$110,970 in indirect revenues.
 \$2,206,642 - OHCS D ECHO (SB1149)
 \$809,032 - OHCS D Low Income Energy Assistance Program - Weatherization
 \$545,000 - Beginning Working Capital
 \$500,000 - County Weatherization Rebates
 \$455,796 - OHCS D DOE Weatherization
 \$40,000 - PDX Water and Sewer FR
 \$26,314 - Low Income Energy Assistance Program - Client Education; \$20,000 - Energy Conservation show rebates

Significant Program Changes

Last Year this program was: FY 2021: 25121 YFS - Weatherization

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25139
Program Characteristics:

Executive Summary

The Family Unification Project (FUP) is a culturally specific program that supports child welfare system involved families to secure safe and stable housing, and be reunified with their child(ren). It is focused on addressing systemic racism in the Child Welfare system which resulted in differential treatment and over representation of children of color in the System. The program is a partnership with County Human Services, Youth & Family Services (DCHS/YFS), Oregon Department of Human Services (DHS), Home Forward (HF), Metropolitan Public Defenders and community agencies. These services are contracted to non-profits. YFS staff support FUP through program development by convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: The legacy of systemic racism in Child Welfare profoundly affects families. Black, Indigenous, Native and families of color are overrepresented in the DHS child welfare system. Families require culturally specific approaches of engagement and support in order to keep/regain custody of their child(ren), including housing, education, employment, child care and parenting support.

PROGRAM GOAL: The program goal is to provide culturally specific services to support and empower families so they can remain intact and/or reunite, remain stably housed, and exit from DHS child welfare system involvement.

PROGRAM ACTIVITY: Each funded partner provides an essential element to ensure a comprehensive and coordinated range of services for families. Home Forward makes available HUD-funded Housing Choice vouchers for families with DHS child welfare involvement. DCHS/YFS provides funds for case management through culturally specific and responsive community agencies, and DHS supports families to reunite with their children. Metropolitan Public Defenders provides legal supports that remove legal barriers, such as record expungement and mitigation of fines. Case management supports use of the Assertive Engagement model. This approach recognizes the individual as the expert in their own life, and instills hope. It strives to nurture the innate capacity of families to choose their own path by using proven methods of engagement to improve their abilities to envision a brighter future for their families. Agency staff draw from an array of flexible service options made available to families so that they choose what suits their hopes and goals. Flexible services may include payments for household and life-needs, supporting involvement in groups and activities and related services. During the COVID-19 pandemic, culturally specific providers have played a critical role in helping families navigate complex systems. The array of services FUP provides ensures that all families, especially those from Black, Indigenous, and People of Color communities can reunite and remain stably housed.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families who engage in services ¹	60	191	135	135
Outcome	Percent of families that engage in case management at least one time per month ²	97%	80%	80%	80%

Performance Measures Descriptions

¹Output for FY 2020 is lower because it did not account for new housing vouchers received that year; current estimates reflect accurate output targets.

²New outcome for FY 2020 to capture level of engagement by families.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$727,872	\$0	\$641,702	\$0
Total GF/non-GF	\$727,872	\$0	\$641,702	\$0
Program Total:	\$727,872		\$641,702	
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 2021: 25130A YFS Family Unification Program

As part of the 2% County Constraint exercise, the program was reduced by \$100,000 in flexible client assistance funds after applying the 1.90% COLA.

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25131B
Program Characteristics:

Executive Summary

Multnomah County is in a severe housing crisis and many low-income residents lack housing and/or economic stability. Having legal issues and/or not having financial resources to address them are roadblocks to overall stability and prevent access to housing, employment, education and community involvement. Black, Indigenous, Native and communities of color and people with disabilities are disproportionately impacted by debt and legal barriers because of systemic racism and discrimination. Legal services and supports remove legal issues that may be barriers to opportunity and stability.

Program Summary

ISSUE: Residents experiencing poverty, in particular people of color, experience discrimination and disproportionate contact with the criminal justice system. This systemic racism results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities.

PROGRAM GOAL: Legal Services and Supports provide free legal services and advice to participants who need assistance with fines, fees and other legal issues. By reducing and/or eliminating the legal issues, it removes barriers to housing, employment, education, etc. and thus increases the potential for stability and opportunity

PROGRAM ACTIVITY: There are two primary legal services offered through this program: Legal Service Days and Community Legal Clinics.

1) **Legal Service Days:** District Attorneys, Judges, Public Defenders and Social Services agencies collaborate to host legal clinics dedicated to reducing or eliminating fees, fines and legal barriers. These legal clinics are located throughout the County, close to low-income residents and communities of color. This program has continued throughout the pandemic and while the "days" are held virtually, they have actually served a higher number of community members compared to pre-pandemic in-person events.

2) **Community Legal Clinics:** Contracted legal services staff Attorneys work collaboratively with culturally specific case managers and County program staff to establish trust and receive referrals to no cost barrier screening, representation and legal services. Participants are engaged in the Multnomah Stability Initiative (MSI), and the Family Reunification Program (FUP). Legal supports depend on the individual need and include expungement, eviction prevention, housing voucher hearings, reduction of fees and fines, drivers' license restoration, felony reduction, appeal of exclusions, gang designations and other legal barrier removal cases.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants engaged in services	814	700	700	700
Outcome	% of participants receiving legal advice or services resulting in barrier reduction	100%	90%	90%	90%
Output	Amount of fees and fines waived or reduced	\$2,842,009	\$1,000,000	\$1,000,000	\$1,000,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$277,821	\$0	\$254,750	\$0
Total GF/non-GF	\$277,821	\$0	\$254,750	\$0
Program Total:	\$277,821		\$254,750	
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 2021: 25131 YFS - Legal Services Day

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25131A
Program Characteristics:

Executive Summary

Having legal issues and/or not having financial resources to address them are roadblocks to overall stability and prevent access to housing, employment, education and community involvement. Black, Indigenous, Native and communities of color and people with disabilities are disproportionately impacted by debt and legal barriers because of systemic racism and discrimination. Legal services and supports expansion program creates opportunities for two focused populations to access individualized legal services to remove barriers that prevent stability: African American women who are in supervision with Community Justice, and families of color who are involved with the child welfare system.

Program Summary

ISSUE: Residents experiencing poverty, in particular people of color experience discrimination and disproportionate contact with the criminal justice system. This systemic racism results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities. This is particularly acute for African American women who are involved in the criminal justice system and for families who are child welfare involved.

PROGRAM GOAL: Legal Services & Supports work to provide individualized legal supports so that women of color on supervision and families who are child welfare involved can begin removing legal barriers that prevent long term stability.

PROGRAM ACTIVITY: Through this unique program, the range of legal supports available to participants is driven by their situation, and the barriers that prevent long term stability. These may range from working to get off parole or probation early, speed up reunification with children, removal of fines and fees and related legal issues. Participants referred for these supports have access to an attorney to "walk alongside" them through the legal system. Services include individual legal service and representation, as well as referrals to the larger Legal Service Days, a legal clinic dedicated to reducing or eliminating fees, fines and legal barriers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants engaged in services	N/A	35	35	35
Outcome	% of participants receiving legal advice or services resulting in barrier reduction	N/A	90%	90%	90%

Performance Measures Descriptions

New target population, measures are estimates as the program began implementation in mid FY 2021.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$125,000	\$0	\$160,552	\$0
Total GF/non-GF	\$125,000	\$0	\$160,552	\$0
Program Total:	\$125,000		\$160,552	
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 2021: 25131B YFS - Legal Services Day expansion

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25131
Program Characteristics: One-Time-Only Request

Executive Summary

Multnomah County is in a severe housing crisis and many low-income residents lack housing and/or economic stability. Having legal issues and/or not having financial resources to address them are roadblocks to overall stability and prevent access to housing, employment, education and community involvement. Black, Indigenous, Native and communities of color and people with disabilities are disproportionately impacted by debt and legal barriers because of systemic racism and discrimination. Expanding capacity for Legal Services Days and making them all virtual will increase participation and engagement.

Program Summary

ISSUE: Residents experiencing poverty, in particular people of color, experience discrimination and disproportionate contact with the criminal justice system. This systemic racism results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities.

PROGRAM GOAL: Provide low barrier, easy access to virtual legal services in order to reduce legal barriers to safe housing, employment and educational opportunities.

PROGRAM ACTIVITY: Provider will conduct outreach about Legal Services Days to communities of color disproportionately affected by the justice system including but not limited to outreach to culturally specific providers of County programs. They will also hold virtual legal service days and at least one in-person legal service day (pandemic permitting), for low income residents of Multnomah County. Throughout the pandemic the virtual legal service days have proven to be more effective in engaging more people of color than pre-pandemic in-person events. Travel to a site, waiting in line and re-arranging schedules are three areas that virtual events have become more available. Services provided shall include, but are not limited to: Reduction or waiver of fees and fines; expungement of convictions, arrests and dismissed cases; resolution of bench warrants; early termination of successful probation; dismissal of up to three TriMet fare violations; dismissal of marijuana violations; screening of records; driver's license restoration; navigation of court orders and obligations; reduction of qualifying marijuana convictions; review of open or pending cases and warrants; connection with community organizations for fulfillment of community service hours; approval of completion of community service hours; and other services as needed.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants engaged in services	814	700	700	700
Outcome	% of participants receiving legal advice or services resulting in barrier reduction	100%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$211,000	\$0
Total GF/non-GF	\$0	\$0	\$211,000	\$0
Program Total:	\$0		\$211,000	
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: 25139
Program Characteristics:

Executive Summary

Multnomah County is experiencing an unprecedented housing crisis. The legacy and cumulative effects of systemic racism and discrimination have meant that Black, Indigenous, Native and other communities of color are the most severely burdened by the housing crisis. This is particularly acute for Latinx households, many of whom have an additional barrier because they are unable to access federal rent assistance resources. This is a local long term rent assistance program for Latinx families at risk of homelessness. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance, and contract monitoring.

Program Summary

ISSUE: In the Latinx community housing burdens are very acute, and many very low-income Latinx families in Multnomah County are living with severe rent burdens, spending more than 50% of their already limited incomes on rent. Over the course of any given year, a percentage of these households will face a crisis that puts them at imminent risk of homelessness. For some of these families, this is a one-time occurrence, and for others it is part of a recurring cycle of extreme housing instability, followed by homelessness.

PROGRAM GOAL: The goal is to provide long term rent assistance that improves stability for Latinx families at risk of homelessness so that they may transition off of a rent subsidy and/or helps families transition to a permanent federal subsidy.

PROGRAM ACTIVITY: The program leads with race by engaging a small number of severely rent burdened Latinx families at risk of homelessness through the existing Multnomah Stability Initiative (MSI) anti-poverty program, with long term rent assistance instead of short term rent assistance. Long term rent assistance is coupled with culturally specific case management using principles of Assertive Engagement, so that participants identify and drive towards goals they set. The program is being evaluated to determine which families are most likely to benefit from long term intervention and how long term rent assistance results in improved outcomes in a variety of domains including housing stability and positive child development.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number households receiving long term rent assistance	6	8	8	8
Outcome	Percent of families experiencing improvements in self identified outcomes ¹	N/A	80%	80%	80%

Performance Measures Descriptions

¹No families exited yet, so no outcome data for FY 2020.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$150,000	\$0	\$150,000	\$0
Total GF/non-GF	\$150,000	\$0	\$150,000	\$0
Program Total:	\$150,000		\$150,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 25132 YFS - Long Term Rent Assistance (LTRA)

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

Everyone deserves safe and stable housing. Housing Stabilization for Vulnerable Populations provides rent assistance and housing placement to people whose housing is vulnerable and are at high risk for homelessness. This offer provides an array 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 supports to maintain stable housing, particularly those who have low or fixed incomes and who have experienced structural racism and systemic oppressions that prevent stability. In 2015, the overall rent growth in Portland was an average of 8-9% - one of the highest in the nation. In 2017, after years of significant rent increases, it has decreased to 2%. Black, Indigenous, Native and communities of color comprise the majority of renter households and are over-represented within the homeless population.

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

PROGRAM ACTIVITY: This program offer represents two program areas: Short Term Rent Assistance and the Housing Stability Team.

1. Short-Term Rent Assistance program (STRA) is a joint effort between Multnomah County, the City of Portland, and Home Forward. Each organization contributes funds to a coordinated pool of STRA dollars. STRA funds are allocated to local social service agencies who are working with families who are at risk of homelessness. This program has a funding allocation model that prioritizes communities of color impacted by structural racism and systemic oppression - issues that deeply impact stability and 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 County residents find homes, maintain housing, avoid homelessness, and work on creating a path to economic stability. Last year, 77% of people who participated in this program identified as BIPOC.

2. The Housing Stability Team provides supports to stabilize housing for people engaged in County programs. Services include eviction prevention, housing stabilization, Assertive Engagement case management, landlord retention services, utility payments, short-term rent assistance, and move-in flexible funds.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households engaged in STRA ¹	1,016	2,011	2,000	1,000
Outcome	Percentage of households engaged who remain in permanent housing six months after exit	73%	70%	70%	70%

Performance Measures Descriptions

¹Increase in households served in FY 2021 estimates is due to CARES Rent Relief funding.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$83,153	\$67,089	\$71,395	\$71,395
Contractual Services	\$1,136,373	\$2,192,199	\$905,613	\$2,191,997
Materials & Supplies	\$15,700	\$0	\$2,270	\$2,270
Internal Services	\$16,058	\$8,896	\$10,869	\$21,283
Total GF/non-GF	\$1,251,284	\$2,268,184	\$990,147	\$2,286,945
Program Total:	\$3,519,468		\$3,277,092	
Program FTE	0.50	0.50	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$2,268,184	\$0	\$2,286,945
Total Revenue	\$0	\$2,268,184	\$0	\$2,286,945

Explanation of Revenues

This program generates \$10,417 in indirect revenues.
 \$2,155,716 - OHCSO Emergency Housing Assistance
 \$131,229 - State of Oregon Elderly Rent Assistance

Significant Program Changes

Last Year this program was: FY 2021: 25133 YFS - Housing Stabilization for Vulnerable Populations (HSVP)

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25133
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 restores funding for the Housing Stabilization Team - services that help people avoid becoming homeless by providing housing stabilization services, eviction prevention, and ongoing assistance for people engaged in County programs.

Program Summary

ISSUE: People often need supports to maintain stable housing, particularly those who have low or fixed incomes. In 2015, the overall rent growth in Portland was an average of 8-9% - one of the highest in the nation. In 2017, after years of significant rent increases, it has decreased to 2%. In addition, communities of color comprise the majority of renter households and are over-represented within the homeless population. The COVID-19 pandemic has amplified housing instability in our community.

PROGRAM GOAL: Housing Stabilization program strives to prevent homelessness by keeping currently engaged County program participants stably housed or helping those who are evicted from stable housing to locate and secure new housing; this program helps people avoid homelessness.

PROGRAM ACTIVITY: Housing Stability Team provides supports to stabilize housing for people engaged in County programs. Services include eviction prevention, housing stabilization, Assertive Engagement case management, landlord retention services, utility payments, short-term rent assistance, and move-in flexible funds. This restored County General Funding will augment some state Emergency Housing Assistance funds that will also be used for this project for FY2021.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals served	N/A	275	370	275
Outcome	Percent of individuals' who remain stably housed 6 months after support	N/A	N/A	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$237,500	\$0
Total GF/non-GF	\$0	\$0	\$237,500	\$0
Program Total:	\$0		\$237,500	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Fair housing audit testing is a well-established method of gauging discrimination in housing access throughout the United States. Locally, the City of Portland funds testing within city limits, but no such testing has been conducted in Gresham, Fairview, Troutdale and Wood Village. This program will extend similar testing to cover all of Multnomah County. It will provide insight into the kinds of housing discrimination faced by people considered a "protected class" under the Fair Housing Act, and would inform policy decisions to address such discrimination.

Program Summary

ISSUE: Fair housing testing has proven to be an important tool in understanding the extent to which discrimination remains present in the housing market. Testing refers to the use of individuals who, without a bona fide intent to rent or purchase a home, apartment, or other dwelling, pose as prospective renters or purchasers to gather information which may indicate whether a housing provider is complying with fair housing laws. Testing is an objective method to compare whether members of a protected class are given different information, services, or treatment than a non-protected class tester, and/or to identify any policies that are not in compliance with fair housing laws. Housing policy long been used as a strategy to segregate communities, and is pivotal to understanding the history of discrimination in this nation. The Fair Housing Act of 1968 sought to address systemic discrimination in the housing market by prohibiting discriminations based on race, religion, national origin, sex, (and as amended) handicap and family status.

GOAL: Conduct Fair housing audit testing in east Multnomah County, including Gresham, Fairview, Troutdale and Wood Village.

ACTIVITY: This program will fund audit testing in east Multnomah County to better understand the level of discrimination in the housing market and to inform policies that can respond to discrimination. Testing refers to the use of individuals who, without a bona fide intent to rent or purchase a home, apartment, or other dwelling, pose as prospective renters or purchasers to gather information which may indicate whether a housing provider is complying with fair housing laws. Testing is an objective method to compare whether members of a protected class are given different information, services, or treatment than a non-protected class tester, and/or to identify any policies that are not in compliance with fair housing laws.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of fair housing tests conducted in East Multnomah County	N/A	N/A	N/A	75
Outcome	Number of alleged housing discrimination investigations, advocacy & support conducted	N/A	N/A	N/A	55
Output	Number of Fair Housing training and outreach events for direct service staff	N/A	N/A	N/A	15

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$110,000	\$0
Total GF/non-GF	\$0	\$0	\$110,000	\$0
Program Total:	\$0		\$110,000	
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

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 is culturally-relevant, trauma-informed, and helps them move into safe and stable adulthood. This program is part of a multi-department, multi-agency collaborative that provides survivors with safety services, shelter, case management, and other services to youth who have experienced sex trafficking.

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 this situation 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: Services include trafficking prevention, drop-in services, mobile crisis services, confidential advocacy, short-term housing, Assertive Engagement case management services, outreach to survivors, education, system support and coordination. 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-based 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. During the COVID-19 these providers and systems have continued to support youth accessing these critical services, and navigating the complex systems.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth engaged in case management supports ¹	69	85	60	60
Outcome	Youth knows how to access safe and supportive resources	89%	70%	80%	80%

Performance Measures Descriptions

¹Output target was lowered to 60 youth mid-year due to the high-needs caseloads served through this program, as well as the significant barriers to housing for this population resulting in the need for longer and more intensive services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$577,360	\$310,000	\$588,330	\$310,000
Total GF/non-GF	\$577,360	\$310,000	\$588,330	\$310,000
Program Total:	\$887,360		\$898,330	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$310,000	\$0	\$310,000
Total Revenue	\$0	\$310,000	\$0	\$310,000

Explanation of Revenues

\$310,000 - City of Portland - New Day Collaborative

Significant Program Changes

Last Year this program was: FY 2021: 25135 YFS - Sex Trafficked 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

Changes to the federal immigration landscape have created an environment of hardship and fear for immigrant and refugee communities, creating increased barriers to housing, health, education and employment. This program increases the capacity of culturally specific providers in supporting Latinx and immigrant and refugee community members to access legal services and information as well as navigate related systems. These supports reduce systemic barriers that exist to prevent stability. These services are contracted to non-profit partners. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

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 substantial systemic barriers. When fewer families get health care, education or the assistance necessary to become safely housed or employed, it impacts the wellness of the entire community. COVID-19 has amplified the disparities in such access.

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 opportunities for legal information.

PROGRAM ACTIVITY: Three primary activities will happen in this program. First, provide increased capacity for navigation services and family support for immigrant and refugee families identified as being at risk by culturally specific agencies. Second, increase access to culturally specific and responsive information and education. And third, offer training and education opportunities for impacted communities on legal rights and legal services available in the community.

During the COVID-19 pandemic, culturally specific providers have played a critical role in helping families navigate complex legal systems in their own language. All of these activities ensure that all families, especially Latinx and immigrant and refugee community members have access to legal services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants engaged in individualized navigation services	262	370	370	370
Outcome	Percent of individuals and families reporting a reduction in barriers	32%	40%	40%	40%
Output	Number of community trainings or workshops	33	18	20	20
Output	Number of individuals and families receiving timely and accurate information, referral, education, services.	432	570	570	570

Performance Measures Descriptions

Target outputs are lower for FY 2020 due to pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$250,000	\$0	\$254,750	\$0
Total GF/non-GF	\$250,000	\$0	\$254,750	\$0
Program Total:	\$250,000		\$254,750	
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 2021: 25136 YFS - Culturally Specific Navigation Services for Immigrant Families

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 and life outcomes. Successful Families (SF) agencies provide culturally specific, community-based services and support for children of color age 12-17 and their families. Program flexibility will be crucial as the uncertainty of COVID-19 continues to disproportionately impact Black, Indigenous, and People of Color communities in Multnomah County.

Program Summary

ISSUE: Educational barriers for children and youth of color in Multnomah County are pervasive and persistent. Youth of color in the community experience disparate outcomes due to racism, systemic oppression, intergenerational trauma, and poverty. Investing in proven culturally responsive and culturally specific practices, in partnership with school districts and school personnel, works to eliminate these barriers. During the pandemic, youth engagement and participation in distance learning has decreased significantly. Youth social emotional supports are needed more as youth feel isolated.

PROGRAM GOAL: SF brings together community experts to help school districts and community agencies build more culturally specific services for communities of color. SF improves culturally responsive, specific, and relevant service strategies in our school districts so that children of color succeed academically. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap. During COVID-19 the focus for SF is to build on the relationships already established and support youth's needs ranging from distance learning, housing, social emotional needs, and culturally specific youth groups.

PROGRAM ACTIVITY: This initiative provides culturally responsive, specific and relevant services using a collective impact model to increase school readiness and academic achievement for a successful adult transition. This is a coordinated approach which includes culturally specific and responsive organizations, school districts and Multnomah County. One-on-one activities include youth engagement, leadership development, homework support, college and career readiness. Group activities focus on cultural identity, financial literacy, after-school engagement, sports, recreation, and theater arts. Most of these activities have shifted virtually during the pandemic. Virtual and phone parent engagement ensures understanding the English Language Learner classes, financial literacy, and the public school environment so they can support their children. The services of SF are primarily provided in two school districts: Reynolds and David Douglas.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Youth Served	1,467	1,000	1,000	1,000
Outcome	Percent students served who attended school regularly (are not chronically absent) ¹	73%	80%	80%	80%
Output	Number of parents/legal guardians/regular caregivers served	466	700	700	700
Outcome	% of parents/legal guardians/regular caregivers who are engaged w/ schools and monitoring progress	94%	75%	75%	75%

Performance Measures Descriptions

¹ This figure reflects through Quarter 2 only. Due to the pandemic, additional data is not available.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$2,217,104	\$0	\$2,176,295	\$0
Total GF/non-GF	\$2,217,104	\$0	\$2,176,295	\$0
Program Total:	\$2,217,104		\$2,176,295	
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 2021: 25137 YFS - Promise Neighborhoods Initiative

For FY 2022 contract administration for this program will shift to Youth and Family Services, and will no longer be contracted to the United Way.

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 and life outcomes. Organizations in the Successful Families' initiative (SF) provide culturally specific, community-based services and support for children of color age 12-17 and their families. This program offer adds funds for one (1.00) FTE Program Specialist and adds capacity for culturally specific system support in the Successful Families initiative.

Program Summary

ISSUE: Educational barriers for children and youth of color in Multnomah County are pervasive and persistent. Youth of color in the community experience disparate outcomes due to racism, systemic oppression, intergenerational trauma, and poverty.

PROGRAM GOAL: SF brings together community experts to help school districts and community agencies build more culturally specific services for communities of color. SF improves culturally responsive, specific, and relevant service strategies in two school districts so that children of color succeed academically. Increased access to social services and additional learning opportunities outside of, but connected to the classroom, are promising practices for reducing the achievement gap.

PROGRAM ACTIVITY: Overall, this initiative has three primary areas: System capacity and support, contract management and system coordination, and culturally specific direct services in schools. This program offer is for the first two activities.

System capacity support services will provide leadership, data analysis and research support that centers the experience of BIPOC youth engaged in the programs. This will include advocacy within the school system to support the success of BIPOC students participating in SF, along with policy recommendations and analysis that advocate for equitable support for BIPOC youth in schools.

Second, contract management and system coordination support provided by a new Youth and Family Services staff position. County staff will be managing contracts with nonprofits who are delivering direct services. This staff position will support the collaborative partnership between SF organizations (school staff and organizational leaders), school districts and school sites. The person in this position will also work to create stronger connections between SF services and SUN Community Schools, SUN Youth Advocates and other district community partners that serve youth.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Monthly meeting with SF partners	N/A	N/A	N/A	12
Outcome	Number of cross program/system partner convenings	N/A	N/A	N/A	2

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$108,594	\$0
Contractual Services	\$0	\$0	\$85,000	\$0
Materials & Supplies	\$0	\$0	\$6,406	\$0
Total GF/non-GF	\$0	\$0	\$200,000	\$0
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Youth Stability and Homelessness Prevention Services serve youth under the age of 18. The goal of these services is to prevent youth homelessness and promote housing stability and safety. This includes ensuring youth at risk of leaving their current home are able to engage in services that stabilize their living situation and prevent exposure to homelessness as well as providing that youth who have already left or been kicked out can return home or connect quickly with supports and emergency housing. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: Youth under the age of 18 need immediate supports and intervention services that are responsive to their specific crisis and emergency housing needs that are mobile and culturally appropriate.

PROGRAM GOAL: The overall goal is to provide immediate supports for youth under the age of 18 who are at risk of unaccompanied homelessness, who have already left home on their own or have been kicked out of their home. For youth who have already left their home, supports will focus on their returning home or emergency housing placement. The program supports youth to stay in school and prevents them from unnecessary involvement in juvenile justice and child welfare systems.

PROGRAM ACTIVITY: This program delivers services in alignment and collaboration with community organizations and institutions who also support and/or serve youth under the age of 18. Services are focused in three areas:

- 1) Access & Outreach - the community will have 24/7 access to services via text and phone services. Mobile response is available to meet youth in person, as needed, and provide transportation. Outreach is conducted through school counselors, school district homeless liaisons, culturally specific and other youth-serving organizations, DHS, and law enforcement.
- 2) Crisis and Stability Support - this includes needs and safety assessment, emotional support, crisis intervention, safety planning, family mediation and reunification (when possible and appropriate), and connection to a broad array of support services.
- 3) Emergency Housing - Overnight emergency housing options and short term case management services for youth who are in emergency housing.

During the COVID-19 pandemic, these service providers have played a critical role in supporting youth to navigate complex systems. All of these activities ensure that at risk youth have the support they need to stay housed and avoid homelessness.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth engaged in service	33	75	75	75
Outcome	Percent of youth who identify at least one supportive adult outside of the YSHP program, at exit	100%	80%	80%	80%

Performance Measures Descriptions

Output lower in FY 2020 due to the COVID-19 pandemic. This program began in February 2020 and the COVID-19 pandemic shifted service delivery methods and impacted service engagement through June.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$588,888	\$100,000	\$600,077	\$100,000
Total GF/non-GF	\$588,888	\$100,000	\$600,077	\$100,000
Program Total:	\$688,888		\$700,077	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$100,000 - OCCF Youth Investment

Significant Program Changes

Last Year this program was: FY 2021: 25138 YFS - Youth Stability & Homelessness Prevention Services

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

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

Related Programs:
Program Characteristics:

Executive Summary

All families can meet their full potential to become economically stable through access to culturally specific and appropriate supports and benefits they need. Recognizing that families are the experts in their own lives, the Multnomah Stability Initiative (MSI) offers a range of culturally specific and responsive services focused on meeting family goals around stability and income creation. By contracting with community based organizations, including ensuring that 60% of the funding goes toward culturally specific organizations, MSI is able to respond to the unique needs of each community and honor their cultures and preferences. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: Families experiencing poverty often struggle to find the services and support they need to achieve economic stability. Additionally, identifying and accessing services that lead with racial equity and justice can be especially difficult.

PROGRAM GOAL: MSI addresses the need for culturally specific and appropriate service interventions so that families facing economic challenges can have supports that are tailored and flexible enough to each families strengths, needs and goals.

PROGRAM ACTIVITY: Culturally specific and appropriate 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 connected 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. The Assertive Engagement approach to engaging with participants is trauma informed and an approach in which the participant is the expert in their life and is given agency to act from their expertise - rather than being told what services are available. This individualized approach respects a person's lived experience, wisdom and understanding about what is best for them and their family.

During the COVID-19 pandemic, culturally specific providers have played a critical role in supporting families to navigate complex systems. Services provided through MSI ensure that all families, especially those from Black, Indigenous, and People of Color communities have the tools and resources needed to maintain economic stability.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households served in MSI case management	528	750	750	750
Outcome	Percentage of households served that remain in permanent housing six months after exit	69%	75%	75%	75%

Performance Measures Descriptions

Outputs and outcomes are lower for FY 2020 due to the pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$69,648	\$69,648	\$108,992	\$37,543
Contractual Services	\$2,540,525	\$1,016,667	\$2,540,803	\$1,079,298
Materials & Supplies	\$62,500	\$0	\$43,295	\$0
Internal Services	\$17,003	\$9,236	\$21,613	\$5,497
Total GF/non-GF	\$2,689,676	\$1,095,551	\$2,714,703	\$1,122,338
Program Total:	\$3,785,227		\$3,837,041	
Program FTE	0.50	0.50	0.74	0.26

Program Revenues				
Intergovernmental	\$0	\$1,095,551	\$0	\$1,122,338
Total Revenue	\$0	\$1,095,551	\$0	\$1,122,338

Explanation of Revenues

This program generates \$5,497 in indirect revenues.
 \$835,705 - OHCS D Community Development Block Grant
 \$286,633 - OHCS D Housing Stabilization Program

Significant Program Changes

Last Year this program was: FY 2021: 25139A YFS - Multnomah Stability Initiative (MSI)

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

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. YFS staff manage all aspects of this grant program including community outreach, application development, convening public advisory body, site reviews and monitoring, and grant reporting.

Program Summary

ISSUE: Affordable housing and infrastructure in low and moderate income communities are insufficiently funded due to federal funding formulas. East Multnomah County, which has a high concentration of families who live in poverty as well as Black, Indigenous, and Communities of color, continue to have limited resources for affordable housing and 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 the unincorporated areas of East Multnomah County.

PROGRAM ACTIVITY: The Community Development Block Grant (CDBG) program includes the 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 CDBG program also provides funding for public services and housing rehabilitation services for low- and moderate-income (LMI) households. Housing rehabilitation is offered to both LMI renters and homeowners to adapt housing for improved disabled access. Critical home repair services are also offered to LMI homeowners through CDBG funds. The program collaborates and co-hosts events and workshops with Portland and Gresham on CDBG planning activities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of public works projects completed	1	1	1	1
Outcome	Number of housing units rehabilitated	28	30	30	30

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$113,935	\$37,011	\$106,812	\$47,019
Contractual Services	\$0	\$296,068	\$0	\$286,491
Materials & Supplies	\$7,849	\$0	\$4,515	\$0
Internal Services	\$15,988	\$4,908	\$21,613	\$6,860
Total GF/non-GF	\$137,772	\$337,987	\$132,940	\$340,370
Program Total:	\$475,759		\$473,310	
Program FTE	0.75	0.25	0.69	0.31

Program Revenues				
Intergovernmental	\$0	\$307,987	\$0	\$305,370
Other / Miscellaneous	\$0	\$20,000	\$0	\$10,000
Beginning Working Capital	\$0	\$10,000	\$0	\$25,000
Total Revenue	\$0	\$337,987	\$0	\$340,370

Explanation of Revenues

This program generates \$6,860 in indirect revenues.
 \$305,370 - HUD Community Development Block Grant
 \$25,000 - Beginning Working Capital
 \$10,000 - Loan Repays

Significant Program Changes

Last Year this program was: FY 2021: 25140 YFS - Community Development

Outreach

Department: County Human Services **Program Contact:** Nabil Zaghloul

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

Related Programs:

Program Characteristics:

Executive Summary

As a community, we will be more successful when all of our residents are healthy and have food security. The Supplemental Nutrition Assistance Program (SNAP) is one of the best resources to make this a reality. During COVID-19, SNAP benefits have been expanded and made more accessible to families. 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: According to the Multnomah County Poverty Report (2019), 15% of Multnomah County residents are food insecure. Children and communities of color experience hunger at even greater rates. Food insecurity and poverty are intrinsically linked. In Multnomah County, the highest poverty rates are in East County and North/Northeast Portland, areas where residents are predominantly Black, Indigenous, Native and other communities of color. SNAP benefits help to reduce poverty and food insecurity, but according to the Coalition of Communities of Color, communities of color are often unable to access these resources. COVID-19 has heightened these hardships, with data showing a sharp increase in the number of families who are struggling to afford food and other basic needs.

PROGRAM GOAL: The goal of the SNAP Outreach program is to provide targeted outreach to communities most impacted by economic and geographic barriers to food access - Black, Indigenous, and People of Color, primarily in North/Northeast Portland and East Multnomah County, so that these communities have food and nutrition for healthy living.

PROGRAM ACTIVITY: This program has two primary activity areas. First, outreach - the SNAP outreach program focuses its efforts on populations with high levels of food insecurity and 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. DCHS and YFS 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 are able to provide food for themselves and their families. All of these supports have continued during the pandemic to ensure access to food and other basic needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of consumers engaged through Outreach activities.	7,594	3,500	5,000	5,000
Outcome	Number of SNAP applications completed.	582	250	250	250

Performance Measures Descriptions

Increase is due, in part, to new partnership development and participating in more community events. These measures are selected to align with the state SNAP reporting requirements

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$111,712	\$91,400	\$106,599	\$106,599
Materials & Supplies	\$0	\$5,900	\$13,110	\$0
Internal Services	\$29,326	\$17,205	\$43,029	\$18,521
Total GF/non-GF	\$141,038	\$114,505	\$162,738	\$125,120
Program Total:	\$255,543		\$287,858	
Program FTE	1.10	0.90	1.00	1.00

Program Revenues				
Intergovernmental	\$0	\$114,505	\$0	\$125,120
Total Revenue	\$0	\$114,505	\$0	\$125,120

Explanation of Revenues

This program generates \$15,552 in indirect revenues.
 \$125,120 - Oregon Supplemental Nutrition Assistance Program (SNAP)

Significant Program Changes

Last Year this program was: FY 2021: 25141 YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach

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

Executive Summary

Schools Uniting Neighborhoods Community Schools (SUN CS) employs culturally responsive practices to reduce learning barriers, build on student and family assets, promote racial equity, and support family stability. By contracting with community based organizations, including ensuring that 60% of the funding goes toward culturally specific communities, SUN CS is able to respond to the unique needs of each community and honor their cultures and preferences. YFS staff support program development by working to gather provider input, responding to these needs through technical assistance, contract monitoring, and convening partners and providers to leverage the power of community to ensure that all children are healthy, educated, and prosperous.

Program Summary

ISSUE: Educational disparities are pervasive throughout the State of Oregon, and Multnomah County is no exception. These disparities are felt the greatest by students and families of color, who experience daily and persistent racism, systemic oppression, intergenerational trauma, and poverty. Addressing these disparities requires schools to mobilize with the community, the County, and the City of Portland to strategically organize resources to support children and families, especially children and families from communities of color. The COVID-19 pandemic has increased educational disparities for families of color by exacerbating existing inequities in technology, food, and housing, as well as employment and health.

PROGRAM GOAL: SUN CS works to build community, strengthen families, and ensure that all students, especially Black, Indigenous, and students of color, succeed in school and are able to meet their goals. SUN CS aims to promote family stability, foster positive cultural identity, increase attendance, and help students feel like they belong at their school. During the COVID-19 pandemic, SUN CS have continued to partner with school administrators. They have shifted services to focus on supporting distance learning and supporting families through resource navigation so that their basic needs are met.

PROGRAM ACTIVITY: SUN CS supports students and families by 1) prioritizing relationships 2) integrating supports and helping to ensure that basic needs are met 3) collaborating and leading providers, partners, and districts, and 4) centering student learning. During the COVID-19 pandemic, SUN CS providers played a critical role in helping families to navigate complex resource systems in their own language. These activities are toward a common vision of ensuring that all students and families, especially those from BIPOC communities, are healthy, educated, and prosperous. Funding supports 85 of the 91 SUN schools in Multnomah County, with the remaining schools funded by Portland Public Schools, Portland Children's Levy and 21st Century Learning Center grants. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of children (ages 5-18) served ¹	22,394	10,000	10,000 ³	10,000
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate ²	N/A	75%	75%	75%
Outcome	Percent who attended school consistently (more than 90% of days) ²	N/A	90%	90%	90%

Performance Measures Descriptions

¹ This data reflects through Quarter 3 only, due to the COVID-19 pandemic.

² Outcomes not available due to school districts not reporting this information during the COVID-19 pandemic. It's expected this data will be available again in FY 2022.

³Due to the complexity of need and the focus on resource navigation, we anticipate providers will serve fewer people in FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$373,163	\$0	\$386,279	\$0
Contractual Services	\$6,554,803	\$2,219,670	\$6,679,344	\$2,408,479
Materials & Supplies	\$29,499	\$0	\$16,600	\$0
Internal Services	\$50,293	\$0	\$66,721	\$0
Total GF/non-GF	\$7,007,758	\$2,219,670	\$7,148,944	\$2,408,479
Program Total:	\$9,227,428		\$9,557,423	
Program FTE	3.00	0.00	3.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,219,670	\$0	\$2,408,479
Total Revenue	\$0	\$2,219,670	\$0	\$2,408,479

Explanation of Revenues

- \$873,751 - Portland Public Schools SUN Community School Support
- \$666,694 - City of Portland Parks & Recreation
- \$318,741 - Reynolds School District
- \$260,855 - David Douglas School District
- \$169,951 - Gresham Barlow School District
- \$113,487 - Parkrose School District
- \$5,000 - Centennial School District

Significant Program Changes

Last Year this program was: FY 2021: 25145 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: 25145A
Program Characteristics:

Executive Summary

This program will add 1.00 FTE Program Specialist Sr position to the SUN Service System Team in Youth & Family Services Division. This team of staff supports the array of programs that comprise the SUN Service System, by providing planning, training, technical assistance and related support to nonprofit organizations and school districts. With 91 SUN Community Schools, this team has a need for additional staff capacity to support all of the work associated with supporting this system of services.

Program Summary

ISSUE: At current staffing level, the SUN Service System team is challenged to keep pace with the amount and complexity of work to support 91 SUN Community Schools, the nonprofits that operate the SUN Sites and the school district partnerships. This staffing capacity is stretched further during the pandemic as the subject matter expertise of SUN Staff have been redeployed to support EOC and food initiatives for the County, and staff moving into other Work out of Class position opportunities. And while this staff shift may not be long term it does compound over time. Additional staff capacity to support the upcoming critical procurement process, the organizations and school districts and ultimately youth, is essential to SUN's success.

GOAL: The purpose of this position is to support successful development and implementation of SUN Community Schools, youth development broadly, and the partners who collaborate for success - school district staff, school site staff and nonprofit organizations.

ACTIVITY: This position will support the implementation and success of SUN Community Schools and youth development programs in the Division. This will include a focus on High Schools that are SUN Community Schools. The developmental needs of high school aged youth differ from younger youth, and creating a community of practice for High School SUN staff will create opportunity to build more robust and age-appropriate programming for high schools. Working from a strengths based, positive youth development approach means that staff and partners are putting the social emotional and developmental needs of youth first in their planning and program implementation. Due to the long term impacts of COVID19 that youth will experience from distance learning, having someone lead program development on age-appropriate programming that prioritizes support for social emotional and mental health will be necessary in order to meet the needs of youth.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Convene SUN High School site managers for planning and development	N/A	N/A	N/A	6
Outcome	Network of SUN High Schools is created and supported	N/A	N/A	N/A	1
Output	Convene collaborative planning for youth across several youth program areas	N/A	N/A	N/A	3

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$125,631	\$0
Materials & Supplies	\$0	\$0	\$5,467	\$0
Total GF/non-GF	\$0	\$0	\$131,098	\$0
Program Total:	\$0		\$131,098	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

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

Related Programs:
Program Characteristics:

Executive Summary

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 must have their basic needs met to be ready and able to learn. The program is contracted out to nonprofits who work 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. The COVID-19 pandemic has caused an increase in demand as well as coordination with federal programs to provide families with continued food access.

Program Summary

ISSUE: Food insecurity and lack of access to fresh and healthy foods are significant barriers to children's health and learning in the community. In Multnomah County, children experience food insecurity at a rate of 20%. Communities of color also experience hunger at rates higher than the general population. This food insecurity has continued to skyrocket as a result of the COVID-19 pandemic. Despite Oregon's high hunger rate, millions of dollars in available federal food funding for children go 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.

PROGRAM ACTIVITY: The program includes summer meals, emergency food programs, and the Child & Family Food Security Coalition. Summer meal support consists of staffing at 10 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 Free Food Market produce distributions at six 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 and increases participation in federal nutrition programs. 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. During the pandemic, partners have been flexible to provide access to food via outdoor and drive-up options. Food distribution sites have also played an important role in creating a place for families to check-in, receive important health and resource information, and see a friendly face during this isolating time.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of meals provided to children and families ¹	1,663,816	1,000,000	1,000,000	1,000,000
Outcome	Retail dollar equivalent for every \$1 County General Fund invested in SUN Food Distribution sites	\$10.32	\$8	\$8	\$8

Performance Measures Descriptions

¹ Number of meals includes meals served through extended weeks of summer meals program, emergency food pantries, and Free Food Markets fresh produce to families. FY 2021 numbers reflect a surge of food pantry access at the start of the pandemic. As more flexible options for food relief are made available through other programs, such as gift cards and increased SNAP benefits, we expect food pantry utilization to stabilize toward typical rates.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$132,230	\$0	\$140,332	\$0
Contractual Services	\$290,542	\$0	\$296,062	\$0
Materials & Supplies	\$9,299	\$0	\$9,355	\$0
Internal Services	\$15,988	\$0	\$21,973	\$0
Total GF/non-GF	\$448,059	\$0	\$467,722	\$0
Program Total:	\$448,059		\$467,722	
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 2021: 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. Ninety-seven percent of youth served last year identified as Black, Indigenous, and People of Color. SYA services are contracted to non-profits; YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

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. Despite making progress, Oregon is still below the national average of graduation rates, and significant disparities exist for students of color in both Multnomah County and Oregon overall - a gap that is only growing due to COVID-19.

PROGRAM GOAL: SYA goals include increasing student sense of safety, belonging and positive cultural identity, all of which are known to increase school attendance, credit attainment, and graduation for all students. Research on dropout prevention and improving educational outcomes for students of color shows that the presence of a positive relationship with a supportive adult (mentoring) and out of school opportunities are effective strategies 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: Youth Advocates support and mentor youth by building a strong supportive relationship with them through culturally-grounded and strengths-based approaches. Despite the school closures brought on by COVID-19, Youth Advocates are able to continue to support students and families without interruption, focusing on the key areas of social emotional support, wrap-around services, and virtual academic supports. At a time when all sense of normalcy and the expected has been lost, SYA has been able to support the most marginalized students in goal planning, identity development, advocating for themselves, and navigating this new landscape.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of students (ages 6-18) served	1,156	1,420	1,420	1,420
Outcome	Percent of students who consistently attend school (90% or more) ¹	N/A	77%	77%	77%
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate ¹	N/A	65%	65%	65%

Performance Measures Descriptions

¹Outcomes not available due to school districts not reporting this information during the COVID-19 pandemic. It's expected this data will be available again in FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$2,507,262	\$200,000	\$2,554,900	\$200,000
Total GF/non-GF	\$2,507,262	\$200,000	\$2,554,900	\$200,000
Program Total:	\$2,707,262		\$2,754,900	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$200,000 - OCCF-Youth Investment

Significant Program Changes

Last Year this program was: FY 2021: 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) removes barriers for families so that children are ready for kindergarten and get a strong start to their education. PCDS recognizes that parents are a child's first teachers and provides services that are reflective of and responsive to cultural values and norms. These services are contracted to non-profits; 60 percent of funds are allocated to culturally specific communities. During the COVID-19 pandemic, PCDS providers have shifted focus to include more resource connections, due to the instability brought on by the COVID-19 pandemic. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: Families with low incomes, BIPOC families, 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. The COVID19 pandemic has increased barriers for children as they start their education with families needing support meeting basic needs and additional social emotional and mental supports for families.

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. During the pandemic services support families in virtual spaces with tools families can use for social emotional wellbeing along with skills geared towards the school readiness.

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. During the COVID-19 pandemic, providers have quickly pivoted to conducting virtual home visits and play groups. The pandemic has also created an unprecedented need for helping families navigate resource and health information systems. PCDS early educators have provided families with meals, supplies such as diapers, and developmentally appropriate activity packets for young children.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of children served ¹	532	641	641	641
Outcome	Percent of children up to date on immunizations at exit ¹	90%	95%	95%	95%

Performance Measures Descriptions

¹ This data reflects through Quarter 3 only, due to the COVID-19 pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$65,902	\$8,334	\$67,266	\$0
Contractual Services	\$1,501,811	\$349,825	\$1,470,605	\$342,449
Materials & Supplies	\$11,300	\$0	\$2,840	\$0
Internal Services	\$11,783	\$2,710	\$11,501	\$0
Total GF/non-GF	\$1,590,796	\$360,869	\$1,552,212	\$342,449
Program Total:	\$1,951,665		\$1,894,661	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$253,175	\$0	\$253,167
Other / Miscellaneous	\$0	\$119,800	\$0	\$89,282
Total Revenue	\$0	\$372,975	\$0	\$342,449

Explanation of Revenues

\$253,167 - OCCF Federal Family Preservation
 \$89,282 - United Way Early Learning

Significant Program Changes

Last Year this program was: FY 2021: 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: 25151
Program Characteristics:

Executive Summary

Parent Child Development Services (PCDS) removes barriers for families so that children are ready for kindergarten and get a strong start to their education. PCDS recognizes that parents are a child's first teachers and provides services that are reflective of and responsive to cultural values and norms. These services are contracted to non-profits; 60 percent of funds are allocated to culturally specific communities. During the COVID-19 pandemic, PCDS providers have shifted focus to include more resource connections, due to the instability brought on by the COVID-19 pandemic. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: Families with low incomes, BIPOC families, 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. The COVID-19 pandemic has increased barriers for children as they start their education with families needing support meeting basic needs and additional social emotional and mental supports for families. The submitted budget reduction was expected to cause a reduction to services to families.

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. During the pandemic services support families in virtual spaces with tools families can use for social emotional wellbeing along with skills geared towards the school readiness.

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. During the COVID-19 pandemic, providers have quickly pivoted to conducting virtual home visits and play groups. The pandemic has also created an unprecedented need for helping families navigate resource and health information systems. PCDS early educators have provided families with meals, supplies such as diapers, and developmentally appropriate activity packets for young children. This program offer restores funding in order to insure there is no reduction of services that would have impacted 25 children.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of children served	532	N/A	N/A	25
Outcome	Percent of children up to date on immunizations at exit	90%	95%	95%	95%

Performance Measures Descriptions

Performance measure output reflects numbers for the restored funding only.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$59,739	\$0
Total GF/non-GF	\$0	\$0	\$59,739	\$0
Program Total:	\$0		\$59,739	
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

Developing services and activities that support the transition to kindergarten, as well as diverse parent centered family engagement, improves educational success by ensuring a strong start. 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 early learning and K-12 systems so that all partners are building a smooth transition from early learning through the early grades. During the COVID-19 pandemic, these providers have shifted focus to include more resource connections. These services are contracted to non-profits. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: High quality early learning opportunities are unaffordable and out of reach for many families in the community. Oregon is the fourth least affordable state when it comes to preschool, and state and federal funding provides preschool for only those families in deepest poverty, reaching only 15 percent of three- and four- year olds in Multnomah County. At the same time, we know that more than 60% of families with children under 5 years old in the County fall below the Self Sufficiency Standard and that there are significant disparities in access to early learning for children of color, children with special needs and children whose home language is not English. During the pandemic many students have experienced distance learning and have yet to be in a classroom. The focus of this program shifted to making sure families of kindergarten children find opportunities to connect with each other as well as prepare families and students to return to limited in person instruction.

PROGRAM GOAL: The goal of Early Learning Family Engagement and Kindergarten Transition supports is to create opportunities for children to successfully transition to kindergarten and to foster diverse family engagement and parent leadership prior to and during the early elementary school years. These supports are built into SUN Community Schools, where staff have trusted relationships and deep connections to the community.

PROGRAM ACTIVITY: This program area has two primary components: Early Kindergarten Transition (EKT) and P-3 (Prenatal to 3rd Grade). 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. EKT is focused on children of color and English Language Learners who have not had prior preschool experience so that they will be more successful in school. P-3 funds early parent engagement at 9 SUN Community Schools, connecting families to school before kindergarten and empowering parents to be effective leaders in their school community. During the pandemic P-3 activities include virtual culturally specific parent groups, and virtual Parent Cafe family support groups along with connecting families to resources.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of children who participate in summer Early Kindergarten Transition	775	810	739	810
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school.	94%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$191,803	\$40,104	\$72,485	\$47,875
Contractual Services	\$277,639	\$818,389	\$282,914	\$819,764
Materials & Supplies	\$7,699	\$0	\$11,277	\$0
Internal Services	\$29,357	\$3,712	\$43,226	\$6,985
Total GF/non-GF	\$506,498	\$862,205	\$409,902	\$874,624
Program Total:	\$1,368,703		\$1,284,526	
Program FTE	1.57	0.43	0.60	0.40

Program Revenues				
Intergovernmental	\$0	\$75,535	\$0	\$75,535
Other / Miscellaneous	\$0	\$774,564	\$0	\$799,089
Total Revenue	\$0	\$850,099	\$0	\$874,624

Explanation of Revenues

This program generates \$6,985 in indirect revenues.
 \$739,667 - Kindergarten Innovation Grant
 \$75,535 - Portland Public Schools SUN Community School Support
 \$36,272 - Untied Way Ready for School
 \$23,150 - United Way Early Learning

Significant Program Changes

Last Year this program was: FY 2021: 25152 YFS - Early Learning Family Engagement and Kindergarten Transition
 As part of the 2% County Constraint exercise 1.00 FTE vacant Program Specialist Senior was eliminated.

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, safe space for Queer BIPOC youth, 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. These services are contracted to a non-profit. YFS staff support program development through convening providers, providing technical assistance and contract monitoring.

Program Summary

ISSUE: Sexual and gender minority youth (SGMY) experience discrimination, violence, and harassment that puts their safety at risk. 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. The pandemic has heightened fear and anxiety among many SGMY, who were already facing social isolation, unsafe living situations, and limited access to safe gathering spaces.

PROGRAM GOAL: The program seeks to elevate, honor, and support SGMY by centering a safe and affirming environment for youth to build positive relationships with peers and supportive adults, and through educating the community on how to do the same. Ultimately, the program aims to increase 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.

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). Key areas of support during the pandemic include: creating culturally affirming public health and safety materials, providing supplies to meet basic needs, virtual spaces for 1:1 and group support, and virtual trainings for educators and the community.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth who participate in case management ¹	50	50	50	50
Outcome	Percent of youth who remain in or re-enroll in school	80%	75%	75%	75%
Output	# of community provider and school staff trained	689	300	300	300
Outcome	Percent of training participants who report an increase in knowledge of SMGY issues/cultural competency	85%	85%	85%	85%

Performance Measures Descriptions

¹ Due to COVID-19, this output is lower than anticipated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$313,555	\$0	\$319,513	\$0
Total GF/non-GF	\$313,555	\$0	\$319,513	\$0
Program Total:	\$313,555		\$319,513	
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 2021: 25155 YFS - Sexual & Gender Minority Youth Services

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

Executive Summary

Bienestar de la Familia promotes the well-being of families. In leading with racial equity, Bienestar targets its supports and services in the Cully neighborhood and focuses on supporting Latinx, Immigrant & Refugees, Somali families and their children. Bienestar provides culturally and linguistically specific services, resources and opportunities that are responsive and empowering to the needs of our racially and culturally diverse communities.

Program Summary

ISSUE: The families within the immediate neighborhood (Cully) experience significant social and economic barriers to family stability and success. Bienestar de la Familia addresses these barriers. Bienestar has worked without interruption and in response to COVID-19, it has not only shifted the way it delivers services, but with CARES funds it has also expanded its services (e.g. Wraparound and COVID-19 Rent Relief Program). During COVID-19, Bienestar has strengthened its supports and partnerships with Latinx and Somali communities, many of whom are immigrants and refugees.

PROGRAM GOAL: The goal of Bienestar de la Familia is to ensure access to culturally specific social services and prioritize Latinx, Somali and communities of color. Services are aimed at reducing poverty, promoting self-efficacy, prosperity, educational success, and housing stability services for families and individuals who are homeless or at risk of homelessness; reducing substance abuse or achieving a substance-free life; and assisting people with mental illness in leading more productive lives.

PROGRAM ACTIVITY: Bienestar programs and staff are a model for leading with racial equity as they provide a range of services that are culturally and linguistically specific, including case management, housing stabilization and rental assistance program, 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; 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 and SNAP outreach staff enable families to immediately sign up for SNAP benefits. Bienestar also has a Community Advisory Council that engages in strategic planning and is focused on guiding Bienestar to meet the needs of the diverse community.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households served ¹	3,284	1,500	3,000	3,000
Outcome	Percent of clients who report that services they received improved their situation.	96.5%	85%	85%	85%
Output	Number of individuals receiving anti-poverty/basic needs services	3,245	1,500	2,500	2,500

Performance Measures Descriptions

¹ This number increased significantly from the previous year due to COVID-19 response, and an increase in outreach to the Latinx, Somali and Immigrant and Refugees.
 Estimated numbers for FY 2022 are anticipated to be higher given COVID-19 response services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$949,622	\$208,544	\$994,094	\$222,812
Contractual Services	\$16,500	\$286,289	\$16,500	\$365,395
Materials & Supplies	\$28,500	\$3	\$26,715	\$0
Internal Services	\$218,104	\$27,652	\$274,340	\$32,508
Total GF/non-GF	\$1,212,726	\$522,488	\$1,311,649	\$620,715
Program Total:	\$1,735,214		\$1,932,364	
Program FTE	7.64	1.96	7.60	2.00

Program Revenues				
Intergovernmental	\$0	\$522,488	\$0	\$620,715
Total Revenue	\$0	\$522,488	\$0	\$620,715

Explanation of Revenues

This program generates \$32,508 in indirect revenues.
 \$424,056 - OHCSO Emergency Housing Assistance
 \$196,659 - OHCSO Housing Stabilization Program

Significant Program Changes

Last Year this program was: FY 2021: 25156 YFS - Bienestar Social Services

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

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

Related Programs:
Program Characteristics:

Executive Summary

The need to support youth of color has never been higher. The COVID-19 pandemic has isolated youth, cut off their connections to school, peers and community, and is having tremendous impacts on social and mental health. Creating opportunities for safe and healthy connection and support is vital as the community slowly transitions back into more in-person connections and services (school, community and employment). This process will mean other stressful transitions given that any return to in-person support will not look or feel the same as pre-COVID circumstances. Such transitions and unknowns are stressful. This program provides healthy group and individual connections for youth living in the Cully neighborhood of NE Portland.

Program Summary

ISSUE: The Cully neighborhood has been identified as a high-crime, high-poverty and gang-involvement hot spot, where young people lack resources and programming for the youth, and face a host of risk factors, including youth violence, bullying, gang recruitment, poor academic achievement and dropping out of school. Youth in the community deserve culturally specific and age-appropriate connections and relationships.

PROGRAM GOALS: The program goal is to provide youth with safe, trusting and culturally relevant connections so that they can learn about their unique cultural heritages, advocate for their neighborhood and communities, expand their horizons and learn valuable skills for life, leadership, and success.

PROGRAM ACTIVITY: A focus early on in this new program will be to support youth and their families to transition "back" into school and community life outside of quarantine. Re-building a sense of self and community will be an important foundation. Providing space for youth to share and experience peer and adult support are critical to long term resiliency. The Bienestar Youth Program will provide a reliable and stabilizing presence and resource for youth facing difficult situations in the NE community. The program will give youth an opportunity to learn and grow as community leaders, prepare for college and careers, a chance to explore community service, outdoor recreation, and career development through daily activities, programs and field trips. This will take place through individual and group activities focused on a range of issues: social emotional learning, academic support, healthy adult relationships, life skills training, recreational opportunities, exposure to career paths, and support to access social services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth engaged in service	N/A	N/A	N/A	30
Outcome	Percentage of youth reporting positive experience with the Bienestar Youth Program	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$108,594	\$0
Materials & Supplies	\$0	\$0	\$11,406	\$0
Total GF/non-GF	\$0	\$0	\$120,000	\$0
Program Total:	\$0		\$120,000	
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: 25156
Program Characteristics: One-Time-Only Request

Executive Summary

This funding is to explore the expansion of services to mid and east county and the feasibility for establishing satellite location(s) to provide equitable access to direct client services in that region of the county. The need for culturally-specific social services in mid and East Multnomah County has grown dramatically in recent years. A community-driven feasibility assessment will be conducted, resulting in recommendations for potential expansion of services in East Multnomah County.

Program Summary

ISSUE: The need for social services in mid and east Multnomah County has grown dramatically in recent years. There is interest in developing some type of multi-cultural center for community organizing, advocacy, capacity building and service delivery. What this should look like and who might be best positioned to operate such a center is uncertain.

PROGRAM GOAL: Conduct a community-driven feasibility assessment with set of recommendations around the expansion of social services into east Multnomah County.

PROGRAM ACTIVITY: Conduct a competitive process to identify Community Based Organizations (CBOs) to lead a multi-cultural coalition assessment of readiness and adaptations of a model for one stop services to inform future funding decisions. Activities will include convening partners and community members for discussion, input and idea generation along with other methods to center community voice and experience in the process. This process will result in a feasibility assessment with a report and set of recommendations for the County's consideration.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Meetings with coalition of community organizations	N/A	N/A	N/A	4
Outcome	Completion of feasibility/assessment and recommendations	N/A	N/A	N/A	100%
Outcome	Community coalition members who believe they were included and involved in feasibility process	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$125,000	\$0
Total GF/non-GF	\$0	\$0	\$125,000	\$0
Program Total:	\$0		\$125,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Understanding the impact of public and partner investments in our communities, especially communities of color, is an important aspect of public stewardship. The Data and Evaluation team engages in a variety of activities that support data management and evaluation efforts to better understand and improve programs and services funded by Youth and Family Services. Activities include data collection, report development, analysis, end user training and support, as well as conducting program evaluations for over 29 unique programs.

Program Summary

ISSUE: Historically, data and evaluation activities have been rooted in oppressive practices that harm communities, especially Black, Indigenous, and Communities of Color. The Data and Evaluation team seeks to actively dismantle and undo these oppressive practices by centering racial equity and community voice in the way we gather and analyze data, and evaluate and provide recommendations for program and process improvement across YFS.

PROGRAM GOALS: The primary goal of the Data and Evaluation team is to lead with racial equity in the way we support the data and evaluation needs of all YFS programs, contracted community partners, and department level efforts.

PROGRAM ACTIVITY:

The Data and Evaluation team works to understand the impact of programs and service delivery; and to improve and design new approaches when programs and practices are not effective, particularly for our Black, Indigenous, and other communities of color. This team engages in an array of critical tasks that help support the team's goal, including training and technical assistance for the 261 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; data analysis; and evaluation activities that center providers and participant voice. The team also provides limited system administration support to projects funded through the Joint Office of Homeless Services, including building and maintaining provider settings and assessments; managing visibility settings; and complex report building. Staff also participate in various committees at the Division and Department level that support data transparency, data governance, data quality, research and evaluation activities, and partnership across jurisdiction through collaborative efforts. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of new end users trained to use ServicePoint & ART that support accurate data entry and report usage.	141	150	150	150
Outcome	Percent of users who report satisfaction with YFS staff for overall services provided. ¹	N/A	80%	80%	80%

Performance Measures Descriptions

¹Survey is conducted in spring, and was not administered last year due to the COVID-19 pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,141,583	\$0	\$1,235,215	\$0
Contractual Services	\$123,346	\$0	\$125,690	\$0
Materials & Supplies	\$13,337	\$0	\$6,600	\$0
Internal Services	\$145,645	\$0	\$195,903	\$0
Total GF/non-GF	\$1,423,911	\$0	\$1,563,408	\$0
Program Total:	\$1,423,911		\$1,563,408	
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 2021: 25160 YFS - Data and Evaluation Services

Department: County Human Services **Program Contact:** Brooke Chilton Timmons
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 25201, 25202, 25203, 25204, 40099B, 7208B
Program Characteristics:

Executive Summary

Multnomah County voters passed Measure 26-14, "Preschool for All," in November of 2020. Preschool for All will give 3- and 4-year-olds in Multnomah County access to free, high-quality, developmentally appropriate, culturally affirming preschool experiences. The measure directed the Department of County Human Services (DCHS) to administer Preschool for All.

Program Summary

ISSUE: Establishing a large new program requires careful financial planning, additional administrative capacity, and a thoughtful approach to creating accessible services.

PROGRAM GOAL: These investments will help Preschool for All run more efficiently and effectively, and help to provide fiscal stability for the initiative.

PROGRAM ACTIVITY: Preschool for All is funded by a personal income tax, which can be a volatile revenue source. It is also difficult to anticipate all of the potential costs that may occur for a new program, especially when the COVID-19 pandemic has dramatically impacted child care providers. In order to create long-term stability for Preschool for All (PFA) and to protect the program from unexpected costs, 15% of anticipated FY 2022 PFA tax revenue will be held in a reserve fund and 10% of anticipated revenue will be budgeted as contingency funds in FY 2022.

Preschool for All administrative costs include funding for three positions in DCHS Finance and one position in DCHS Human Resources to support the work of the new Preschool & Early Learning (PEL) Division. The position in Human Resources will provide general support to the Division and lead recruitment efforts for new PEL positions. The positions in Finance will support contract development and execution, accounting, budget development, payment of invoices, and financial analysis.

During FY 2022, the Preschool & Early Learning Division will partner with County IT on the development of a preschool application system and database. The application system will allow parents to apply to Preschool for All and be matched with a preschool provider. The database will store key information about providers, available slots, enrollment, and attendance to assist with program operations and evaluation. The full system may not be ready before families apply for PFA in early 2022. Planning with IT will also include an interim solution for the first year's application process.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of executed contracts/amendments	N/A	N/A	1	10
Outcome	% of families applying to PFA who rate their experience with the application process as "good" or "excellent"	N/A	N/A	N/A	75%
Outcome	% of accounts payable invoices paid in 30 days or less	N/A	N/A	N/A	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$548,748
Materials & Supplies	\$0	\$0	\$0	\$7,600
Internal Services	\$0	\$0	\$0	\$1,277,139
Unappropriated & Contingency	\$0	\$0	\$0	\$62,146,360
Total GF/non-GF	\$0	\$0	\$0	\$63,979,847
Program Total:	\$0		\$63,979,847	
Program FTE	0.00	0.00	0.00	4.00

Program Revenues				
Taxes	\$0	\$0	\$0	\$96,250,000
Total Revenue	\$0	\$0	\$0	\$96,250,000

Explanation of Revenues

This program generates \$17,615 in indirect revenues.
 \$96,250,000 - Preschool for All Fund.
 PFA expenses are in the following Program Offers:
 DCHS 25200 - \$63,979,847, 25201 - \$2,669,117, 25202 - \$900,000, 25203 - \$4,500,000, 25204 - \$10,654,000
 DCM (Department of County Management) 72008B - \$13,179,841
 MCHD (Multnomah County Health Department) 40099B - \$367,195

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Brooke Chilton Timmons
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25200
Program Characteristics:

Executive Summary

The Department of County Human Services established the Preschool & Early Learning (PEL) Division in January 2021 in order to implement Preschool for All (PFA). The staff in the Preschool & Early Learning Division will create the foundation for PFA's success, including the systems, processes and partnerships necessary to increase the number of high-quality, inclusive, and culturally affirming preschool slots in Multnomah County.

Program Summary

ISSUE: The Preschool for All ballot measure instructed the Department of County Human Services to administer the new initiative. The Preschool & Early Learning Division is responsible for program implementation.

PROGRAM GOAL: The organizational structure of the Preschool & Early Learning (PEL) Division is informed by the experiences of other preschool systems across the country and the internal expertise of County staff. In order to build trust in the community and to successfully implement the equity goals of Preschool for All, the PEL Division will hire a diverse staff committed to early learning and racial justice.

PROGRAM ACTIVITY: The PEL Division will center the voices of Black, Indigenous, and all families and providers of color to implement the community-built Preschool for All vision. The PEL Division staff will include: a Division Director (1.00 FTE), an Operations Team focused internally on the application system for families, budgets, and contracts (6.00 FTE), a Policy & Partnerships Team focused on policy areas that will build the capacity and quality of PFA (5.00 FTE), and staff focused on administrative, evaluative and communications functions of Preschool for All (5.00 FTE).

Preschool and Early Learning Division staff will support the advisory committee outlined in the Preschool for All ballot measure. The advisory committee will be appointed by the Multnomah County Chair and composed of community members that represent the County's diverse communities and geographies. The advisory committee is tasked with reviewing program expenditures, reviewing data, advising program evaluation, and making policy recommendations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Preschool for All Advisory Committee Meetings	N/A	N/A	0	4
Outcome	% of PEL Division employees who identify as Black, Indigenous, and People of Color	N/A	N/A	50%	50%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$2,304,855
Contractual Services	\$0	\$0	\$0	\$5,000
Materials & Supplies	\$0	\$0	\$0	\$32,300
Internal Services	\$0	\$0	\$0	\$326,962
Total GF/non-GF	\$0	\$0	\$0	\$2,669,117
Program Total:	\$0		\$2,669,117	
Program FTE	0.00	0.00	0.00	17.00

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

Explanation of Revenues

This program generates \$73,986 in indirect revenues.
Please see Program Offer 25200

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Brooke Chilton Timmons
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25200
Program Characteristics:

Executive Summary

In order to create a new system that centers racial justice and equity, the community plan for Preschool for All includes two key system roles for community-based organizations: Family Connectors and Intermediaries. Intermediary Organizations will work with in-home providers to ensure their meaningful participation in Preschool for All. Family Connector organizations will outreach to families and guide them through the PFA application and enrollment process.

Program Summary

ISSUE: Two of the key racial justice and equity strategies for Preschool for All are the meaningful inclusion of in-home preschool providers and prioritizing children who experience barriers to high-quality preschool. Many in-home preschool providers have experienced barriers to building their businesses and have never held a contract for publicly funded preschool, while children farthest from opportunity may be the hardest to reach and enroll in a new program.

PROGRAM GOAL: Family Connector and Intermediary Organizations will work directly with parents and preschool providers to increase the accessibility, inclusivity, and equity of Preschool for All.

PROGRAM ACTIVITY: The Preschool & Early Learning (PEL) Division will hold contracts with larger preschool centers and with school districts. PEL will fund Intermediary Organizations who will partner and hold contracts with in-home preschool providers. In-home providers represent the most linguistically and culturally diverse group of preschool providers in the community. Many in-home providers offer culturally relevant or culturally specific care, giving children rich learning environments and building strong relationships with families. Intermediary organizations will work closely with the PFA administration to ensure that in-home providers' needs are met and that the system works smoothly to support their participation.

Family Connectors will be based at culturally specific organizations and will guide families through the Preschool for All application process. The application process includes conducting outreach to families who currently have the least access to high-quality preschool, completing the application, and prioritizing families for enrollment. Through the application process and when participating in Preschool for All, some families may disclose additional needs. Family Connector staff will connect families to existing community resources, such as food pantries and programs, energy assistance, and housing support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Preschool for All applications completed by Black, Indigenous, and families of color	N/A	N/A	N/A	500
Outcome	% of in-home providers who say that the Intermediary Org supports their participation in PFA	N/A	N/A	N/A	85%
Outcome	% of Black, Indigenous, and families of color who are selected for PFA slots and complete their enrollment	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$900,000
Total GF/non-GF	\$0	\$0	\$0	\$900,000
Program Total:	\$0		\$900,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Please see Program Offer 25200

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Brooke Chilton Timmons

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

Related Programs: 25200

Program Characteristics:

Executive Summary

Increasing the number of early educators and the number of high-quality environments is essential for Preschool for All to meet its goal of making high-quality, culturally affirming preschool experiences available to all 3- and 4-year-olds in Multnomah County in 2030. Funding for workforce development programs and improving and expanding preschool settings increases the future capacity of Preschool for All.

Program Summary

ISSUE: High-quality environments and well-prepared educators are foundational for children's learning. Multnomah County does not yet have enough teachers or spaces for universal preschool access.

PROGRAM GOAL: Supporting the design, construction, or rehabilitation of preschool facilities would increase the number of high-quality preschool slots available in Multnomah County. Investing in workforce development programs that focus on Black, Indigenous, and early educators of color will ensure a robust future workforce that reflects the young learners in Preschool for All.

PROGRAM ACTIVITY: Well designed, high-quality environments enhance learning experiences and child development. However, many providers experience barriers when trying to improve or expand their space and have extremely limited access to capital dollars. The Preschool & Early Learning Division is exploring the possibility of establishing a facilities fund for providers that would fund the construction, renovation, or rehabilitation of early learning spaces.

Workforce Development funds will focus on increasing access to training and education opportunities for existing preschool providers and future early educators who are Black, Indigenous and from communities of color. Specific investments will be identified through a county procurement process and may include: early educator certification programs, training and pathways to employment, scholarships for higher education tuition and other related costs, and programs that meet early educator linguistic and cultural needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of early educators participating in Preschool for All workforce development programs*	N/A	N/A	N/A	*
Outcome	% of educators participating in workforce programs who identify as Black, Indigenous, and People of Color	N/A	N/A	N/A	60%

Performance Measures Descriptions

* The first year will be utilized to establish a baseline measurement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$4,500,000
Total GF/non-GF	\$0	\$0	\$0	\$4,500,000
Program Total:	\$0		\$4,500,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Please see Program Offer 25200

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Brooke Chilton Timmons
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 25200
Program Characteristics:

Executive Summary

Preschool for All (PFA) will give 3- and 4-year-olds in Multnomah County access to free early education, increasing the number of children served each year until it is universally available in 2030. PFA Coaches will collaborate with preschools to strengthen the quality of their programs. Coaching is a key strategy to ensure that preschool experiences are high-quality, inclusive, developmentally appropriate, and culturally affirming.

Program Summary

ISSUE: In order to build Preschool for All to a universal program in 2030, the number of high-quality preschool slots in our community must increase dramatically. Preschool providers have been consistently undervalued and have experienced major barriers to improving and expanding their programs.

PROGRAM GOAL: Preschool for All will invest in coaching as a key strategy to ensure high-quality preschool experiences for children and their families in Multnomah County. Research shows the power of relationship-based, individualized professional development to build the skills and knowledge of educators.

PROGRAM ACTIVITY: Preschool for All will offer coaching and support to providers at different levels of quality and readiness. Preschool for All coaching will be relationship-based and tailored to meet the needs of individual providers. Coaches will help providers be at their best and will collaborate with providers on goal setting. The active recruitment, mentoring, and training of Black, Indigenous, and coaches of color will be important to the success of Preschool for All providers.

Mt. Hood Community College Child Care Resource & Referral will be funded to hire, train, and lead a team of coaches to partner with in-home and center-based preschool providers. Multnomah Educational Service District will receive funding for one Preschool for All coach to work with school districts.

Additional support for preschool providers will include professional development, financial incentives, and business development coaching. Coaching and additional supports are intended for providers who meet Preschool for All requirements and providers who will improve and be ready to implement PFA in future years. Having this pipeline of future providers will allow the system to meet its goal of becoming universal in 2030 and help PFA to build a preschool system where families can choose the preschool setting that's right for their child.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of preschool providers and staff participating in coaching and other supports*	N/A	N/A	N/A	*
Outcome	% of BIPOC providers and staff who report progress on their goals due to coaching and supports	N/A	N/A	N/A	80%
Outcome	% of coaches supporting Preschool for All who identify as Black, Indigenous and People of Color	N/A	N/A	N/A	50%

Performance Measures Descriptions

* The first year will be utilized to establish a baseline measurement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$10,654,000
Total GF/non-GF	\$0	\$0	\$0	\$10,654,000
Program Total:	\$0		\$10,654,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Please see Program Offer 25200

Significant Program Changes

Last Year this program was:

Department: County Human Services **Program Contact:** Mohammad Bader
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 25022 - Adult Care Home Program
Program Characteristics:

Executive Summary

Aging, Disability & Veterans Services Division (ADVSD) Adult Care Home Program (ACHP) licenses, monitors, and provides equitable access to approximately 625 quality adult care homes in Multnomah County. The ACHP licenses adult care homes to ensure compliance with health and safety rules and regulations developed to support older adults, people with disabilities, people with behavioral health needs, and Veterans. This position will provide training, review infection control plans and provide technical assistance to adult care home providers to ensure residents' preferences are health and safety needs are met in a culturally appropriate, safe, and welcoming 24-hour care setting.

Program Summary

ISSUE: Older adults, people with disabilities, and Veterans are disproportionately impacted by the COVID-19 pandemic due to their heightened risk of chronic health conditions, abuse, neglect, social isolation, and dependence upon others to meet their needs. During the first year of the pandemic, Aging, Disability & Veterans Services Division (ADVSD) Adult Care Home Program (ACHP) experienced an estimated 20% of licensed homes with reported COVID-19 cases.

PROGRAM GOAL: The goal of the Adult Care Home Program Registered Nurse program offer is to reduce the transmission of infection disease, including but not limited to COVID-19. This service centers equity by providing support to the Adult Care Home provider population, which is composed largely of female immigrants and first generation Americans.

PROGRAM ACTIVITY: Multnomah County has approximately 2,740 licensed beds in the 625 licensed adult care homes and 9 room and board facilities. The ACHP Registered Nurse will develop and provide training on infection prevention plans for licensed ACH providers and will provide assessment, consultation and technical assistance to ACHs to ensure quality care. Currently, ACHs are required to follow infection prevention precautions. The responsibilities of the RN will be to review provider infection precaution plans for Adult Foster Homes, ensure plan implementation and assist with staff training.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of trainings completed	N/A	N/A	N/A	24
Outcome	Percent of training participants who complete infection control plans	N/A	N/A	N/A	85%

Performance Measures Descriptions

Legal / Contractual Obligation

Multnomah County has a contract with the 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$200,000
Total GF/non-GF	\$0	\$0	\$0	\$200,000
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$200,000

Significant Program Changes

Last Year this program was:

This program addresses the Public Health Emergency Response priority. The ACHP Registered Nurse will develop and provide training on infection prevention plans and provide consultation and assessment for licensed ACH providers. There are approximately 630 Adult Foster Homes that Multnomah County licenses that are owned by mostly women and first or second generation immigrants.

Department: County Human Services

Program Contact: Mary Li

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

The Multnomah Mothers' Trust Project (MMTP) - with a focus on those living east of 82nd avenue - will work with approximately 100 Black female-headed households with children currently receiving services from one of two community based programs. Families will receive an unconditional monthly basic income, and be invited to serve as participant researchers in an equity and human centered collaborative design process to explore and plan for future implementation of Baby Bonds!, debt reduction, homeownership, and other asset building initiatives.

Program Summary

ISSUE: Hope is a research based component for change. The challenge of supporting BIPOC families living on a low-income in building hope (and autonomy, self-determination, and mastery), using County provided resources, in the face of structural white supremacy is real. Success will require the willingness to question "what we know" and who is in poverty and why, and to take smart risks to test new approaches and strategies.

As we continue to respond to the immediate needs of our community in the pandemic, we must also focus on building the pathway to a racially just and equitable economic recovery. Our community's recovery from the pandemic must close or eliminate the African American racial wealth gap.

PROGRAM GOAL: There is a growing body of national and international research that points to the availability of unconditional cash transfer, basic income, debt reduction, and asset building as particularly effective strategies in meeting this challenge. Locally conducted applied research tests show that when households living on a low-income are trusted to know what they need, and are provided access to financial resources, they are able to inoculate against the negative impacts of poverty and make improvement in their quality of life, economic stability, and their children's educational success in spite of white supremacy structures and culture.

PROGRAM ACTIVITY: MMTP will work with approximately 100 Black female-headed households with children who are current participants with two community based, culturally specific organizations, and with a focus on those living east of 82nd avenue. Families will be provided with an unconditional, basic income of approximately \$500 per month, and invited to join as participant researchers in one of two ways - using an existing database, provide monthly information about how the resources are impacting their families, and/or participate in an equity and human centered collaborative design process related to Baby Bonds!, debt reduction, homeownership, and other asset building initiatives.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of Black female-headed HH with children served	N/A	N/A	N/A	100
Outcome	% of HH served who participate as MMTP researchers	N/A	N/A	N/A	50%
Outcome	% of HH served who report positive increase in quality of life, economic stability, and/or child educational success	N/A	N/A	N/A	80%

Performance Measures Descriptions

Because this is a new project, an evaluation plan will be designed with additional and different measures. All families will be asked to provide information in order to evaluate the impact of the MMTP, including comparison to other unconditional cash, basic income, and asset building research. Measures seek to document process and impact experiences for participant households, while providing information critical to future understanding of these strategies.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$134,245
Contractual Services	\$0	\$0	\$0	\$490,755
Total GF/non-GF	\$0	\$0	\$0	\$625,000
Program Total:	\$0		\$625,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$625,000
Total Revenue	\$0	\$0	\$0	\$625,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$625,000

Significant Program Changes

Last Year this program was:

This program addresses the County's priority of Crisis Response & Community Recovery. The pandemic has exacerbated long standing racial and economic injustices. Funds provide basic monthly income through unconditional cash transfer to 100 Black/African American mothers with families who have been negatively impacted by the pandemic, in addition to using design practices to plan for future implementation of Baby Bonds! and other asset building opportunities for these families.

Department: County Human Services **Program Contact:** Peggy Samolinski
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 25047A, 25048
Program Characteristics:

Executive Summary

Domestic violence is a multifaceted issue, with both individual and community-level effects. Because domestic violence does not present uniformly across racial/ethnic and other intersectional demographics, individuals seeking safety from domestic violence need access to client-centered and culturally-relevant services when the time is right for them. The COVID-19 pandemic has caused an increase in both the incidence and severity of domestic violence. This funding expands capacity in multiple areas of the domestic violence service continuum in an effort to meet the unique needs of survivors with both community-based and criminal justice responses.

Program Summary

ISSUE: COVID-19 has caused an increase in both incidence and severity. A spectrum of community-based and systems-based responses are required to address this increase and ensure that survivors have access to the supports and services they need.

PROGRAM GOAL: Culturally-specific community-based advocacy services and system-based advocacy embedded with law enforcement are both vital components of the response to domestic violence in Multnomah County. The goal of this offer is to prevent and address domestic violence by investing in these approaches to increase the overall capacity of the domestic violence services continuum.

PROGRAM ACTIVITY: This offer funds two distinct programs activities--

1. Increased capacity for culturally-specific domestic violence service providers: These services are contracted through a variety of culturally-specific service providers. 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.

2. Domestic Violence Enhanced Response Team (DVERT): DVERT is a multi-disciplinary approach to address high-lethality, complex domestic violence cases. Co-located with Portland Police Bureau, DVERT staff provide long-term case management, client assistance and advocacy. Case staffing with the multi-disciplinary team helps to ensure that survivors in these complex cases receive the services and support they need as they navigate multiple systems.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals receiving culturally/population-specific domestic violence services	N/A	N/A	N/A	200
Outcome	Percentage of adult survivors who engage in safety planning with an advocate by exit	N/A	N/A	N/A	85%
Output	Number of survivors receiving multi-disciplinary, intensive intervention	N/A	N/A	N/A	150

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$215,000
Contractual Services	\$0	\$1,200,000	\$0	\$540,000
Total GF/non-GF	\$0	\$1,200,000	\$0	\$755,000
Program Total:	\$1,200,000		\$755,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,200,000	\$0	\$755,000
Total Revenue	\$0	\$1,200,000	\$0	\$755,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$755,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. These services add staff capacity - in County programs and in the community - for domestic violence survivors seeking safety from abuse.

Department: County Human Services **Program Contact:** Alexis Alberti
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The American Rescue Plan Act provides direct investments to help vulnerable workers and families recover from the disparate impacts of COVID-19. The Intellectual and Developmental Disabilities Services Division (IDDDSD) will use these funds for an Office Assistant 2. This position will deliver technology, education, direct technical support, vaccine coordination, and unconditional cash transfers to clients and Personal Support Workers (PSWs) who are BIPOC or experience language or economic barriers to accessing technology. These efforts will use targeted universalism to increase the quality of life, education, and economic stability of historically underserved and isolated communities involved in the IDDDSD system.

Program Summary

ISSUE: Within the IDDDSD service delivery system, clients and PSWs who are BIPOC, English language learners, or low-income, experience increased barriers related to racism, limited healthcare access, and disenfranchisement. These barriers lead to high PSW turnover, lack of access to telehealth, and high levels of service disruption for vulnerable IDDDSD clients; further exacerbating the disproportionate health and economic impacts of COVID-19.

PROGRAM GOALS: Research shows that unconditional cash transfers are related to positive economic, psychological, and academic outcomes, and the alleviation of the immediate stressors of poverty. Direct access to technology, education, and culturally/linguistically appropriate professional support will provide the conditions that PSWs need to effectively serve IDDDSD clients and families. The distribution of unconditional cash transfers to clients will help to mitigate the health and economic impacts of COVID-19. The goals for this OA2 position include: a) increase PSW use of required technology for payment and telehealth, b) increase retention of PSWs in the provider network, c) stabilize client access to food, shelter, technology, and health/safety supports, and d) increase client access to COVID-19 vaccinations.

PROGRAM ACTIVITY: The four goals outlined above correspond to four areas of activity: training and support, resource distribution, administrative tasks, and partnerships. Training and support efforts include training BIPOC and non-English speaking PSWs to use email and state systems (EVV and eXPRS) for the purpose of billing requirements, submitting timesheets, and using technology to provide telehealth to clients. Resource distribution activities include the purchase and distribution of WiFi, iPads, and unconditional cash transfers in the form of gift cards. Administrative tasks include the creation of processes to track training and resource distribution, verifying data accuracy, and ensuring the submission of signed service agreements. Partnerships include coordination with State and County staff to understand Oregon Administrative Rules, verify receipt of State funding, and coordinate access to vaccination events. These activities address multiple social determinants of health and reflect a focused application of the equity lense to increase positive outcomes for BIPOC clients, families, and PSWs across all areas of the DCHS North Star.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of PSWs who receive training and technical support.	N/A	N/A	N/A	50
Outcome	Percent reduction in PSW technology use exceptions for the EVV system. ¹	N/A	N/A	N/A	30%
Output	Number of gift cards distributed to PSWs and clients.	N/A	N/A	N/A	750

Performance Measures Descriptions

¹ The Electronic Visit Verification (EVV) system is a federal requirement for PSWs. The State is fined if PSWs are not using the EVV system. Starting July 1, 2021, PSWs not using the EVV system may be closed from the provider network by the State.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$80,000
Total GF/non-GF	\$0	\$0	\$0	\$80,000
Program Total:	\$0		\$80,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$80,000
Total Revenue	\$0	\$0	\$0	\$80,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$80,000

Significant Program Changes

Last Year this program was:

This program addresses the Public Health Emergency Response priority by supporting Personal Support Workers and Clients who identify as BIPOC, language english learners or Bilingual/Monolingual (non english speaking). Activities will include: ensuring timely access to vaccines; education for clients and providers around vaccination; and ensuring that resources (e.g. direct cash transfers) are provided to individuals experiencing increased barriers related to limited service access and healthcare access.

Department: County Human Services

Program Contact: Peggy Samolinski

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

In Multnomah County, SUN Community Schools (SUN CS) have shifted priorities during the pandemic to help families remain housed, keep food on the table, and access other life saving resources. Feedback from our provider agencies, especially our culturally specific providers, has made it clear that this current level of round the clock support is not sustainable, particularly as COVID-19 cases decrease and site managers shift focus back to providing in person enrichment opportunities for youth. Having Family Resource Navigators at Community School sites allows us to expand our focus while continuing to support family basic needs by ensuring that there is infrastructure and capacity to do so.

Program Summary

ISSUE: The link between academic performance and student experiences related to health, well-being, family and community is undeniable. Before learning can take place, a student's basic needs must be met. This is even more true for students and families of color, who bear the brunt of a legacy of structural racism and systemic oppression. During the pandemic, SUN Community School site managers have supported families 24/7 in order to help meet their basic needs. As reopening happens and focus returns to in-person programming for students, the capacity for staff to continue supporting families in complex resource navigation will decrease. Yet, the need for basic needs support soars, particularly for black, indigenous, and families of color. The pandemic has exacerbated existing inequities in technology, food, and housing, as well as employment and health - all of which are complex systems to navigate alone, especially if English is not your first language or you cannot access the technological resources to do so. Having a Family Resource Navigator reduces these barriers by allowing providers to walk alongside families who are navigating these systems of support, building skills and confidence along the way, so that families can access any and all potential resources and help their students learn.

PROGRAM GOAL: Provide staffing capacity at each SUN Community School in order to support families in accessing resources and work collaboratively with school building administrators.

PROGRAM ACTIVITY: Increase capacity of SUN CS sites to provide a 0.50 FTE Family Resource Navigator (FRN) who is culturally responsive and supports the needs of families, prioritizing families of color. FRNs will collaborate with school building administrators, SUN Youth Advocates, P-3 Coordinators, PCDS, and other community partners to identify families who could use additional support navigating systems of care. The FRN will also work with the SUN site manager to support family engagement strategies in order to gain trust and build relationships with families so they can feel comfortable asking for support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households who receive support from Family Resource Navigator	N/A	N/A	N/A	9,200
Outcome	Percent of Black, Indigenous, and Families of Color who receive support with basic needs and system navigation.	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$4,073,000
Total GF/non-GF	\$0	\$0	\$0	\$4,073,000
Program Total:	\$0		\$4,073,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,073,000
Total Revenue	\$0	\$0	\$0	\$4,073,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$4,073,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. Adding staff capacity to SUN Community Schools creates opportunity for deeper connection with families and support as they navigate complex social service systems to access basic needs supports. SUN Community Schools are an integral part of 92 schools in Multnomah County.

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

Community School strategies nationally are seen as a promising approach to mitigate the impacts of COVID-19 for students and their families, impacts that have most deeply affected Black, Indigenous, and Communities of Color. SUN Community Schools have focused on centering relationships, employing culturally responsive practices, and ensuring trauma-informed principles are embedded in all that we do. This approach has proven even more critical during the pandemic, at a time when collective trauma, stress, and racial and social injustice has harmed our community. SUN Community Schools are working to provide summer programming that supports academic learning and offers students opportunities for enrichment and social emotional support.

Program Summary

ISSUE: Educational barriers for children and youth of color in Multnomah County have been pervasive and persistent before the pandemic, and social isolation and distance learning have only amplified these disparities. Even as schools reopen and in person opportunities return, black and brown students are more likely to be learning remotely. Providing academic support and enrichment during the summer that are culturally responsive, trauma-informed, and relationship focused will create opportunities for students to connect, learn, have fun, and engage. As one SUN provider staff explained, “we are working to disrupt the ‘falling behind’ narrative and ensure that student needs and relationships come first”.

PROGRAM GOAL: Provide additional resources to support the plans of districts and agencies as they focus on supporting students in learning and providing safe and engaging enrichment experiences.

PROGRAM ACTIVITY: In collaboration with school districts and community partners, this funding will provide additional resources to support students and families who have been most impacted by COVID-19. While there will be additional resources, there is also more intentional collaboration with districts to ensure all funding sources are leveraged to the maximum extent possible. The smaller districts in east county, where the community has been most impacted by COVID-19, as well as one Charter SUN Community School, do not have the resources to provide robust and intentional academic support and will be prioritized in the distribution of summer funds.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of students engaged in summer enrichment in SUN Community Schools	N/A	N/A	N/A	5,400
Outcome	% of school districts that provide additional resources to support summer enrichment in SUN Community Schools	N/A	N/A	N/A	100%
Output	% of students engaged in summer enrichment who identify as black, indigenous, and students of color	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$1,456,000
Total GF/non-GF	\$0	\$0	\$0	\$1,456,000
Program Total:	\$0		\$1,456,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,456,000
Total Revenue	\$0	\$0	\$0	\$1,456,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,456,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority by funding expanded opportunities for connection and engagement over the summer for more students attending SUN Community Schools throughout the County.

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

Executive Summary

This program offer funds services that support renters to remain stably housed by providing access to both accurate and up to date information about their rights as renters, and legal representation to clear eviction notices.

Program Summary

ISSUE: COVID-19 has led to economic impacts that affect the most vulnerable of our residents, and create conditions for housing instability for renters across Multnomah County. Residential renters have been impacted by COVID-19 in myriad ways. These include: job loss; confusion relating to changes in the law; impacts of illness; race, perceived disability or other discrimination; and other emerging issues. The Eviction Moratorium and grace period to repay rent have allowed renters some relief, and as the moratorium is lifted, many households may face imminent eviction.

PROGRAM GOAL: Renters in Multnomah County will have a resource to receive timely and accurate legal support for navigating issues and impacts from COVID-19, including access to direct legal support when faced with eviction.

PROGRAM ACTIVITY: There are two primary program activities. First, the Community Alliance of Tenants will continue to provide Renters Rights Hotline and other information and education services to County residential tenants. CAT will work collaboratively with County staff and partner agencies to provide legal information, referral and education to residential tenants in Multnomah County, partner staff working with client populations, and others who may benefit from the information. Services shall be provided via hotline, website, written materials, social media and/or other effective means as determined by CAT; materials will be tailored to communities of color that are deeply impacted by the pandemic's economic impacts. Second, legal services will leverage existing legal services capacity and invest new resources in a comprehensive, targeted eviction prevention project.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people receiving legal information, education and referral services	N/A	N/A	N/A	1,500
Outcome	Renters who engage with legal representation to achieve dismissal of their case.	N/A	N/A	N/A	200

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$100,000	\$0	\$400,000
Total GF/non-GF	\$0	\$100,000	\$0	\$400,000
Program Total:	\$100,000		\$400,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$100,000	\$0	\$400,000
Total Revenue	\$0	\$100,000	\$0	\$400,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$400,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority by funding legal services for households experiencing legal issues related to their tenancy. It also funds the Community Alliance of Tenants to provide accurate information and navigation supports to renters throughout the community.

Department: County Human Services

Program Contact: Rob Kodiriy

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 25001, 25002

Program Characteristics:
Executive Summary

DCHS Human Resources and Business Services provide support to the DCHS ARP initiatives and anticipate significant additional volume of services funded by ARP due to COVID-19 impact, requiring additional infrastructure. 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. Business Services core functions include finance, procurement and contracting, budget and accounting. Racial equity as well as alignment with the department's Workforce Equity Strategic Plan is a key focus in all our work.

Program Summary

ISSUE: DCHS recruitments, employee relations, training, hiring, Diversity and Outreach efforts have been seriously delayed due to 67% increase in demand and severely limited number of staff in DCHS HR. DCHS recruitments are months behind currently due rapid increase in DCHS role to distribute services and assistance to our community. In FY 2022, DCHS HR will face a 46% increase in staff hiring to support various DCHS ARP program efforts. With the volume of new staff, there will be a 33% increase in onboarding, training, coaching needs from DCHS HR. For the upcoming FY 2022 ARP funding, it is estimated that the contracts load will increase by an additional 25% and the number of payment transactions would increase by at least 100%.

PROGRAM GOAL: Ensuring transparency and equitable distribution of these funds is extremely complex in relation to the procurement and contracting process. Additionally, time is of the essence in moving these funds to marginalized populations in our community. All positions related to ARP will have to be hired and onboarded as soon as possible. In addition to higher volumes of contracts and procurement work, supplier profiles will need to be built, insurance will need to be obtained and tracked and complex purchase orders will need to be created and updated. All reporting will have to be finalized on a regular basis (for 3 fiscal years, till 3/31/2025 when we close 2024 ARP).

PROGRAM ACTIVITY: DCHS HR will be adding 1.00 FTE (limited duration) HR Analyst Sr to manage staffing, onboarding, training, coaching, Diversity Implementation and efforts, 0.50 FTE (limited duration) HR Technician to support interviewing of diverse candidates, onboarding, reference checks, communications and new hire efforts. DCHS Business Services will be adding 1.00 FTE (limited duration) Finance Specialist 1 to support needs across the Accounts Payable (to ensure timely payments, printing, and filing of the hard copies of all documents with an estimated 25% more transactions per year); 1.00 FTE (limited duration) Finance Specialist Senior (to ensure timely accounting, tracking, reporting, fulfilling audit requests, and monitoring).

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of invoices processed	N/A	N/A	N/A	6,000
Outcome	Percent of invoices paid in 30 days or less	N/A	N/A	N/A	90%
Output	Number of recruitments	N/A	N/A	N/A	40
Outcome	Percent of positions filled	N/A	N/A	N/A	100%

Performance Measures Descriptions

Legal / Contractual Obligation

All ARP funds are subject to County and Federal Policies and Regulations

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$436,257
Materials & Supplies	\$0	\$0	\$0	\$13,743
Total GF/non-GF	\$0	\$0	\$0	\$450,000
Program Total:	\$0		\$450,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$450,000
Total Revenue	\$0	\$0	\$0	\$450,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$450,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. DCHS HR and Business Services are experiencing an increase in demand related to various programs of the ARP. HR will need additional support to aid the department with recruitment, training, onboarding, coaching, diversity and equity efforts. The additional volume of transactions is up by at least 50% across Business Services.

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

Executive Summary

Multnomah County is experiencing an unprecedented housing crisis, further exacerbated by the economic impacts of the COVID-19 pandemic. The legacy and cumulative effects of systemic racism and discrimination have meant that Black, Indigenous and other communities of color (BIPOC) are the most severely impacted by the housing crisis. Many critical housing supports such as renter's rights, housing navigation and wrap-around services can be difficult to access and lack cultural specificity. Developed in the 2019 Renter Relations report, the Peer Navigation Program will create a system of peer counselors that can provide 1:1, culturally specific, peer coaching and resource sharing to support BIPOC households to meet their housing goals.

Program Summary

ISSUE: BIPOC renters in Multnomah County are rent burdened and experiencing disproportionate economic impacts from COVID-19. In September of 2020, PSU released a report that showed the 56% of BIPOC renters were owing arrears as compared to 35% of all renters. While there are resources and support programs available to support renters, knowing how to access and navigate all of those systems can create a barrier for many households.

PROGRAM GOAL: To develop a Peer Navigation Program that will provide ongoing, culturally specific peer support to BIPOC households that will improve housing stability or assist in connecting with stable housing and prevent homelessness.

PROGRAM ACTIVITY: Two activities are included in this program offer. First, Peer Navigation Program will lead with race and provide culturally specific 1:1 peer support and coaching including sharing tools and support renters to establish goals to work on credit, evictions and budgeting. Counselors will use a trauma-informed Assertive Engagement approach and will coordinate and facilitate culturally specific education and empowerment groups on subjects such as tenant protections and courses similar to "rent ready" classes. Peers are recommended reflecting Renter Relations Report findings that peer support for renters to establish their own goals to work on credit, evictions, and budgeting yields better results. Peer counselors will also coordinate and facilitate culturally specific education and empowerment groups to address historical and ongoing barriers while teaching people how to advocate and navigate their way to more stable housing. Peer counselors also are able to advocate for tenants and support communications with landlords and property managers, such as unit inspections. Second, 1.00 FTE (limited duration) staff position to develop and implement this program, and other aligned initiatives in the YFS Housing Stability Team.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households supported by peer mentors	N/A	N/A	N/A	250
Outcome	Percent of households who experience improvement in self identified housing goals.	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$115,000
Contractual Services	\$0	\$0	\$0	\$400,000
Total GF/non-GF	\$0	\$0	\$0	\$515,000
Program Total:	\$0		\$515,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$515,000
Total Revenue	\$0	\$0	\$0	\$515,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$515,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority by creating a peer led program that will support BIPOC tenants to retain stable housing. It also adds staff capacity to support this program's development and implementation - and other housing stability programs in the Youth & Family Services Division.

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

Executive Summary

Youth & Family Services Division (YFS) manages funding from multiple sources. In FY 2021, YFS had 79 grants, from both Federal and State sources. With an influx of funding for COVID-19 response, the number of grants YFS manages will only increase. To ensure these funds are utilized for the maximum benefit of the community, YFS Administration requires added capacity to support grant administration.

Program Summary

ISSUE: YFS works in partnership with multiple funders including Oregon Housing and Community Services (OHCS), Early Learning Multnomah (ELM), Housing and Urban Development (HUD), Office on Violence Against Women (OVW), US Department of Agriculture (USDA), Youth Development Division (YDD), as well as local school districts and the City of Portland. YFS uses this grant funding to fund both internal programming and contracted services. Each grant has its own rules around validity periods, allowability of admin and indirect costs, and budget requirements. Funders of these grants often ask for supplemental information about the use of the funds throughout the fiscal year. Management of these grants requires diligent oversight of grant budgets, spending to date, and state and federal regulations to ensure compliance and to maximize use of funds for the community.

PROGRAM GOAL: The goal of YFS Staff Capacity Increase is to effectively use all grant funding via budgeting, forecasting, and adherence to complex, and at times changing, regulations.

PROGRAM ACTIVITY: The Division is responsible for providing, contracting for, and/or coordinating the County's investments in five core areas: Energy Services, Housing Stability, Education Supports, Early Childhood, and Domestic and Sexual Violence. The Division functions as the County's legislatively mandated Community Action Program Office. YFS Staffing Capacity Increase will be responsible for the following activities:

- 1) Develop budget documents and review expenditures to ensure they adhere to revenue and funding guidelines.
- 2) Interpret and communicate grant regulations to YFS staff and contractors to ensure all uses of grants are allowable.
- 3) Create reports to illustrate how grant funds are used and to help YFS leadership make decisions for how to deploy resources.
- 4) Provide updates and information on spending to funders as requested.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of all grants with accurate, up to date budget documents	N/A	N/A	N/A	100%
Outcome	Percent of grants that are 90% expended	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$140,000
Total GF/non-GF	\$0	\$0	\$0	\$140,000
Program Total:	\$0		\$140,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$140,000
Total Revenue	\$0	\$0	\$0	\$140,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$140,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. The expanded number of federal and state grants and the accounting and reporting requirements means added staff capacity is needed in the Division to strengthen our ability to adhere to all funding, reporting and related guidelines.

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

Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities--and rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs that have will continue for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program offer continues the County's leadership role in providing rent assistance and related supports.

Program Summary

ISSUE: Thousands of Multnomah County residents are unable to pay their monthly rent due to the economic impacts of the COVID-19 pandemic. As moratoriums are lifted and people struggle to pay their bills, evictions are likely to increase and the need for rental assistance is unprecedented. According to the County economist, over 10,000 renters in Multnomah County were unable to pay their rent in April. Racial disparities existed before COVID-19 and current national and state trends indicate that the economic hardships of the global pandemic are widening racial inequalities. These trends are likely mirrored at the local level. For instance, in Multnomah County, the majority of people who rent are BIPOC (Black, Indigenous and People of Color).

PROGRAM GOAL: Provide COVID-19 response rent assistance support so that households can remain stably housed by paying rent, including arrears and future rent payments using Federal Emergency Rent Assistance funds - American Rescue Plan funds directly allocated to the County and ERA funds through Oregon Housing & Community Services (OHCS)

PROGRAM ACTIVITY: These funds will support a new team of County employees that will manage and process rent assistance applications through a new electronic application system developed by OHCS. This new system requires renters to enter their own application, and then each one must be reviewed for accuracy and completeness; connections with landlords are essential for a completed application. County staff will process these applications, engage with landlords and support and host outreach and engagement events in communities of color to ensure access to this new system. Funds will also be disbursed through a community based rent assistance program jointly led by the City of Portland, Joint Office of Homeless Services, Home Forward, County Human Services and non-profit organizations. There are currently 43 organizations providing rent assistance support to households.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households receiving rent assistance	N/A	N/A	N/A	6,000
Outcome	% households receiving rent assistance who are at 50% or below of the Area Median Income	N/A	N/A	N/A	75%

Performance Measures Descriptions

Output estimated using \$7,000 per household.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$2,468,684
Contractual Services	\$0	\$11,275,040	\$0	\$45,914,345
Materials & Supplies	\$0	\$0	\$0	\$36,000
Internal Services	\$0	\$0	\$0	\$380,971
Total GF/non-GF	\$0	\$11,275,040	\$0	\$48,800,000
Program Total:	\$11,275,040		\$48,800,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$11,275,040	\$0	\$48,800,000
Total Revenue	\$0	\$11,275,040	\$0	\$48,800,000

Explanation of Revenues

This program generates \$360,181 in indirect revenues.
 American Rescue Plan (ARP) Direct County Funding - \$4,800,000
 Federal Emergency Rent Assistance funds from Oregon Housing & Community Services - \$44,000,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. These funds are federal pass through from the State of Oregon and Multnomah County's local allocation, to provide emergency rent assistance to the thousands of County renters who are unable to pay rent due to the pandemic. This is particularly acute in communities of color.

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

Executive Summary

This offer funds 2.00 FTE (limited duration) for COVID-19 response rent assistance in the Youth & Family Services Division in order to provide administrative and technical supports, and leadership for rent assistance programming in the Division. The goal of these programmatic services is to prevent eviction for households who are experiencing housing and instability due to the pandemic.

Program Summary

ISSUE: Multnomah County’s rental climate has been extremely difficult for many residents. A combination of high rents, rent increases and low vacancies made finding and keeping units challenging for many renters. Oregon’s landlord-tenant law, in combination with a patchwork of local ordinances affecting rental properties, makes it difficult for renters to understand and exercise their rights, and many renters fear reprisals from landlords if they voice concerns or have issues with paying rent. The impact of these conditions on Black, Indigenous, and People of Color (BIPOC) communities was particularly severe. These challenges and disparities have been amplified by COVID-19. Providing rent assistance and access to other supports is a key area of focus for the Youth & Family Services Division.

PRORGRAM GOAL: Provide administrative and technical supports, and leadership for rent assistance programming in the Division. The goal of these programmatic services is to prevent eviction for households who are experiencing housing and instability due to the pandemic.

PROGRAM ACTIVITY: The rent assistance programs supported through Youth & Family Services require planning, collaboration, oversight and compliance with Federal and local guidelines. The staff in these positions will support these efforts, in partnership with others in the YFS Housing Stability Team and cross jurisdictional partners - the City of Portland, Joint Office of Homeless Services, Home Forward, DCHS and community non-profits. These funds will support a management level position and a data analyst position.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of staff supported through leadership and management support	N/A	N/A	N/A	25
Outcome	Aligned and coordinated programmatic rent assistance models and guidance.	N/A	N/A	N/A	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$230,000
Total GF/non-GF	\$0	\$0	\$0	\$230,000
Program Total:	\$0		\$230,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$230,000
Total Revenue	\$0	\$0	\$0	\$230,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$230,000

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. Funding for staff capacity in the Youth & Family Services Division's rent assistance team is critical to support the several programs the Division has to provide emergency rent assistance to the thousands of County renters who are unable to pay rent due to the pandemic.

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

Through this funding DCHS proposes to provide: energy assistance and weatherization; housing supports focused on mid and East County; support older adults with virtual senior center services and family caregiver supports; and provide emergency hotel vouchers for survivors of domestic violence.

Program Summary

ISSUE: Many households in Multnomah County have been impacted by social, emotional and economic impacts from the pandemic.

PROGRAM GOAL: Social services are one way to support individuals and families to meet basic needs and to remain stably housed. A variety of supports are provided for individuals, families and seniors.

PROGRAM ACTIVITY: This offer has five primary service areas. First, energy assistance bill payment will support 400 households to reduce their energy bills. Weatherization of homes reduces a household's overall energy costs. Third, Community Development Block Grant CV funds will be used to support housing stability in mid and east Multnomah County. The District Senior Center and Enhancing Equity contractors will be helping to develop and pilot a Virtual Senior Center model. This virtual engagement will focus on opportunities for social engagement, health promotion activities and Family Caregiver support services. In addition to modifications in service delivery, ADVSD is investing in creative technology solutions to address social isolation amongst older adults. Finally, Justice Center funds provide emergency motel voucher funding to increase availability of emergency bed spaces for survivors of domestic violence.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of agencies receiving support for virtual senior centers	N/A	13	13	13
Outcome	Percent of agencies receiving support for virtual senior centers that are culturally specific agencies	N/A	46%	46%	46%
Output	Number of households receiving energy bill payment assistance.	N/A	400	400	400

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$430,666	\$0	\$1,233,461
Total GF/non-GF	\$0	\$430,666	\$0	\$1,233,461
Program Total:	\$430,666		\$1,233,461	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$430,666	\$0	\$1,233,461
Total Revenue	\$0	\$430,666	\$0	\$1,233,461

Explanation of Revenues

- \$400,423 - COVID-19 Federal LIEAP
- \$336,006 - COVID-19 Federal CDBG 20 CARES
- \$279,794 - COVID-19 Federal 1515 CJC Coronavirus Emergency Support Grant
- \$150,000 - COVID-19 Federal 1515 OAA Title IIIC
- \$67,238 - COVID-19 Federal LIEAP WX

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Lee Girard

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

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

Executive Summary

The COVID-19 pandemic has disproportionately impacted communities in our County, especially individuals and families who are BIPOC, immigrants/refugees, older, or experiencing a disability. Systemic and institutional racism and economic disparities have been exacerbated during the pandemic. Economic recovery will be long term for many in these communities. DCHS will provide \$4.856 million in direct financial support to approximately 5,850 households using unconditional cash transfer whenever possible, recognizing that households understand their most pressing financial needs.

Program Summary

ISSUE: The COVID-19 pandemic has disproportionately impacted communities in our County, especially individuals and families who are BIPOC, immigrants/refugees, older, or experiencing a disability. Systemic and institutional racism and economic disparities have been exacerbated during the pandemic. Economic recovery will be long term for many in these communities.

PROGRAM GOAL: DCHS will provide direct financial support to approximately 5,850 households using unconditional cash transfer whenever possible, recognizing that households understand their most pressing financial needs, which may include; food, living expenses, housing, debt, childcare, transportation, medical, etc.

PROGRAM ACTIVITY: Three DCHS divisions will work with community partners and through their programs to distribute funds to community members using tools that have been developed over the past year, such as: grocery/gift cards; direct payment of key expenses; prepaid credit cards; direct electronic transfers; etc. DCHS will focus this funding on BIPOC communities, building on relationships with culturally-specific community based organizations that each division has established through public engagement and procurement processes. Following is the list of how funds will be utilized:
ADVSD: \$446,000 for utility, uncovered medical and prescription expenses. Also includes 1.00 FTE (limited duration) Case Manager 2 and proposes to serve 550 older adults or people with disabilities.

IDDS: \$385,000 to provide assistance for 650 clients and 100 direct care providers.

YFS Bienestar: \$525,000 client assistance to 1,050 households provided via the weekly Mercado.

YFS: \$3.5 million client assistance to 3,500 households via Domestic Violence, SUN Service System (SUNSS), and Housing & Immigration program participants.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households served	N/A	N/A	N/A	5,850
Outcome	Percentage of recipients from Black, Indigenous or People of Color communities	N/A	N/A	N/A	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$200,000	\$0	\$97,831
Contractual Services	\$0	\$4,518,143	\$0	\$4,758,169
Total GF/non-GF	\$0	\$4,718,143	\$0	\$4,856,000
Program Total:	\$4,718,143		\$4,856,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,718,143	\$0	\$4,856,000
Total Revenue	\$0	\$4,718,143	\$0	\$4,856,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$4,856,000

Significant Program Changes

Last Year this program was:

This program addresses the County's priority of Crisis Response & Community Recovery. These funds will provide client assistance directly to individuals and families, with a focus of providing unconditional cash transfer whenever possible. Funds will be targeted to communities disproportionately impacted by the pandemic: BIPOC, immigrants and refugees, older adults and people with disabilities

Department Overview

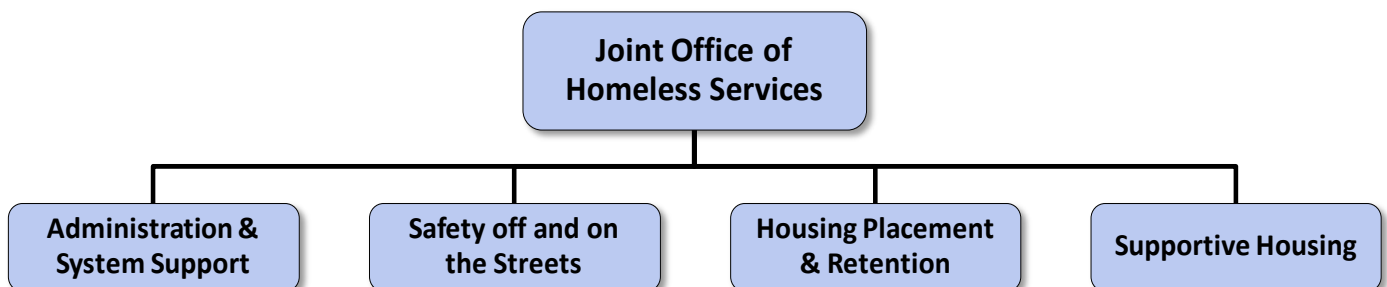
Formed in FY 2017, the Joint Office of Homeless Services (JOHS) is a shared commitment between the City of Portland and Multnomah County to expand, improve, align and simplify access to the range of services dedicated to addressing homelessness in the community. The work of the JOHS aligns directly with the County’s mission to serve the needs of those who are most vulnerable by providing a safety net of quality services developed with an equity lens and commitment to social justice.

The JOHS is also guided by the vision of A Home for Everyone (AHFE) – no one should be homeless and everyone deserves a safe, affordable place to call home – and its core values of prioritizing those who are most vulnerable, promoting racial and ethnic justice, engaging the community in identifying and implementing strategies that work, using data and holding programs accountable for outcomes, and strengthening the overall capacity of systems by increasing alignment, coordination, and leverage. Key partners include Multnomah County, the City of Portland, the City of Gresham, Home Forward, local nonprofits and community members.

The JOHS has four primary functions: (1) support community and regional homelessness planning efforts; (2) contract local, State, and Federal funds to nonprofit providers delivering a continuum of homeless and housing services to adults, youth, families with children, and survivors of domestic and sexual violence; (3) oversee the development and operations of the community’s emergency shelter system; and (4) serve as the U.S. Department of Housing and Urban Development (HUD) Continuum of Care “Lead Agency.”

The Metro Supportive Housing Services Measure (SHS Measure) passed in May of 2020, giving the JOHS the responsibility for leading the County’s corresponding implementation of the extensive community-based planning and large-scale expansion of supportive housing services. The JOHS FY 2022 budget includes first year SHS Measure investments informed by priorities outlined in the County’s [Local Implementation Plan](#) (LIP), a high level framework that will guide ongoing planning to ensure the most effective investment of SHS Measure funding at the county and regional levels. The LIP was developed with community engagement that drew on the expertise of hundreds of community stakeholders and centered the voices of Black, Indigenous, and other People of Color (BIPOC) and those with lived experience of homelessness, severe disabling conditions, and other intersecting marginalized identities.

Supporting the provision and delivery of the SHS Measure programs and services, in addition to existing programs and services, will dramatically increase the JOHS’s budget and require substantial organizational growth, including in administrative infrastructure. In light of the ongoing and planned future growth of the JOHS, the Board of County Commissioners increased the visibility of the office by establishing it as a County Department as of FY 2022.



Budget Overview

The FY 2022 Joint Office of Homeless Services (JOHS) Adopted budget is \$161.0 million, a \$43.9 million increase from the FY 2021 Adopted budget. The FY 2022 budget is comprised of \$27.8 million of County discretionary funds (General Fund, Tax Title, and Video Lottery), or 17.3% of the total. The remaining \$133.2 million, or 82.7%, of the budget comes from Other Funds.

The JOHS's \$133.2 million in Federal, State, and local revenue is a \$44.5 million increase over the FY 2021 budget. Three factors largely explain this increase. First, there is a \$51.6 million increase in the Supportive Housing Fund due to the passage of the Metro Supportive Housing Services Measure (SHS Measure) in May 2020. Second, City of Portland General Fund increased \$5.1 million, mainly due to \$2.0 million of one-time-only funds for shelter capital and \$2.2 million related to the Portland Police Bureau's Service Coordination Team. Offsetting both those increases is a \$12.3 million decrease in the COVID-19 Response Fund as compared to the FY 2021 Adopted budget. The JOHS has assumed the Federal Emergency Management Agency will reimburse FY 2021 costs in an amount that will allow \$18.4 million of Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to be carried over to FY 2022, funding one-time-only continuation of existing COVID-19 activities for the first half of FY 2022 (30090-92). The JOHS has also budgeted \$8.3 million of the County's direct allocation of American Rescue Plan (ARP) funds (30900-05) and \$3.0 million of ARP funds from the City of Portland (30905).

The FY 2022 budget funds 72.00 full time equivalent positions (FTE). The 40.00 FTE increase is largely due to the SHS Measure, which supports 35.00 FTE. In addition, 3.00 FTE have been added for human resources and operational support, funded with \$450,000 of new, ongoing County General Fund and \$141,000 of City of Portland General Fund (30000C). ARP funds support 2.00 FTE related to alternative shelter (30904).

Shelter capital funds make up \$7.6 million of the FY 2022 budget. \$2.1 million of one-time-only County capital funds appropriated in FY 2019 are carried into FY 2022 because the planned projects are still in progress (30208A). Also, \$2.0 million of one-time-only City of Portland funds (30208A) and \$3.5 million of ongoing SHS Measure funds (30208B) are allocated to shelter capital.

The JOHS also has debt service budgeted in FY 2022 due to the repayment of a \$3.0 million interfund loan approved in FY 2021 and \$20,000 interest.

A list of programs funded as one-time-only can be found in the Budget Director's message.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	27.00	38.50	32.00	72.00	40.00
Personnel Services	\$4,095,465	\$6,598,383	\$8,883,877	\$13,614,651	\$4,730,774
Contractual Services	67,385,124	81,261,518	92,460,345	127,913,102	35,452,757
Materials & Supplies	1,902,512	13,812,205	12,161,848	6,936,685	(5,225,163)
Internal Services	2,860,887	1,995,284	1,385,697	1,995,195	609,498
Capital Outlay	185,742	7,029,902	2,200,000	7,550,000	5,350,000
Debt Service	0	0	0	3,020,000	3,020,000
Total Costs	\$76,429,730	\$110,697,292	\$117,091,767	\$161,029,633	\$43,937,866

Successes and Challenges

The most significant successes for the Joint Office of Homeless Services (JOHS) over the last year are in responding to the COVID-19 pandemic and completing the Local Implementation Plan (LIP) for the Metro Supportive Housing Services Measure (SHS Measure) and beginning Year 1 implementation planning. As described in more detail on the following page, in March of 2020, working with County Public Health and Emergency Management, the JOHS took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. This effort was successful in preventing a serious COVID-19 outbreak across the homeless services system of care and in responding to the economic hardship placed on the community through the distribution of over \$30 million in rent and household assistance. None of this would have been possible without the dedication and tireless effort of JOHS staff.

As mentioned in the Department Overview, in May of 2020, voters approved the Metro Supportive Housing Services Measure, which will provide an ongoing source of funding for rental assistance and support services to reduce chronic and episodic homelessness through strategies that lead with racial equity. The SHS Measure required an LIP to guide SHS Measure planning and implementation, and ensure the most effective investment of funding at the county and regional levels. After months of community engagement, the JOHS drafted an LIP that was approved by the County Board and, in April 2021, by the Metro Council. Approval of the LIP is a huge milestone that has allowed the JOHS to move forward with budgeting for, and extensive inter-departmental and interjurisdictional planning needed to launch, a broad range of critical new programs in FY 2022.

The most significant challenges facing the homeless services system of care are the ongoing impacts of COVID-19, rates of inflow into homelessness, and the affordable housing market, all of which have disparate impacts on BIPOC. One of the most significant challenges facing the JOHS efforts to end homelessness has long been the rate of inflow into homelessness, in particular among BIPOC and people with serious disabling conditions and extremely low incomes. This challenge threatens to grow significantly as a result of COVID-19 and its economic impact on extremely low-income people and Communities of Color.

The other significant challenge facing the JOHS is the need to rapidly but intentionally increase the capacity of the Office, of JOHS's regional jurisdictional partners, and its non-profit service providers – in particular JOHS's culturally specific providers – to deliver on the tremendous promise of the SHS Measure. Rapid growth is challenging, but it is necessary in order to ensure that the voter-approved funds begin alleviating the homelessness crisis as soon and as significantly as possible.

COVID-19 Impacts

In March of 2020, working with County Public Health and Emergency Management, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. Since then, the JOHS has led countywide efforts to protect these vulnerable community members from the potentially devastating physical and economic impacts of COVID-19. Efforts include: (1) providing substantial financial and technical assistance to the community's network of homeless services providers to minimize service disruptions and enable the safe provision of services; (2) dramatically expanding coordinated outreach and supplies distribution (survival gear and personal protective equipment) to the unsheltered population; (3) re-organizing and expanding the emergency shelter system to allow for physical distancing and non-congregate motel sheltering of individuals at high-risk of serious illness or death from COVID-19; (4) operating voluntary isolation motels for individuals who become infected with COVID-19 or need to quarantine; and (5) working with partner agencies, including the Department of County Human Services (DCHS) and the Portland Housing Bureau (PHB), to distribute more than \$30 million in rent and household assistance. Because of capacity limitations among community based service providers during the pandemic, the JOHS has hired more than 100 limited duration employees to directly operate physical distancing shelters and voluntary isolation motels opened in response to the pandemic.

The impact to the JOHS staff of responding to the pandemic's threat to people experiencing homelessness cannot be overstated. Regardless of their role in the office, every staff person has not only had to adapt their work to make certain there would be no interruption in critical services during the pandemic, they were also asked to take on new work and additional assignments as part of the COVID-19 response. They did this even as many also experienced significant direct impacts from COVID 19 in their personal lives. It has been a very difficult year, and a year that once again highlighted the deep commitment of the staff to those experiencing homelessness in the community.

The JOHS FY 2022 budget funds a continuation of support for community based service providers, non-congregate motel shelters and voluntary isolation motels, and coordinated outreach and supplies distribution to the unsheltered population through December of 2021. With the ongoing broad distribution of COVID-19 vaccinations and presumed widespread immunity, the JOHS hopes to return the homeless services system to relative normalcy in the second half of FY 2022. However, the transition back to a new normal will take time and the community will continue facing the economic impacts of the pandemic throughout FY 2022 and beyond, and that is particularly true for those who are struggling to pay rent. The most recent estimates are that between 12% and 15% of renter households have been unable to pay their rent each month, which is up to 20,000 area households. The JOHS will continue working to secure additional resources for rent assistance and coordinating the distribution of available funds with system partners.

COVID-19 & American Rescue Plan

Dating back to the beginning of the pandemic in March of 2020, the Joint Office of Homeless Services (JOHS) has been allocated a significant amount of local, State, and Federal resources to respond to urgent community needs resulting from the COVID-19 pandemic through the programming described on the prior page. This started with the passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27, 2020. The CARES Act made funding available to local and state governments through both new and existing programs. Over the course of FY 2021, the JOHS was allocated more than \$68 million in CARES Act COVID-19 funding, which funded expanded congregate shelter, physical distancing and voluntary medical isolation motel shelter, safety on the streets outreach, provider support to allow for the safe provision of services, and emergency rent assistance. Most of these activities will continue in FY 2022 using a combination of resources allocated in the CARES Act and new resources allocated in the American Rescue Plan (ARP) Act. The following new ARP resources were added to the JOHS budget:

- \$5.1 million - For continuation of physical distancing and voluntary medical isolation motel shelter, safety on the streets outreach, and provider support in the second half of FY 2022 (30900).
- \$0.2 million - For expanded street-based medical care for individuals living unsheltered and in a variety of shelter programs (30901). This will build on the success of an existing volunteer team of medical professionals by adding a Medical Care Coordinator who will coordinate care in the field for the most medically complex patients, support with follow-up medical case management, and conduct outreach and engagement to partner organizations.
- \$0.8 million - For an expansion of basic hygiene services for the unsheltered population, with a focus on increasing access to toilets, hand washing, and showers in areas currently most underserved with those resources (30902).
- \$0.4 million - For expanding culturally specific outreach services, recognizing that to be most effective, outreach services should be delivered by and for the diverse racial and ethnic communities that make up our unsheltered populations (30903).
- \$0.3 million - For 2.00 FTE positions to lead and implement an expansion of alternative shelter options for people experiencing unsheltered homelessness (30904).
- \$4.5 million - For ongoing funding to support the three outdoor COVID-19 physical distancing shelters known as C3PO (Creating Conscious Communities with People Outside), which are home to more than 100 residents (30905).

Diversity, Equity, and Inclusion

The Joint Office of Homeless Services (JOHS) has taken numerous steps to realize the A Home for Everyone (AHFE) goal of eliminating the disproportionately high rates of homelessness among People of Color through its community planning and contracting practices, including: (1) improving data collection and outcome reporting using inclusive racial identities; (2) creating standards of practice for all contractors that include cultural responsiveness and/or culturally specific service provision; (3) including a requirement for organizational equity assessments, plans, and progress reporting in all contracts; (4) prioritizing and increased funding to culturally specific organizations through local procurement processes and prioritization of culturally specific programs in competitive Federal applications; and (5) prioritizing staff support to the AHFE Equity Committee and the implementation of the AHFE equity lens in all AHFE planning efforts. The JOHS has also dedicated significant time to increasing the office’s internal capacity to lead with race, including through implementation of the Multnomah County Workforce Equity Strategic Plan (WESP). That internal work includes a chartered equity committee, monthly equity-focused all staff meetings, affinity groups, and staff training, as well as changes in job descriptions, recruiting, selection and onboarding practices. The JOHS also continues to be active in countywide racial equity policy development and training efforts.

Looking ahead, implementation of the Metro Supportive Housing Services Measure (SHS Measure) represents a tremendous opportunity to further advance a commitment to racial equity. The SHS Measure calls on the County to end homelessness and to do so by first reaching BIPOC who are overrepresented in the populations of people experiencing chronic and episodic homelessness. The SHS Measure, consistent with the values of the JOHS and AHFE, requires that all planning work center the voices of people with lived experience, especially from BIPOC communities. The SHS Measure Local Implementation Plan (LIP), adopted by the County Board to guide SHS Measure fund investments, emphasizes the importance of expanding the number and capacity of culturally specific service providers, and expanding funding to those providers, as critical strategies to eliminate racial disparities in homelessness. This year’s JOHS budget includes significant investments that further these commitments.

Budget by Division

Division Name	FY 2022 General Fund	Other Funds	Total Division Cost	Total FTE
Administration & System Support	\$3,424,104	\$19,570,086	\$22,994,190	47.00
Safety off and on the Streets	7,005,339	29,971,431	36,976,770	7.00
Housing Placement & Retention	11,122,883	31,065,492	42,188,375	5.00
Supportive Housing	2,570,370	26,641,568	29,211,938	11.00
COVID-19 & American Rescue Plan	<u>0</u>	<u>29,658,360</u>	<u>29,658,360</u>	<u>2.00</u>
Total Joint Office of Homeless Services	\$24,122,696	\$136,906,937	\$161,029,633	72.00

Administration & System Support

Administration and System Support provides executive leadership and strategic direction for the Joint Office of Homeless Services (JOHS). It works with elected leaders across the region, community based organizations, and advisory bodies and other stakeholder groups to develop, implement, and deliver homeless services. This includes:

- Equity-focused executive leadership, management, and strategic direction for the office's programs and services;
- Human resources and fiscal management of local, State, and Federal funding;
- Data quality support, analysis, outcomes reporting, and administration;
- Policy and planning work associated with acting as the Lead Agency overseeing the Continuum of Care and convener of A Home for Everyone and the Metro Supportive Housing Services Measure;
- System-wide training to support the implementation and provision of equity-focused service practices, and capacity building to expand the homeless system of care's network of culturally-specific providers, strategies, and services; and
- Information and referral services, coordinated access, and similar services to make homeless services easier to access and tailored to the needs of multiple sub-populations.

Significant Changes

With the passage of the Metro Supportive Housing Services Measure (Measure) in May of 2020, additional resources became available to invest in a significant expansion of homeless services programming. Largely due to more than \$52 million in Measure funding, the base FY 2022 JOHS program budget (excluding COVID-19 funding) increases by approximately 70% over FY 2021 and the total number of FTE increases from 32.00 to 72.00. In order to better reflect key organizational and programmatic functions that have been expanded to support this growth, organizational and program development, and increased service delivery, the JOHS has expanded its Administration and System Support program structure for FY 2022. The program offer structure has been expanded from FY 2021 program offers Joint Office Administration and Operations (10050A) and System Support, Access, & Coordination (10051A) to the following, with each of the "B" program offers representing Administration and System Support investments made with Measure funding:

- 30000A-C - Joint office of Homeless Service Administration and Operations / Human Resources
- 30001A-B - Business Services
- 30002A-B - Data, Research, & Evaluation
- 30003A-B - Policy & Planning
- 30004A-B - Equity-Focused System Development & Capacity Building
- 30100A-B - System Access, Assessment, & Navigation

In addition to the Measure-funded expansion, the FY 2022 budget also includes \$450,000 of additional General Fund for a total of 3.00 new FTE when paired with \$141,000 of existing City funds (30000C). These positions will provide operational leadership support and form a Human Resources team internal to the JOHS. Prior to becoming a department in FY 2022, the JOHS relied on Human Resources support from the Department of County Assets and the Department of County Management.

Safety off and on the Streets

The basic safety of people experiencing homelessness requires funding a full range of outreach, emergency night and day shelter options that offer access to critical hygiene, health, and housing services. Safety off and on the Streets programming includes population-specific shelter options for survivors of domestic violence, adult-only households, families, and youth. It also includes alternative shelter options, safety on the streets survival and outreach, along with winter and severe weather shelter.

Safety off and on the Streets includes a range of short-term stay shelter options for people experiencing homelessness when permanent housing options are not accessible. This includes year-round 24/7 shelters, temporary winter and seasonal overnight shelters, severe weather shelters, alternative shelter models, and daytime services or resource centers. Emergency Shelters are vital to protecting the basic health and safety of individuals while they are experiencing homelessness, particularly those with disabling conditions, veterans, women, survivors of domestic and sexual violence, youth, and older adults. Alternative shelters provide a safe space to sleep and access to resources for those who are not currently served by traditional emergency shelters. Daytime Resource Centers provide basic safety off the streets, hygiene services, temporary storage, and access to an array of basic services during daytime hours when overnight emergency shelters are typically closed. Outreach and engagement is coordinated, person-centered outreach that brings housing placement and other support services directly to people experiencing homelessness. This includes coordinated efforts that bring services directly to individuals to meet basic needs and connect them to housing placement and retention services, other housing and support services, mental health outreach to individuals with severe and persistent mental illness, substance use screening and assessment, culturally-specific outreach services and housing readiness assistance.

Significant Changes

Safety off and on the Streets has undergone significant short- and long-term changes as a result of the COVID-19 pandemic and the passage of the Metro Supportive Housing Services Measure (Measure). The Joint Office of Homeless Services (JOHS) spaced out its existing emergency shelter system to allow for physical distancing and the safe provision of services during the pandemic. Overall system capacity was maintained by first establishing additional congregate shelters and then non-congregate motel shelters. To accomplish this, the JOHS hired more than 100 limited duration staff and contracted for additional shelter operations services from its existing network of community based organizations. Much of this COVID-19 programming will continue in FY 2022 (30090-92 & 30900-05), and the JOHS has been able to use COVID-19 resources to acquire a number of new shelter sites that will result in a significant permanent expansion of shelter capacity. Operation of these new sites will be funded with revenue from the Measure, which will permanently fund 120 - 150 rooms of motel shelter (30209), up to 200 beds of alternative shelter (30700B), and a new 90 bed purpose-built congregate shelter site (30208A/B). Program offers funded with new Measure funding contain "Metro Measure Expansion" or "Metro Measure Investment" in the title.

Housing Placement & Retention

Housing Placement and Retention programming helps people gain or retain housing, provides supportive services for housing stability, diverts those at risk of homelessness with accessible housing options, and assists households experiencing homelessness or housing instability with workforce supports. For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, flexible rent assistance, housing placement and retention support services, and access to income acquisition assistance. Through this programming, often referred to as “Rapid Rehousing,” each year thousands of survivors of domestic violence, seniors, adults, women, families, youth, and veterans are housed and/or retained in housing they already have.

Rapid Re-Housing (RRH) is designed to assist households in exiting homelessness and gaining permanent housing. It includes highly flexible short- and medium-term rental assistance, move-in and barrier mitigation funds, and housing case management services and supports. RRH is designed to help households currently experiencing homelessness achieve and maintain permanent housing stability as quickly as possible. Housing services include housing search and identification, negotiation with landlords to overcome barriers to housing access, financial assistance with rent and move-in expenses, and a range of post-placement housing stabilization services including support managing household finances, maintenance and habitability issues, and landlord disputes. Income acquisition supports include education, job training, and assistance obtaining public benefits. RRH services are provided by a large network of contracted non-profit organizations, including several culturally specific organizations serving Black, Indigenous, Latinx, and other Communities of Color that are overrepresented in the homeless population.

Significant Changes

With the passage of the Metro Supportive Housing Services Measure (Measure) in May of 2020, additional resources became available to fund a significant ongoing expansion of Housing Placement and Retention services. The FY 2022 budget includes new funding for 500 rapid rehousing placements and retention for an additional 930 households to stay in the housing they already have. It also includes additional staffing capacity to support the new programming, along with investments such as eviction prevention (30100B); barrier mitigation, housing access, and placement assistance (30301B); placements out of COVID-19 shelter (30700A); funding to leverage Federal COVID-19 rent assistance (30700C); and a low-barrier employment initiative focused on a range of COVID-19 recovery efforts (30700D). Program offers funded with new Measure funding contain “Metro Measure Expansion” or “Metro Measure Investment” in the title.

Supportive Housing

Supportive Housing commonly serves those with severe temporary or long-term disabilities, who are extremely low income and experiencing long-term homelessness. It combines an ongoing rental subsidy, to ensure housing affordability, with wrap-around services, including behavioral and physical health services, benefits and income-related services, and in-home housing retention supports. Supportive housing can take the form of both permanent supportive housing and less-permanent forms of housing, including facility-based transitional housing.

Permanent Supportive Housing (PSH) is deeply affordable permanent housing with supportive services that assists persons experiencing homelessness who have a significant disabling condition(s) to live independently. It combines long-term rent assistance with ongoing wrap-around supportive services. It serves those with long-term disabilities, including chronic health conditions, mental illness, and addictions, who have experienced, or are at risk of, long-term or cyclical homelessness. Supportive services are designed to meet the needs of participants on an ongoing basis. Permanent Supportive Housing can be provided in a building entirely dedicated to PSH (facility-based), as a cluster of units in a single building that also includes non-PSH units, and scattered across multiple sites, or clustered units, and can be integrated into private market and non-profit/publicly owned housing.

Transitional supportive housing serves those who require limited duration intensive services and are at high risk of becoming chronically homeless. Stays are typically up to two years and programs provide the rent assistance and supportive services needed to facilitate a household's successful move into permanent housing. Transitional housing may be facility-based or scattered site, but all of the publicly funded transitional supportive housing in Multnomah County is currently facility-based.

Significant Changes

With the passage of the Metro Supportive Housing Services Measure (Measure) in May of 2020, additional resources became available to fund a significant ongoing expansion of Supportive Housing services. The FY 2022 budget includes funding for 800 new permanent supportive housing placements. This includes investments in additional Coordinated Access placements (30400B), pairing supportive services resources with Federal housing voucher programs (30400B), and funding support services for deeply affordable housing units financed by the Portland Housing Bond and Metro Housing Bond (30400C). It also includes additional staffing capacity to support this programming, along with countywide housing-focused staffing (30400D) and investments in the Health Department's Behavioral Health Division (30401B), the Department of County Human Services (30400D), and the Department of Community Justice (30400D). Program offers funded with new Measure funding contain "Metro Measure Expansion" or "Metro Measure Investment" in the title.

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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 2022 General Fund	Other Funds	Total Cost	FTE
Administration & System Support					
30000A	Joint Office of Homeless Services Administration and Operations	\$1,336,327	\$180,061	\$1,516,388	5.00
30000B	Joint Office of Homeless Services Administration and Operations - Metro Measure Expansion	0	3,250,441	3,250,441	5.00
30000C	Joint Office of Homeless Services Administration and Operations - Human Resources/Operations Support	450,000	140,958	590,958	3.00
30001A	Business Services	881,458	0	881,458	6.00
30001B	Business Services - Metro Measure Expansion	0	1,064,876	1,064,876	4.00
30002A	Data, Research, & Evaluation	261,330	601,259	862,589	6.00
30002B	Data, Research, & Evaluation - Metro Measure Expansion	0	431,822	431,822	3.00
30003A	Policy & Planning	0	469,363	469,363	3.00
30003B	Policy, Planning, & Regional Coordination - Metro Measure Expansion	0	2,957,562	2,957,562	4.50
30004A	Equity-Focused System Development & Capacity Building	111,842	0	111,842	1.00
30004B	Equity-Focused System Development & Capacity Building - Metro Measure Expansion	0	6,767,363	6,767,363	1.50
30100A	System Access, Assessment, & Navigation	383,147	1,257,812	1,640,959	2.00
30100B	System Access, Assessment, & Navigation - Metro Measure Expansion	0	2,448,569	2,448,569	3.00
Safety off and on the Streets					
30200	Safety off the Streets - Adult Shelter	338,576	9,818,448	10,157,024	0.50
30201	Safety off the Streets - Women's Shelter	19,500	2,492,600	2,512,100	0.00
30202	Safety off the Streets - Alternative Shelter for Adults	0	342,850	342,850	0.00
30203	Safety off the Streets - Family Shelter	1,206,472	1,376,700	2,583,172	1.00
30204	Safety off the Streets - Domestic Violence Shelter	1,130,298	526,720	1,657,018	0.50
30205	Safety off the Streets - Youth Shelter	1,645,976	249,460	1,895,436	0.50
30206	Safety off the Streets - Winter Shelter & Severe Weather	553,720	2,400,346	2,954,066	0.00
30208A	Safety off the Streets - Emergency Shelter Strategic Investment	2,050,000	2,000,000	4,050,000	0.00
30208B	Safety off the Streets - Emergency Shelter Strategic Investment - Metro Measure Expansion	0	3,500,000	3,500,000	0.00

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Safety off and on the Streets (cont.)					
30209	Safety off the Streets - Metro Measure Expansion	0	3,750,000	3,750,000	3.50
30210	Safety on the Streets	60,797	514,307	575,104	1.00
30700B	Safety off the Streets - COVID-19 Recovery - Alternative Shelter for Adults - Metro Measure Investment	0	3,000,000	3,000,000	0.00
Housing Placement & Retention					
30300	Housing Placement & Retention - Adults & Women Households	1,371,706	4,105,877	5,477,583	1.50
30301A	Housing Placement & Retention - Homeless Families	3,330,568	1,364,646	4,695,214	1.00
30301B	Housing Placement & Retention - Homeless Families - Metro Measure Expansion	0	1,375,000	1,375,000	0.00
30302	Housing Placement & Retention - Placement out of Adult Shelter	70,870	2,344,020	2,414,890	0.00
30303	Housing Placement & Retention - Domestic Violence	1,865,598	1,548,325	3,413,923	0.50
30304A	Housing Placement & Retention - Seniors (Metro/Kaiser 300)	0	1,600,000	1,600,000	0.00
30304B	Housing Placement & Retention - Seniors - Metro Measure Expansion	0	2,000,000	2,000,000	0.00
30305	Housing Placement & Retention - Medical/Aging	0	618,010	618,010	0.00
30306	Housing Placement & Retention - Youth Services	2,890,741	1,725,204	4,615,945	0.50
30307	Housing Placement & Retention - Veterans	177,730	643,390	821,120	0.00
30308	Housing Placement & Retention - Metro Measure Expansion	0	2,196,060	2,196,060	1.50
30500	Diversion Services	1,415,670	1,381,700	2,797,370	0.00
30600	Employment Programs	0	1,358,260	1,358,260	0.00
30700A	Housing Placement & Retention - COVID-19 Recovery - Placements out of Shelter - Metro Measure Investment	0	3,000,000	3,000,000	0.00
30700C	Housing Placement & Retention - COVID-19 Recovery - Emergency Rent Assistance - Metro Measure Investment	0	2,805,000	2,805,000	0.00
30700D	Employment Programs - COVID-19 Recovery - Employment - Metro Measure Investment	0	3,000,000	3,000,000	0.00
Supportive Housing					
30400A	Supportive Housing	1,524,210	6,558,990	8,083,200	2.00
30400B	Supportive Housing - Metro Measure Expansion	0	3,712,807	3,712,807	6.00
30400C	Supportive Housing - Metro Measure Expansion - Local Bond Units and Site-Based Commitments	0	3,500,000	3,500,000	0.00

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Supportive Housing (cont.)					
30400D	Supportive Housing - Metro Measure Expansion - Countywide Coordination	0	1,330,000	1,330,000	3.00
30401A	Supportive Housing - Behavioral Health/Medical Housing	0	4,368,375	4,368,375	0.00
30401B	Supportive Housing - Behavioral Health/Medical Housing - Metro Measure Expansion	0	3,040,000	3,040,000	0.00
30401C	Supportive Housing - Behavioral Health/Medical Housing - Service Coordination Team	0	2,159,003	2,159,003	0.00
30402	Supportive Housing - Local Long Term Rental Vouchers	393,890	425,830	819,720	0.00
30403	Supportive Housing - Families	652,270	0	652,270	0.00
30404	Supportive Housing - Visitor Development Funds	0	1,546,563	1,546,563	0.00
COVID-19 & American Rescue Plan					
30090	COVID-19 Emergency Response - Physical Distancing & Medical Isolation Shelter	0	15,279,200	15,279,200	0.00
30091	COVID-19 Emergency Response - Safety on the Streets Outreach	0	500,000	500,000	0.00
30092	COVID-19 Emergency Response - Partner Agency Support	0	2,629,160	2,629,160	0.00
30900	ARP - COVID-19 Emergency Response - Ongoing Operations	0	5,100,000	5,100,000	0.00
30901	ARP - COVID-19 Emergency Response - Expanded Street-Based Medical Care	0	175,000	175,000	0.00
30902	ARP - COVID-19 Emergency Response - Expanded Hygiene Access	0	750,000	750,000	0.00
30903	ARP - COVID-19 Emergency Response - Culturally Specific Outreach	0	425,000	425,000	0.00
30904	ARP - COVID-19 Recovery - Alternative Shelter for Adults - Staffing Capacity	0	300,000	300,000	2.00
30905	ARP - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	0	4,500,000	4,500,000	0.00
Total Joint Office of Homeless Services		\$24,122,696	\$136,906,937	\$161,029,633	72.00

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Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer supports administrative operations for the Joint City-County Office of Homeless Services (JOHS). The JOHS is the backbone agency supporting a collective impact approach to preventing and ending homelessness in the City of Portland and Multnomah County. The City and the County consolidated resources and services under the JOHS to fund community initiatives to prevent and ultimately end homelessness for tens of thousands of individuals and families each year. The JOHS is guided by the shared values and common agenda of the A Home for Everyone (AHFE) partners and a commitment to maximizing the benefits of local public investments.

Program Summary

Homelessness is an ongoing crisis in the City of Portland and Multnomah County. In the last several years, the community has come together and responded in unprecedented ways. The JOHS represents a shared commitment between the City of Portland and Multnomah County to expand, improve, and simplify access to the range of services needed to address homelessness in the community. The JOHS administers contracts for homeless services, plans and manages systems of care, oversees system reporting and evaluation, conducts homeless street counts and one night shelter counts, and writes proposals to and monitors funds issued by the U.S. Department of Housing and Urban Development. These operations affect the lives of tens of thousands of homeless singles, youth, families, and survivors of domestic violence in the community. Through the JOHS, funds are contracted to 30+ nonprofit and public agencies to provide a comprehensive range of services to assist people experiencing homelessness or housing instability. The JOHS receives funding and policy direction from the City of Portland and Multnomah County, and policy guidance from AHFE, the regional ending homelessness initiative, as well as the City of Gresham and Home Forward. The JOHS, by integrating staffing and funding, offers the City and County enhanced operational coordination and effectiveness in the delivery of services.

The JOHS is committed to and has taken numerous steps to realize the AHFE goals of achieving racial equity in homeless services and eliminating disparate rates of homelessness on the basis of race and ethnicity. To that end, the JOHS has: (1) improved data collection and outcome reporting using inclusive racial identities; (2) created standards of practice for all contractors that include cultural responsiveness and/or culturally specific service provision; (3) included a requirement for organizational equity assessments, plans, and progress reporting in all contracts; (4) prioritized and increased funding to culturally specific organizations through local procurement processes and prioritization of culturally specific programs in competitive Federal applications; and (5) prioritized staff support to the AHFE Equity Committee and the implementation of the AHFE equity lens in all AHFE planning efforts, including most recently around planning for chronic homelessness and permanent supportive housing.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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	Number of AHFE System-Level Quarterly Reports presented to the AHFE Executive Committee	0	4	4	4

Performance Measures Descriptions

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$561,477	\$176,072	\$640,151	\$179,311
Contractual Services	\$0	\$0	\$5,100	\$0
Materials & Supplies	\$101,944	\$500	\$92,168	\$750
Internal Services	\$430,650	\$3,147	\$598,908	\$0
Total GF/non-GF	\$1,094,071	\$179,719	\$1,336,327	\$180,061
Program Total:	\$1,273,790		\$1,516,388	
Program FTE	3.00	2.00	3.00	2.00

Program Revenues				
Intergovernmental	\$0	\$217,980	\$0	\$180,061
Total Revenue	\$0	\$217,980	\$0	\$180,061

Explanation of Revenues

City of Portland General Fund \$180,061

Significant Program Changes

Last Year this program was: FY 2021: 10050A Joint Office of Homeless Services Administration and Operations

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. For FY 2022, business services functions have been moved to program offer 30001A - Business Services.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds expanded administrative capacity to support Measure implementation and sustain new Measure programming. The additional capacity has been added in program equity, program development, community engagement, communications, and human resources. The Joint Office of Homeless Services (JOHS) is the backbone agency supporting a collective impact approach to preventing and ending homelessness in the City of Portland and Multnomah County.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP identifies the necessity of building capacity within the JOHS to successfully implement the Measure and commits to supporting ongoing planning that centers the voices of those with lived experience and Black, Indigenous and other People of Color (BIPOC). This offer allocates funds to those commitments.

This program offer funds expanded administrative capacity to support Measure implementation. This expanded capacity will allow the JOHS to: (1) continue engaging the community in Measure program development while centering the voices of BIPOC and those with lived experience of homelessness, severe disabling conditions, and other intersecting marginalized identities, including LGBTQIA2S+; (2) engage County departments in developing housing-focused programming that intersects with other systems of care, system partners in program development and expansion, and Tri-County partners in regional system coordination and development; (3) provide the public and key stakeholders with program updates; and (4) recruit, hire, and train the additional staffing that will be needed to support additional programming.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Lead community-based budget recommendation development for the Measure	N/A	N/A	N/A	1
Outcome	Lead Measure program implementation	N/A	N/A	N/A	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$694,872
Contractual Services	\$0	\$0	\$0	\$822,807
Materials & Supplies	\$0	\$0	\$0	\$45,000
Internal Services	\$0	\$0	\$0	\$182,762
Debt Service	\$0	\$0	\$0	\$1,505,000
Total GF/non-GF	\$0	\$0	\$0	\$3,250,441
Program Total:	\$0		\$3,250,441	
Program FTE	0.00	0.00	0.00	5.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,250,441
Financing Sources	\$0	\$0	\$0	\$1,000,000
Total Revenue	\$0	\$0	\$0	\$3,250,441

Explanation of Revenues

Metro Supportive Housing Services \$2,250,441
 Interfund Loan Proceeds from the Risk Fund \$1,000,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 72049A
Program Characteristics:

Executive Summary

As an office within Nondepartmental (NonD), the Joint Office of Homeless Services (JOHS) has, since its formation in FY 2017, relied on central County administrative functions, including Human Resources (HR) and other operational support, provided by the Department of County Assets (DCA) and the Department of County Management (DCM). With the ongoing and planned future growth of the JOHS, and the outsized workload placed on central County functions relative to other Nondepartmental offices, dedicated support internal to the JOHS is needed. This program offer funds 2.0 FTE new HR positions that will form an internal JOHS HR team. It also funds a new 1.00 FTE operations director position to support the JOHS leadership team with the operational demands of a growing office.

Program Summary

As an office within Nondepartmental, the JOHS has, since its formation in FY 2017, relied on central County administrative functions, including human resources (HR) and other operational support, provided by DCA and DCM. This program offer funds 2.0 FTE new HR positions that will form an internal JOHS HR team of 3.00 FTE when paired with the 1.00 FTE HR position funded in 30000B. It also funds a new 1.00 FTE operations director position to support the JOHS leadership team with the operational demands of a growing office.

The JOHS HR team will provide the full range of HR services for permanent JOHS employees and temporary shelter employees hired as part of the COVID-19 emergency response. To this point, these services have been provided by DCA and DCM HR teams. The new JOHS HR team will support all office employees through the full employee lifecycle, with a focus on workforce equity and ensuring employees experience safety, trust, and belonging at work.

The JOHS HR team will combine strategic planning with professional HR advice and support, serving as a strategic business partner and resource for managers and employees. Just as with the support provided by DCA and DCM, this will include: the development and implementation of staffing plans, including creating position descriptions; equitable recruitment and retention; onboarding new employees; performance management for both represented and exempt employees; advice and coaching for employees and managers; HR information systems data entry, complex records management and compliance; timekeeping and e-timesheet training; and review, compliance, and interpretation of Collective Bargaining Agreements and County Personnel Rules, and hour and wage law.

All aspects of HR are directly linked to workforce equity and to employee experiences of safety, trust, and belonging. The JOHS HR team will focus on equitable and inclusive practices and policies for all elements of its work. Many of the goals in the Workforce Equity Strategic Plan (WESP) are directly tied to HR actions or programs, and the team's support and work will be fundamental to meeting the County's commitments under the WESP.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of recruitments that are successful*	N/A	N/A	90%	90%
Outcome	Number of regular employees provided full range of HR services**	N/A	N/A	70	70

Performance Measures Descriptions

*A successful recruitment is a recruitment that ends in a hire.

**During FY 2022, this team will also support approximately 100 temporary or limited duration employees supporting the COVID-19 emergency response.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$439,106	\$121,852
Materials & Supplies	\$0	\$0	\$10,894	\$19,106
Total GF/non-GF	\$0	\$0	\$450,000	\$140,958
Program Total:	\$0		\$590,958	
Program FTE	0.00	0.00	2.40	0.60

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$140,958
Total Revenue	\$0	\$0	\$0	\$140,958

Explanation of Revenues

City of Portland General Fund \$140,958

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services

Program Contact: Marc Jolin

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program offer funds business services functions for the Joint Office of Homeless Services (JOHS), including budget, grants management, accounts payable, contracts, and purchasing. The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to contracted service providers.

Program Summary

This program offer funds business services functions for the JOHS. The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to contracted service providers. As a joint City-County office, the JOHS participates in the annual budget process for both the City of Portland and Multnomah County. The business services team prepares annual budgets for both jurisdictions and completes related fiscal reporting throughout the year to ensure that spending occurs within the designated authority limits.

The business services team manages more than a dozen local, Federal, and State funding streams, which includes grant monitoring, reporting, and fiscal compliance. It supports the JOHS in conducting procurements, ensuring procurement authority to contract for services, and managing the lifecycle of contracts from initial development to annual renewal and mid-year updates. The JOHS maintains more than 50 contracts with more than 30 community-based organizations. The business services team supports the fiscal administration of homeless services contracts, working closely with community-based organizations to maintain contract budgets and invoice for services. It processes more than 700 invoices each year totaling more than \$60 million.

The business services team prioritizes equity by supporting low-barrier procurements and contracting activities, being responsive to the cash management needs and providing financial technical assistance and grants management support to small and culturally specific organizations, and supporting program teams in the provision of services that prioritize Black, Indigenous, and other People of Color and the A Home for Everyone commitment to eliminating racial disparities among people at risk of or experiencing homelessness.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of contracts managed, including culturally-specific organizations	N/A	N/A	50	50
Outcome	Number of invoices processed	N/A	N/A	700	700
Outcome	Funding passed to community-based organizations, including culturally-specific organizations	N/A	N/A	\$60 million	\$60 million
Outcome	Percent of financial reports submitted to the satisfaction of the grantor	100%	99%	99%	99%

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Revised Statute 294 - County and Municipal Financial Administration
Oregon Revised Statute 279 - Public Contracting
Government Accounting Standards Board (GASB)
Generally Accepted Accounting Principles (US GAAP)
County Administrative Policies and Procedures

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$809,710	\$0	\$881,458	\$0
Total GF/non-GF	\$809,710	\$0	\$881,458	\$0
Program Total:	\$809,710		\$881,458	
Program FTE	6.00	0.00	6.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10050A Joint Office of Homeless Services Administration and Operations

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, business services functions were budgeted in program offer 10050A - Joint Office of Homeless Services Administration and Operations. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds an expansion of business services capacity to support the budgetary, fiscal, procurement, and contracting needs related to Measure implementation and ongoing programming.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need to build capacity within the Joint Office of Homeless Services to successfully implement the Measure

This program offer funds an expansion of the JOHS business services team to support Measure implementation and ongoing programming. The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to community-based organizations.

The business services team prioritizes equity by supporting low-barrier procurements and contracting activities, being responsive to the cash management needs and providing financial technical assistance and grants management support to small and culturally-specific organizations, and supporting program teams in the provision of services that prioritize Black, Indigenous, and other People of Color and the A Home for Everyone and Measure commitment to eliminating racial disparities among people at risk of or experiencing homelessness.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of contracts expanded/new provider contracts established. including culturally-specific organizations	N/A	N/A	N/A	20
Outcome	New funding passed to community-based organizations, including culturally-specific organizations	N/A	N/A	N/A	\$40 million

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$524,876
Contractual Services	\$0	\$0	\$0	\$500,000
Materials & Supplies	\$0	\$0	\$0	\$40,000
Total GF/non-GF	\$0	\$0	\$0	\$1,064,876
Program Total:	\$0		\$1,064,876	
Program FTE	0.00	0.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,064,876
Total Revenue	\$0	\$0	\$0	\$1,064,876

Explanation of Revenues

Metro Supportive Housing Services \$1,064,876

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services

Program Contact: Marc Jolin

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program offer supports data-related operations for the Joint Office of Homeless Services (JOHS), including data quality support, technical assistance, end-user training, analysis, reporting and database administration support. The JOHS data team is responsible for training new and ongoing database users, improving the quality of homeless services data in multiple systems of care, providing technical assistance to both internal and external stakeholders, producing and managing a diverse portfolio of analytic tools and data reports, completing ad hoc data requests and analyses and supporting administrative functions related to the system's primary database.

Program Summary

The JOHS data team is responsible for various data management and analytics operations across the data lifecycle that culminate in the provision of useful information for internal and jurisdictional stakeholders. The information provided by the team communicates system and program performance, advances racial equity, promotes transparency and accountability, informs policymaking and informs budgetary processes. The data team leads or supports a variety of administrative functions that train and assist users in database interaction, provide and curate data for various stakeholders, monitor and support the improvement of data quality, and assist in database administration.

As a joint City-County office, the data team participates in essential reporting processes for both the City of Portland and the County. The data team also leads the quantitative portion of the rating and ranking process for the U.S. Department of Housing and Urban Development's annual, competitive Continuum of Care Notice of Funding Availability that brings over \$25 million to the local homeless services system of care.

The data team produces the A Home for Everyone quarterly report, the community's primary tool for measuring system performance. Since 2019, the team has also led the production of the bi-annual report and associated tools for the Point-in-Time Count of Homelessness. In addition to these products, the team develops and manages a variety of analytic tools that promote racial and demographic equity, inform community leaders about program and system outcomes and contribute to the provision of information that supports the housing or sheltering of tens of thousands of community members annually.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of end-user trainings*	N/A	N/A	300	350
Outcome	Number of ad hoc data requests completed	N/A	N/A	30	30
Outcome	Number of outcomes-related presentations delivered	N/A	N/A	4	4

Performance Measures Descriptions

*Includes new-user, reporting-related, and refresher training sessions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$334,883	\$371,771	\$260,550	\$483,314
Contractual Services	\$0	\$97,120	\$0	\$98,670
Materials & Supplies	\$0	\$0	\$780	\$3,922
Internal Services	\$0	\$0	\$0	\$15,353
Total GF/non-GF	\$334,883	\$468,891	\$261,330	\$601,259
Program Total:	\$803,774		\$862,589	
Program FTE	3.00	3.00	2.20	3.80

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$601,259
Total Revenue	\$0	\$0	\$0	\$601,259

Explanation of Revenues

This program generates \$15,353 in indirect revenues.
 HUD Continuum of Care (CoC) Planning Grant \$204,729
 City of Portland Emergency Solutions Grant (ESG) \$297,860
 City of Portland General Fund \$98,670

Significant Program Changes

Last Year this program was: FY 2021: 10051A System Support, Access, & Coordination

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, data, research, and evaluation functions were budgeted in program offer 10051A - System Support, Access, & Coordination. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds critical expanded capacity to oversee and implement data management and analytics operations, as well as the alignment and integration of data systems within the County, across Metro counties, and across systems of care, including housing, human services, and health. In addition, this program offer funds the capacity to develop and implement an evaluation framework focused on the Measure, which will include the effectiveness of investments in achieving regional and local outcome metrics.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness.

The LIP recognizes that the success of the Measure depends on increasing the capacity to collect, align, and evaluate data that affects the local and regional outcome metrics for the Measure. This program offer funds essential capacity related to foundational data management practices and user support, as well as reporting, analysis and evaluation of Measure-related data at the program, homeless system of care, countywide, tri-county, and cross-system levels.

This program offer also funds capacity to develop a data governance framework that will guide the implementation of regional data initiatives, policies and procedures and strategic systems integration. A dedicated position will lead Joint Office of Homeless Services (JOHS) efforts to ensure consistent data collection for the Measure across departments in Multnomah County, as well as in Washington County and Clackamas County. This position will support the work to share data across homeless services, health, and public safety systems, in order to facilitate service coordination and resource prioritization for the Measure’s priority populations. This program offer will also create the first dedicated capacity in the JOHS to develop and implement system and program evaluation, with an emphasis on programming funded to achieve the regional and local metrics for the Measure. The position will work across the County and with tri-county partners, health systems, consultants, and academic evaluators to develop an evaluation work plan for the measure and oversee its implementation.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of regional data governance meetings	N/A	N/A	N/A	18
Outcome	Number of standardized, regional performance measures implemented in reporting	N/A	N/A	N/A	9

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$401,822
Materials & Supplies	\$0	\$0	\$0	\$30,000
Total GF/non-GF	\$0	\$0	\$0	\$431,822
Program Total:	\$0		\$431,822	
Program FTE	0.00	0.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$431,822
Total Revenue	\$0	\$0	\$0	\$431,822

Explanation of Revenues

Metro Supportive Housing Services \$431,822

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services

Program Contact: Marc Jolin

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

The Joint Office of Homeless Services (JOHS) serves as the lead agency overseeing the local U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) and acts as the convener for A Home for Everyone (AHFE), the local ending homelessness initiative. This program offer funds the policy and planning work associated with these activities. The policy and planning work carried out by the JOHS prioritizes creating structures and processes that maximize the participation of Black, Indigenous, and other People of Color, as well as those with lived experience of homelessness, behavioral health challenges, and other experiences of marginalization.

Program Summary

The JOHS supports homeless system governance and planning as the lead agency for the HUD CoC. It also acts as the convener of committees and sub-committees of the AHFE ending homelessness initiative, and staffs the five population-specific governance bodies (domestic violence, youth, adults, families with children, and veterans) within the homeless response system. The policy and planning work carried out by the JOHS prioritizes creating structures and processes that maximize the participation of Black, Indigenous, and other People of Color, as well as those with lived experience of homelessness, behavioral health challenges, and other experiences of marginalization.

HUD's CoC program is designed to promote community-wide commitment to the goal of ending homelessness by providing funding to rehouse homeless individuals and families, promoting access to and utilization of programs, and optimizing self-sufficiency among individuals and families experiencing homelessness. A CoC is a local planning body that develops and oversees a community plan to organize and deliver housing and services to meet the specific needs of the community. Multnomah County's plan is maintained by AHFE, the regional ending homelessness initiative, which is a collaboration between Multnomah County, the City of Portland, the City of Gresham, Home Forward, and an extensive network of stakeholders and partner agencies, including individuals with lived experience of homelessness and homeless services providers. Each year, the JOHS coordinates an application to HUD based on the Notice of Funding Availability (NOFA) that results in more than \$25 million in annual funding to the system of care.

The JOHS serves as the convener for AHFE, which is led by an executive committee made up of elected officials from the City of Portland, Multnomah County, the City of Gresham, and leadership from Home Forward, along with providers, business leaders, and members of the faith and philanthropic communities. The executive committee works with a diverse coordinating board and several policy-focused work groups whose members include people with lived experience and advocates whose housing work includes a focus on equity. Together, they set priorities and make recommendations on policies and spending by AHFE partners.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Lead annual Continuum of Care (CoC) application	N/A	N/A	N/A	1
Outcome	Secure CoC funding from the U.S. Department of Housing and Urban Development	N/A	N/A	N/A	\$25 million

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$105,878	\$197,412	\$0	\$398,431
Contractual Services	\$5,000	\$77,690	\$0	\$55,890
Materials & Supplies	\$5,000	\$0	\$0	\$2,252
Internal Services	\$5,000	\$0	\$0	\$12,790
Total GF/non-GF	\$120,878	\$275,102	\$0	\$469,363
Program Total:	\$395,980		\$469,363	
Program FTE	0.20	1.80	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$127,370	\$0	\$469,363
Total Revenue	\$0	\$127,370	\$0	\$469,363

Explanation of Revenues

This program generates \$12,790 in indirect revenues.
 HUD Continuum of Care (CoC) Planning Grant \$411,221
 City of Portland General Fund \$58,142

Significant Program Changes

Last Year this program was: FY 2021: 10050A Joint Office of Homeless Services Administration and Operations

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, policy and planning functions were budgeted in program offers 10050A - Joint Office of Homeless Services Administration and Operations and 10051A - System Support, Access, & Coordination. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds the capacity needed for the extensive and ongoing oversight and planning work - both local and regional - outlined in the Measure and the County's Local Implementation Plan (LIP). This program offer also allocates the required 5% of projected Measure revenues to regionally coordinated investments.

Program Summary

The Measure passed by voters in May of 2020 generates funding to significantly reduce homelessness in the County and the region. The County's LIP for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The Measure and the LIP recognize both the need for an ongoing governance structure at the county level, and at the regional level, to oversee implementation and continued engagement with a wide range of stakeholders - in particular people with lived experience of homelessness and Black, Indigenous, and other People of Color (BIPOC) communities - in in-depth system and program planning work. The Joint Office of Homeless Services (JOHS) will lead this countywide and regional governance and planning work.

This offer will allow the Policy, Planning, & Regional Coordination team to: (1) maintain duties of the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) Lead Agency; (2) complete strategic planning currently underway to reorganize the A Home for Everyone (AHFE) governance structure and staff that governance structure; (3) represent the JOHS in regional Measure governance structure development efforts; (4) organize and lead community-engaged planning in areas called out in the LIP and elsewhere as needed; (5) represent the JOHS in regional planning efforts related to Measure implementation; (6) ensure that Measure-related planning aligns with planning efforts underway with HUD, the State of Oregon, other county departments, and in each of the population-specific systems of care.

Consistent with the values of the JOHS, the Measure, the LIP, and AHFE, this team will work with the community to create structures and planning processes that center the BIPOC voices and those with lived experience of homelessness, severe disabling conditions, and other intersecting marginalized identities, including LGBTQIA2S+.

This program offer also allocates the required 5% of projected Measure revenues to support regional investment priorities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Lead Phase 2 planning for County's Metro Measure implementation	N/A	N/A	N/A	1
Outcome	Generate specific plans with measurable objectives for each LIP area of work	N/A	N/A	N/A	1
Outcome	Create new governance structures for ending homelessness initiatives and Measure implementation	N/A	N/A	N/A	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$622,320
Contractual Services	\$0	\$0	\$0	\$2,285,242
Materials & Supplies	\$0	\$0	\$0	\$50,000
Total GF/non-GF	\$0	\$0	\$0	\$2,957,562
Program Total:	\$0		\$2,957,562	
Program FTE	0.00	0.00	0.00	4.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,957,562
Total Revenue	\$0	\$0	\$0	\$2,957,562

Explanation of Revenues

Metro Supportive Housing Services \$2,957,562

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Joint Office of Homeless Services (JOHS) relies on an extensive network of community-based organizations to provide homeless services. This program offer funds one existing position that provides system training to support the implementation of equity-focused best practices in homeless services systems of care. This includes training for managerial and frontline staff in the JOHS and in contracted community-based organizations.

Program Summary

The JOHS relies on an extensive network of community-based organizations to provide homeless services. This program offer funds the one existing position dedicated to coordinating, developing, and delivering training to contracted provider agencies and to JOHS staff. Through this position, the JOHS partners with the Department of County Human Services to deliver Assertive Engagement trainings, to develop, deliver, and coordinate access to training for management and frontline staff in racial equity, culturally responsive and specific practices, trauma informed care, de-escalation, and other areas, with the goal of creating ongoing communities of practice among contracted agencies.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Trainings delivered to JOHS staff	N/A	N/A	N/A	12
Outcome	Percentage of trained staff reporting increased understanding in best practice training areas	N/A	N/A	N/A	75%
Outcome	Trainings delivered to providers and partners	N/A	N/A	N/A	12
Outcome	Percentage of staff from provider and partner agencies reporting increased understanding in best practices	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$124,696	\$0	\$111,842	\$0
Total GF/non-GF	\$124,696	\$0	\$111,842	\$0
Program Total:	\$124,696		\$111,842	
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 2021: 10051A System Support, Access, & Coordination

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, system development & capacity building functions were budgeted in program offer 10051A - System Support, Access, & Coordination. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer expands the proposed system development and capacity building team to include staff focused on expanding the homeless system of care's network of culturally-specific providers and to design and lead strategies that build culturally specific and culturally responsive services capacity across the current and expanded Joint Office of Homeless Services (JOHS) network of service providers.

Program Summary

The Measure passed by voters in May of 2020 generates an unprecedented level of dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness, prioritizing Communities of Color.

Measure funding will significantly expand the scale of services, scope of programs, and provider network across the regional homeless services systems of care. A priority is placed on expanding the network of culturally specific providers and expanding culturally specific services. The LIP highlights the need for system and capacity development investments in the initial years of the Measure, and staffing supports to successfully support the expansion of culturally specific services using strategies developed through stakeholder input, in particular people with lived experience of homelessness and Black, Indigenous, and People of Color (BIPOC) communities.

This program offer uses Measure funding to expand the proposed system development and capacity building team in the JOHS. This team will: (1) continue to develop and administer training opportunities and technical assistance that builds racial equity competencies; (2) organize and lead community-engaged planning efforts to expand the network of culturally specific organizations providing supportive housing services, including identifying capacity-building and organizational development needs of those organizations; (3) liaise between the JOHS and the network of culturally specific providers regarding matters related to services planning, policy development, organizational capacity building and trainings.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Develop community engagement plan for culturally-specific providers	N/A	N/A	N/A	1
Outcome	Number of engaged culturally-specific organizations that are not yet JOHS contracted providers	N/A	N/A	N/A	30

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$202,363
Contractual Services	\$0	\$0	\$0	\$5,050,000
Materials & Supplies	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$1,515,000
Total GF/non-GF	\$0	\$0	\$0	\$6,767,363
Program Total:	\$0		\$6,767,363	
Program FTE	0.00	0.00	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$6,767,363
Total Revenue	\$0	\$0	\$0	\$6,767,363

Explanation of Revenues

Metro Supportive Housing Services \$6,767,363

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. These activities, which will continue in FY 2022, include operating physical distancing and voluntary COVID isolation shelters, safety on the streets outreach, and support for contracted service providers. This program offer funds physical distancing and voluntary COVID-19 isolation motel shelters to ensure adequate physical distancing capacity within the shelter system, as well as adequate space for people experiencing homelessness and other community members with COVID-19 symptoms to isolate and recover.

Program Summary

As part of its response to the COVID-19 pandemic, the JOHS took immediate steps to ensure that all congregate and semi-congregate shelters within the shelter system provided necessary physical separation, hygiene, and cleaning practices for occupancy, sleeping, eating, and access to services. Initial COVID-19 response efforts in FY 2020 included standing up capacity to serve up to 450 people in physical distancing shelters in local community centers and voluntary COVID-19 isolation rooms in local motels (isolation motels) to allow for spacing out within existing facilities and the ability to isolate individuals who might otherwise infect others. As community centers were returned to their original uses, and with the need to maintain overall shelter capacity in the community, the physical distancing shelter capacity was transitioned to motels (physical distancing motels) in FY 2021.

Physical distancing and voluntary isolation motel shelters are based on public health imperatives and ensure that people who are at highest risk of severe and fatal consequences from COVID-19 are out of congregate and semi-congregate shelter settings and remain isolated until a vaccine and/or effective treatments are widely available. Those with the highest risk factors based on age, underlying medical conditions, and Black, Indigenous, and People of Color (BIPOC) identity are prioritized into the physical distancing motel sites. They have the safety of a fully supported motel room that opens to the outdoors. The rooms are supported with basic amenities that reduce risk of infection, including private bathroom and shower, individually wrapped meals, and access to laundry services. There is also 24/7 on-site staffing, including physical and behavioral health, in order to be able to routinely check on guests, assess any symptoms of illness, provide support, and ensure rapid access to higher levels of care as needed, as well as on-site access to technology and staff to support transitions out of motel shelter and into permanent supportive housing as rapidly as possible. This program offer funds more than 400 physical distancing and voluntary COVID-19 isolation motel shelter rooms through the first half of the fiscal year, with the second half partially funded in program offers 30209 and 30900.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of physical distancing and medical isolation capacity (beds) provided per night*	N/A	495	400	400
Outcome	Number of unique individuals receiving physical distancing and isolation supports in motel settings*	N/A	1,250	3,110	1,700
Outcome	Overrepresented BIPOC supported in motels at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*Annualized capacity partially maintained when combined with program offers 30209 and 30900.

**This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$4,656,275	\$0	\$3,668,050
Contractual Services	\$0	\$16,990,475	\$0	\$5,626,750
Materials & Supplies	\$0	\$11,880,000	\$0	\$5,984,400
Total GF/non-GF	\$0	\$33,526,750	\$0	\$15,279,200
Program Total:	\$33,526,750		\$15,279,200	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$33,526,750	\$0	\$15,279,200
Total Revenue	\$0	\$33,526,750	\$0	\$15,279,200

Explanation of Revenues

City of Portland Coronavirus Relief Funds (CRF) \$7,639,600
 City of Portland Emergency Solutions Grant - Coronavirus (ESG-CV) \$7,639,600

Significant Program Changes

Last Year this program was: FY 2021: 10059A COVID-19 Emergency Response - Physical Distancing & Medical

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. These activities, which will continue in FY 2022, include operating physical distancing and medical isolation shelters, safety on the streets outreach, and support for contracted service providers. This program offer funds safety on the street outreach to assist those who are unsheltered to physically distance and reduce transmission of COVID-19.

Program Summary

As part of its response to the COVID-19 pandemic, the JOHS took immediate steps to establish a Coordinated Outreach Team to ensure that unsheltered members of the community had access to knowledge about the spread of COVID-19 and ways to keep themselves safe with access to personal protective equipment and supplies for sanitation, hygiene, and basic needs. The team conducted an eight day outreach effort in early March of 2020 that distributed 5,000 information cards on COVID-19 in English and Spanish and provided supplies necessary for staying in place. Since the beginning of the pandemic, the outreach team has provided daily, ongoing support to those living on the streets, making sure that basic needs are met and that they have the resources they need to stay safe and healthy. This program offer funds the continuation of street outreach through December 31, 2021.

This program offer will ensure the continued staffing of an outreach supply center, the stocking of that supply center with personal protective equipment, sanitizing supplies, basic safety supplies (blankets, tarps, sleeping bags, socks, etc.), and water and food items. The program offer will support both contracted organizations, including those doing focused culturally specific and behavioral health focused outreach, and community partner organizations that conduct outreach to the unsheltered population and lack the resources to offer critical health, safety and nutrition resources.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Estimated number of unique organizations receiving support and supplies	N/A	40	189	190
Outcome	Units of personal protective equipment/hygiene supplies distributed	N/A	500,000	725,800	362,500

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$1,485,000	\$0	\$0
Materials & Supplies	\$0	\$0	\$0	\$500,000
Total GF/non-GF	\$0	\$1,485,000	\$0	\$500,000
Program Total:	\$1,485,000		\$500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,485,000	\$0	\$500,000
Total Revenue	\$0	\$1,485,000	\$0	\$500,000

Explanation of Revenues

City of Portland Coronavirus Relief Funds (CRF) \$250,000
 City of Portland Emergency Solutions Grant - Coronavirus (ESG-CV) \$250,000

Significant Program Changes

Last Year this program was: FY 2021: 10059B COVID-19 Emergency Response - Safety on the Streets Outreach

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. These activities, which will continue in FY 2022, include operating physical distancing and medical isolation shelters, safety on the streets outreach, and support for contracted service providers. This program offer funds COVID-19 related expenses for contracted service providers to ensure they have the supplies and personnel that they need to mitigate the impact of COVID-19 on the populations they serve.

Program Summary

As part of its response to the COVID-19 pandemic, the JOHS took immediate steps to support contracted service providers (partner agencies) as they adapted to delivering services amidst increased risk and need. This has included providing funding for incentive pay (for frontline workers), overtime pay, technology infrastructure to support remote service delivery, personal protective equipment, and other supplies. It has also included increasing flexibility with available funding so additional rent assistance can be provided to those who are in housing and at risk of losing that housing (prevention and retention). Partner agencies will need this continued support and flexibility for the duration of the public health emergency. Large numbers of individuals and families already enrolled in services through partner agencies will need additional rent assistance and there will be many more at imminent risk of homelessness due to high levels of unemployment and financial pressure, particularly for Black, Indigenous, and People of Color (BIPOC) communities. This program offer funds the continuation of partner agency support through December 31, 2021.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of partner agencies supported in COVID-19 response	N/A	37	37	37
Outcome	Number of people served in year-round emergency shelter beds for adults	N/A	700	1,200	2,020
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$6,937,909	\$0	\$2,629,160
Total GF/non-GF	\$0	\$6,937,909	\$0	\$2,629,160
Program Total:	\$6,937,909		\$2,629,160	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$6,937,909	\$0	\$2,629,160
Total Revenue	\$0	\$6,937,909	\$0	\$2,629,160

Explanation of Revenues

City of Portland Coronavirus Relief Funds (CRF) \$1,314,580
 City of Portland Emergency Solutions Grant - Coronavirus (ESG-CV) \$1,314,580

Significant Program Changes

Last Year this program was: FY 2021: 10059C COVID-19 Emergency Response - Partner Agency Support

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer funds system access, assessment, and navigation, which is an array of support services needed to make homeless services easy to access and attuned to the specific needs of sub-populations. Ensuring system coordination and access is one of the core strategies of A Home for Everyone (AHFE). These services include programs that work across populations as well as those for specific sub-populations (adults, families, youth, veterans, and domestic violence survivors). Supports include training, information and referral services, coordinated access, landlord recruitment, and other similar services.

Program Summary

This program offer funds system access, assessment, and navigation, which is an array of support services needed to make critical homeless services equitably accessible to the diverse communities experiencing homelessness in Multnomah County. Ensuring system coordination and access is one of the core strategies of AHFE. Service categories include outreach, coordinated access, mobile navigation services, and partnership development.

This program offer also funds information and referral resources, and navigation outreach workers to assist people experiencing homelessness to navigate to a range of services, including shelter, substance use disorder treatment, primary medical care, and permanent housing, prioritizing culturally specific, culturally responsive, and peer-led engagement with immediate safety and long-term housing resources.

This program offer also funds the Coordinated Access system, which works through outreach, intake workers, and other dedicated partner and County staff to identify, assess, and prioritize households experiencing homelessness and connect them to a range of housing and support services. The goal of Coordinated Access is to provide streamlined and equitable access to homeless services and housing interventions. Regardless of where someone first seeks services, access is based on vulnerability, eligibility, and choice. Consistent with the priorities of AHFE, Multnomah County's Coordinated Access system prioritizes vulnerable populations, participant-centered services, ease of access, racial and ethnic justice, measurable outcomes, shared definitions of success, leveraging existing resources and capacity, diversity in program services and approaches, and long-term housing stability.

Ending homelessness is a community-wide effort that requires partnerships that leverage resources in other systems of care and in the private sector. This program offer funds that partnership development, including recruiting and supporting landlords that can provide units for households exiting homelessness, which is critical to leveraging these system-wide resources.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Shelter and housing service requests received and assisted	135,478	70,000	211,592	70,000
Outcome	Percentage of Information and Referral calls answered within 5 minutes	46%	75%	30%	75%
Outcome	Number of unsheltered people served with system navigation	9,915	750	600	750
Outcome	Overrepresented BIPOC assessed via Coord. Access at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new measure tracking whether Communities of Color that are overrepresented in the homeless population are assessed by Coordinated Access at rates as high or higher than their percentage in the population

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$46,721	\$74,628	\$59,827	\$139,037
Contractual Services	\$313,800	\$1,053,750	\$318,820	\$1,112,000
Materials & Supplies	\$0	\$5,107	\$4,500	\$2,310
Internal Services	\$0	\$16,640	\$0	\$4,465
Total GF/non-GF	\$360,521	\$1,150,125	\$383,147	\$1,257,812
Program Total:	\$1,510,646		\$1,640,959	
Program FTE	0.60	0.90	0.60	1.40

Program Revenues				
Intergovernmental	\$0	\$2,009,840	\$0	\$1,177,812
Beginning Working Capital	\$0	\$0	\$0	\$80,000
Total Revenue	\$0	\$2,009,840	\$0	\$1,257,812

Explanation of Revenues

This program generates \$4,465 in indirect revenues.
 HUD Continuum of Care (CoC) Domestic Violence Coordinated Access Coordinator \$75,675
 HUD A Home for Everyone Coordinated Access \$68,900
 City of Portland Emergency Solutions Grant (ESG) \$1,237
 City of Portland General Fund \$1,032,000
 Visitor Development Fund \$80,000

Significant Program Changes

Last Year this program was: FY 2021: 10051A System Support, Access, & Coordination

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, system access, assessment, and navigation functions were budgeted in program offer 10051A - System Support, Access, & Coordination. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a range of critical pre-housing services that will expand access to information about available services, expand assistance with navigation to services, increase the capacity to coordinate access into housing, and remove barriers to housing access.

Program Summary

The Metro Supportive Housing Services Measure (Measure) passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services.

This program offer funds critical additional engagement, navigation, and assessment services that require expansion as part of the initial implementation of the Measure. This includes a significant expansion of outreach capacity dedicated to assisting people living unsheltered to navigate to a range of services, including shelter, substance use disorder treatment, primary medical, and permanent housing. Outreach teams will prioritize offering culturally specific, culturally responsive, and peer-led engagement with immediate safety, behavioral health, and long-term housing resources. Initially, the focus of these teams will be on addressing the needs of people living in the large number of large encampments that have resulted from COVID-19. This program offer expands investments in information technology that increases ease of access to critical information on available services, prioritizing methods that assist with meeting language access and other unique needs of overrepresented Communities of Color, as well as individuals who are unsheltered and living with significant disabling conditions. It also expands the Coordinated Access system, in particular for households experiencing chronic homelessness. The Coordinated Access system works through outreach, intake workers and other dedicated partner and County staff to identify, assess, and prioritize for supportive housing the people experiencing chronic homelessness in the community. This expansion will also include barrier removal resources to help those who are referred to housing through Coordinated Access.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unsheltered individuals navigated to health-related services and shelter	N/A	N/A	N/A	1,500*
Outcome	Number of individuals moving from Adult Coordinated Access to permanent housing**	N/A	N/A	N/A	197
Outcome	Overrepresented BIPOC assessed via Coord. Access at rate as high or higher than percent of population	N/A	N/A	N/A	Yes
Outcome	Overrepresented BIPOC assessed at rate as high or higher in FY22 than in FY21	N/A	N/A	N/A	Yes

Performance Measures Descriptions

* This estimate reflects the anticipated program ramp-up time and future years will have significantly higher outputs

** This is a new measure reflecting the focus of the Metro Measure investments on placing chronically homeless people into supportive housing

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$112,350	\$0	\$359,569
Contractual Services	\$0	\$0	\$0	\$2,059,000
Materials & Supplies	\$0	\$0	\$0	\$30,000
Total GF/non-GF	\$0	\$112,350	\$0	\$2,448,569
Program Total:	\$112,350		\$2,448,569	
Program FTE	0.00	1.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,448,569
Total Revenue	\$0	\$0	\$0	\$2,448,569

Explanation of Revenues

Metro Supportive Housing Services \$2,448,569

Significant Program Changes

Last Year this program was:

1.00 FTE reassigned to Measure funding in FY 2022 as part of Other Fund rebalance of responsibilities related to U.S. Department of Housing and Urban Development Continuum of Care planning activities.

Department: Joint Office of Homeless Services

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 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 options that offer access to critical hygiene, health, and housing services. This program provides the necessary operating support to maintain existing shelter capacity for adult-only households, including individuals and couples.

Program Summary

Emergency shelter and associated emergency services are vital to protecting the basic health and safety of individuals while they are experiencing homelessness, particularly older adults and those with disabling conditions. 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 necessary healthcare. Most adult shelters have priority access for women, veterans, those with disabilities and those ages 55 and older. All shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need. This program offer includes the following:

- 24/7 shelter: 24/7 shelter programs for women, men, all-gender and couples (including Veteran-specific programming). Shelters are low-barrier and operate year-round. Funds are contracted to nonprofit providers to pay shelter operating expenses.
- 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, healthcare, and education.
- Recuperative Care shelter beds: Provides recuperative care services for medically-vulnerable individuals experiencing homelessness who need ongoing care and are exiting hospitals and other medical settings. Funds support on-site services and staffing.
- Shelter beds with enhanced behavioral health supports: Shelter space and programming of the equivalent of 30 short-term shelter beds for individuals regularly accessing other crisis mental health services in the community. Connecting these individuals to appropriate shelter will provide a safe space to maintain psychiatric stability through mental health support services and a transition to ongoing 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of year-round emergency shelter beds	630	660	330	660
Outcome	Number of people served in year-round emergency shelter beds	2,181	2,000	1,200	2,020
Output	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. FY 2021 estimate significantly impacted by COVID-19 and physical distancing guidance for congregate shelters.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$153,990	\$0	\$84,076	\$0
Contractual Services	\$255,250	\$8,888,886	\$254,000	\$9,368,674
Materials & Supplies	\$4,391	\$80,000	\$500	\$0
Internal Services	\$0	\$342,992	\$0	\$449,774
Total GF/non-GF	\$413,631	\$9,311,878	\$338,576	\$9,818,448
Program Total:	\$9,725,509		\$10,157,024	
Program FTE	1.00	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$7,759,970	\$0	\$8,052,093
Total Revenue	\$0	\$7,759,970	\$0	\$8,052,093

Explanation of Revenues

City of Portland Emergency Solutions Grant (ESG) \$448,646
 City of Portland General Fund \$7,603,447
 Multnomah County Video Lottery Funds \$1,766,355

Significant Program Changes

Last Year this program was: FY 2021: 10052A Safety off the Streets - Adult Shelter

The Joint Office of Homeless Services (JOHS) has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2022, safety on the streets functions have been moved to program offer 30210 - Safety on the Streets. In FY 2020, two new shelter sites the River District Navigation Center and Laurelwood opened to serve homeless adults, including men, women, and couples. Combined these provide 220 beds of year-round 24/7 high quality shelter. JOHS was not able to continue the contract with The Salvation Army for the Female Emergency Shelter (SAFES) for FY 2020. JOHS is committed the operational funding to supporting the expansion of quality beds for women in Multnomah County, like the women and couples' beds at the new Laurelwood Center.

Department: Joint Office of Homeless Services

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 the equitable expansion of year-round shelter capacity, particularly for people who are more vulnerable on the street, including adult women. AHFE also holds achieving racial equity as a core goal, and that eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer maintains essential funding for 229 beds of year-round 24/7 emergency shelter for women, including the Gresham Women's Shelter, the downtown SOS Women's Shelter, and Jean's Place, a shelter for women seeking a sober environment.

Program Summary

Emergency shelter is vital to protecting the basic health and safety of individuals while they are experiencing homelessness. This program funds 229 emergency shelter beds for 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 contracted service providers that adhere to AHFE's Community Guidelines for shelter, which includes the equitable delivery of services in accordance with the principles of assertive engagement and trauma-informed care. All shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

The beds funded in this program offer include the Gresham Women's Shelter, which opened in the Fall of 2016 with 90 year-round beds that are open 24 hours a day, 7 days a week. It is the only 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 women experiencing homelessness with emergency shelter options. This shelter partners with community based organizations to screen for eligibility and coordinate intake.

The SOS Women's Shelter is located in the Old Town neighborhood and provides 75 beds of year-round, 24 hour, 7 day a week shelter for women. The shelter provides women experiencing homelessness with a range of support services upon entry that support their transition out of shelter into permanent housing. Jean's Place, located in inner NE Portland, provides a more structured shelter environment for women that offers a clean and sober transitional living option.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of year-round emergency shelter beds	229	229	100	229
Outcome	Number of people served in year-round emergency shelter beds	799	1,250	340	800
Output	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. FY 2021 estimate significantly impacted by COVID-19 and physical distancing guidance for congregate shelters.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$2,465,710	\$0	\$2,492,600
Materials & Supplies	\$80,000	\$0	\$0	\$0
Internal Services	\$0	\$0	\$19,500	\$0
Total GF/non-GF	\$80,000	\$2,465,710	\$19,500	\$2,492,600
Program Total:	\$2,545,710		\$2,512,100	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,465,710	\$0	\$2,492,600
Total Revenue	\$0	\$2,465,710	\$0	\$2,492,600

Explanation of Revenues

State Homeless Assistance Program (SHAP) \$784,630
 City of Portland General Fund \$1,707,970

Significant Program Changes

Last Year this program was: FY 2021: 10052B Safety off the Streets - Women's Shelter

The Joint Office of Homeless Services (JOHS) was not able to continue the contract with The Salvation Army for the Female Emergency Shelter (SAFES) for FY 2020. This reduced the bed count for women-only shelters by approximately 107 beds. JOHS is committed to supporting the expansion of quality beds for women in Multnomah County, like the women and couples' beds at the new Laurelwood Center.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The expansion of emergency shelter capacity under A Home for Everyone (AHFE) has included an expansion of the range of shelter options available to meet equitably the diverse needs of people experiencing homelessness. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. Alternative Shelters, including village style shelters, are supported through this program offer. These alternative shelters differ in appearance from traditional facility based shelters, but provide the same access to basic safety and hygiene services, and to the support services needed to transition from shelter to permanent housing.

Program Summary

With just over half the population identified in the 2019 Point-in-Time Count (PIT) as unsheltered, and waiting lists for shelters still very long, it is essential to continue to support the community's existing emergency shelter capacity. All shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety. Alternative shelters represent a comparatively small, but important component of that capacity. Alternative shelters provide safety off the streets and critical transition services to people who are not able to access or may not thrive in traditional shelter environments.

This program offer provides, among other things, the essential operating support for the Kenton Women's Village, the innovative transitional living community for women, most of whom have experienced long-term homelessness and face multiple barriers to accessing permanent housing. This community-supported alternative shelter has proven highly effective at helping women transition back into permanent housing.

In addition to supporting operations at Kenton Women's Village, this program offer supports enhanced transition services for alternative shelter participants at Dignity Village and the St. John's Village, as well as funding to assist with the development of new alternative shelter options.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people served annually	156	160	160	188
Outcome	Percentage of people exiting alternative shelters to transitional and permanent housing	75%	35%	35%	35%
Outcome	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$338,150	\$0	\$342,850
Total GF/non-GF	\$0	\$338,150	\$0	\$342,850
Program Total:	\$338,150		\$342,850	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$337,450	\$0	\$342,850
Total Revenue	\$0	\$337,450	\$0	\$342,850

Explanation of Revenues

City of Portland General Fund \$342,850

Significant Program Changes

Last Year this program was: FY 2021: 10052C Safety off the Streets - Alternative Shelter for Adults

Department: Joint Office of Homeless Services **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) called for an equitable expansion of emergency shelter capacity for families, and a transformation of the family shelter system. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer funds hundreds of beds of shelter capacity for families with minor children, all of which is community-based, year-round, open 24/7, and offers individual rooms to families. As with all shelters, the family shelters offer both basic safety off the streets and access to the critical supports needed to transition from shelter back into permanent housing.

Program Summary

This program funds three family shelters, two in East Portland and one in North Portland. Families seeking shelter are screened and referred by the Coordinated Access Shelter Intake Line. Once a family is at shelter, they receive a range of on-site services to assist them in accessing permanent housing. Specifically, families receive housing placement assistance through the Homeless Family System of Care (HFSC) and on-site diversion resources. In FY 2020, 60% of the families served through shelter identified as being from communities of color. All shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

The family shelter system leverages Federal, State and local resources as well as faith-based and nonprofit partnerships. There is also a rich history of volunteerism in the shelters. These relationships expand activities for children living in the shelters, as well as increase culturally specific services and neighborhood involvement.

These shelters represent a significant improvement in the quality of the year-round shelter capacity for families with children in our community. A critical feature of these shelters is that every family has their own room. The shelters are located where most of the families needing shelter are from and where their support networks are located.

School-aged children staying in shelters are provided a stable place to be and are connected with transportation to their local school. Through this offer, healthy and engaging activities will be available in the shelters and off-site for times when children are not in school, including evenings, spring break and summer break.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of year-round emergency shelter beds	195	250	195	195
Outcome	Number of unduplicated individuals served	617	750	590	750
Outcome	Number of youth engaged in activities annually	133	400	275	300
Outcome	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. FY 2021 estimate significantly impacted by COVID-19 and physical distancing guidance for congregate shelters. *This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$63,498	\$41,408	\$67,348	\$85,651
Contractual Services	\$654,108	\$1,487,340	\$658,360	\$1,253,800
Internal Services	\$451,584	\$0	\$480,764	\$37,249
Total GF/non-GF	\$1,169,190	\$1,528,748	\$1,206,472	\$1,376,700
Program Total:	\$2,697,938		\$2,583,172	
Program FTE	0.50	0.25	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$1,487,340	\$0	\$1,376,700
Beginning Working Capital	\$104,000	\$0	\$105,660	\$0
Total Revenue	\$104,000	\$1,487,340	\$105,660	\$1,376,700

Explanation of Revenues

This program generates \$2,749 in indirect revenues.
 HUD Continuum of Care (CoC) Planning Grant \$88,400
 State Emergency Solutions Grant (ESG) \$124,000
 State Emergency Housing Assistance (EHA) General Fund \$1,129,800
 City of Portland General Fund \$34,500
 Multnomah County Tax Title \$105,660

Significant Program Changes

Last Year this program was: FY 2021: 10052D Safety off the Streets - Family Shelter

Department: Joint Office of Homeless Services **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 the equitable expansion of shelter for vulnerable populations. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. Domestic violence (DV) emergency shelters provide immediate safety and offer crisis intervention services to survivors and children fleeing domestic violence or experiencing homelessness as a result of a recent incident of intimate partner violence; these services are vital for protecting the health and safety of survivors. The DV confidential shelters in this program provide year-round beds accessed by hundreds of survivors annually, with 75% 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 is critical for survivors seeking to establish safety for themselves and their children. 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 of 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. Three facility-based confidential shelters offer 24-hour security and staff seven days a week. A fourth shelter 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 to articulate survivors' needs and match survivors with available shelter space. All shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety. Additionally, this program supports emergency vouchers that are used to assist survivors in staying safe when shelter beds are full, act as a bridge voucher to housing when survivors are homeless and in the process of attaining a permanent housing placement, and finally as a respite for women and children who are unable to safely stay in the shelters.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of year-round confidential emergency shelter beds + year-round equivalent emergency voucher beds	147	147	127	120
Outcome	Number of individuals receiving emergency shelter services	338	450	400	400
Output	Number of individuals served with domestic violence emergency vouchers	298	350	511	300
Outcome	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. FY 2021 estimate significantly impacted by COVID-19 and physical distancing guidance for congregate shelters.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$63,627	\$0	\$67,488	\$0
Contractual Services	\$1,046,073	\$526,000	\$1,062,810	\$526,720
Total GF/non-GF	\$1,109,700	\$526,000	\$1,130,298	\$526,720
Program Total:	\$1,635,700		\$1,657,018	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$526,000	\$0	\$526,720
Total Revenue	\$0	\$526,000	\$0	\$526,720

Explanation of Revenues

State Homeless Assistance Program (SHAP) \$480,810
 City of Portland General Fund \$45,910

Significant Program Changes

Last Year this program was: FY 2021: 10052F Safety off the Streets - Domestic Violence Shelter

This offer combines FY 2021 offers 10052F and 10052H.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Reinforcing the A Home for Everyone (AHFE) commitment to the equitable provision of emergency shelter for vulnerable populations, this program continues funding the Homeless Youth Continuum's (HYC) 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. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. 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 HYC is a highly collaborative and coordinated system comprised of four nonprofit 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 50% 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. Approximately 40% of homeless youth identify as LGBTQ. 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, service needs assessment, and provide opportunities for further engagement in system services. An average of 150 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, nonjudgmental and offer relational continuity. In addition, all shelter, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth screened via the Access Center	519	600	475	550
Outcome	Number of youth served in crisis and short-term shelter	531	650	450	550
Outcome	Number of shelter bed nights	19,000	22,500	18,000	20,000
Outcome	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

FY 2021 estimate significantly impacted by COVID-19 and physical distancing guidance for congregate shelters.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs. This measure replaced number of youth served in crisis and short-term shelter.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$74,187	\$0	\$76,916	\$0
Contractual Services	\$1,544,353	\$245,530	\$1,569,060	\$249,460
Total GF/non-GF	\$1,618,540	\$245,530	\$1,645,976	\$249,460
Program Total:	\$1,864,070		\$1,895,436	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$245,530	\$0	\$249,460
Total Revenue	\$0	\$245,530	\$0	\$249,460

Explanation of Revenues

City of Portland General Fund \$249,460

Significant Program Changes

Last Year this program was: FY 2021: 10052G Safety off the Streets - Youth Shelter

Department: Joint Office of Homeless Services **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 persists for expanded winter and severe weather shelter capacity. This program funds additional beds of winter shelter for adults and families, expanded winter shelter capacity for Veterans and youth, as well as severe weather services across the County.

Program Summary

This program funds winter shelter and severe weather shelter capacity. All shelter, regardless of size and configuration, must provide trauma-informed, reduced barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

- **Temporary/Winter Shelter:** People with disabilities, older adults and those in poor health are particularly at risk in cold winter conditions. In FY 2021, the Joint Office of Homeless Services (JOHS) opened 300 additional winter shelter beds. These beds have all been fully utilized. This program will allow similar capacity to be created in FY 2022. Winter and severe weather shelter include motel voucher capacity.
- **Severe Weather Shelter:** In the event of severe weather that significantly elevates the risk to people sleeping unsheltered in the community, additional shelter capacity is created that remains in place for the duration of the severe weather event. The JOHS invests in base funding for severe weather warming centers, through contracted nonprofit agencies, that open as needed during the course of the year. In addition, the JOHS invests in expanded shelter capacity to ensure that no one is turned away from shelter. 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 includes severe weather capacity in several sites throughout the County.
- **Emergency assistance:** This program also funds an array of services associated with ensuring basic safety, including staffing, flexible funding for material needs, transportation and outreach coordination, as well as extended information and referral services during winter months.
- **Expanded outreach:** This program offer funds additional street outreach to assist in reaching adults, youth, Veterans and families in accessing safety off the streets resources during winter and severe weather.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of adult temporary/winter shelter beds	205	225	315	215
Outcome	Percentage of unsheltered who seek and receive shelter during a declared severe weather event	100%	100%	100%	100%
Outcome	Number of winter shelter beds for families	98	75	10	75
Outcome	Overrepresented BIPOC served in emergency shelter at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$545,000	\$1,474,810	\$553,720	\$2,209,600
Internal Services	\$0	\$132,830	\$0	\$190,746
Total GF/non-GF	\$545,000	\$1,607,640	\$553,720	\$2,400,346
Program Total:	\$2,152,640		\$2,954,066	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$939,150	\$0	\$992,070
Beginning Working Capital	\$545,000	\$0	\$553,720	\$711,200
Total Revenue	\$545,000	\$939,150	\$553,720	\$1,703,270

Explanation of Revenues

City of Portland General Fund \$992,070
 Visitor Development Fund (VDF) Livability and Supportive Services \$711,200
 Multnomah County Tax Title \$553,720
 Multnomah County Video Lottery Funds \$697,076

Significant Program Changes

Last Year this program was: FY 2021: 10052I Safety off the Streets - Winter Shelter & Severe Weather

In FY 2021, the Walnut Park shelter was budgeted in program offer 10054E. This accounts for the increase in Other Funds.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This program offer will provide the needed capital for the Joint Office of Homeless Services (JOHS) to move forward in developing high quality, year-round emergency shelter capacity for multiple populations in improved facilities, as well as funding to support the creation of additional temporary/seasonal shelters in the coming fiscal year.

Program Summary

Multnomah County is committed to funding and operating long-term, high quality, year-round emergency shelters, and to continue providing seasonal temporary shelter during cold weather months. After an initial rapid expansion of emergency shelter capacity in available locations, the JOHS is now leading the transformation of all year-round shelter into a network of community-based shelter programs that are located, designed, and service-supported to maximize transitions of shelter participants back into permanent housing.

The JOHS is guided by the shared values and the common agenda of A Home for Everyone (AHFE). That agenda includes a strategic investment in shelter that supports AHFE's commitment to ending homelessness by operating emergency shelters that offer safety off the streets, and are intentionally developed to maximize the number of people who successfully transition through them to permanent housing. This program provides the critical capital resources to continue the acquisition and development of year-round emergency shelter sites that meet this commitment.

At this time, there is a continuing need to offer expanded basic safety off the streets shelter in the winter months for populations that are especially vulnerable when the weather turns wetter and colder. While winter shelter locations do not require the level of capital investment of year-round emergency shelter programs, funds are needed annually to make the necessary amenity and life-safety improvements to locations that come available to meet winter shelter expansion efforts.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Continue emergency shelter transformation project implementation	N/A	N/A	N/A	1
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Capital Outlay	\$2,200,000	\$0	\$2,050,000	\$2,000,000
Total GF/non-GF	\$2,200,000	\$0	\$2,050,000	\$2,000,000
Program Total:	\$2,200,000		\$4,050,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,000,000
Beginning Working Capital	\$2,200,000	\$0	\$2,050,000	\$0
Total Revenue	\$2,200,000	\$0	\$2,050,000	\$2,000,000

Explanation of Revenues

City of Portland General Fund \$2,000,000

Significant Program Changes

Last Year this program was: FY 2021: 10058 Emergency Shelter Strategic Investment

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer will provide capital for the Joint Office of Homeless Services (JOHS) to move forward in developing high quality, year-round shelter capacity for multiple populations in improved facilities, as well as funding to support the creation of additional temporary/seasonal shelters in the coming fiscal year.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone (AHFE) and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services, including short-term investments in shelter capacity.

The JOHS is guided by the shared values and the common agenda of AHFE. That agenda includes a strategic investment in emergency shelter that supports AHFE's commitment to ending homelessness through a racial equity lens, by operating culturally responsive emergency shelters that offer safety off the streets, and are intentionally developed to maximize the number of people who successfully transition through them to permanent housing. This program provides a portion of the critical capital resources to continue the acquisition and development of year-round emergency shelter sites that meet this commitment.

The funds in this offer will specifically assist with the redevelopment of a recently acquired site in North Portland into a high quality, housing-focused shelter program for unsheltered adult-only households. The process of developing the design will engage potential shelter users, in particular people from Communities of Color who are overrepresented in the adult unsheltered population to be served by the program. In addition, the funds will support necessary improvements to existing emergency shelters, as well as the continued due diligence associated with the identification of new emergency shelter sites aligned with the efforts to transform the publicly funded emergency shelter system.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Conduct shelter design process that includes stakeholders, including prospective shelter users	N/A	N/A	N/A	1
Outcome	Initiate site redevelopment at new North Portland shelter site	N/A	N/A	N/A	1
Outcome	Shelter site design reflects input from people with lived experience, especially from BIPOC*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This measure reflects the commitment to ensure that all investments out of the Measure are shaped by those with lived experience, in particular from Communities of Color

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Capital Outlay	\$0	\$0	\$0	\$3,500,000
Total GF/non-GF	\$0	\$0	\$0	\$3,500,000
Program Total:	\$0		\$3,500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,500,000
Total Revenue	\$0	\$0	\$0	\$3,500,000

Explanation of Revenues

Metro Supportive Housing Services \$3,500,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this offer funds an expanded housing-focused shelter/transitional housing response, including program implementation, capacity, property maintenance, and support for continued operations at several newly acquired or leased congregate and motel-shelter locations. Expanded year-round shelter programming will focus on increasing access for overrepresented Communities of Color, as well as for individuals needing access to enhanced behavioral health supports, and creating shelter capacity in underserved areas of the County.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone (AHFE) and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services, including shelter services that support successful transitions to permanent housing..

This program offer funds multiple aspects of the continued implementation of the AHFE and Joint Office of Homeless Services (JOHS) community-based and housing-focused adult shelter strategy, as well as emerging opportunities for expanded culturally specific/responsive and behavioral health focused shelter and transitional programming connected to the acquisition/continued operations of three motels currently serving as COVID-19 high risk household shelters. This program offer specifically supports the project management, maintenance, and program costs associated with the new North Portland congregate shelter site and the owned/long-term leased motel shelters. Once fully implemented, these sites will add up to 250 additional shelter/transitional beds to support successful transitions of people experiencing long-term homelessness and living with significant disabling conditions off the streets and back to permanent housing.

In addition, this offer expands JOHS staffing capacity to plan for the improved integration and equitable access to the significantly increased shelter and transitional programs under the Measure, and to manage the associated increase in shelter and transitional services contracts.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Develop long-term programming focused on chronically homeless population for motels	N/A	N/A	N/A	1
Outcome	Number of people served in newly acquired/long-term leased motel shelters for highly vulnerable adults	N/A	N/A	N/A	200*
Outcome	Overrepresented BIPOC sheltered at rate as high or higher than % of adult population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

* This is a conservative estimate that reflects unknowns related to the continued impacts of COVID-19 on the ability of adults to exit shelter, and the impact of a non-congregate setting on lengths of stay for adult only households.

** This measure is specifically related to the motel shelter programs funded through this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$26,160	\$104,640	\$0	\$467,142
Contractual Services	\$0	\$0	\$0	\$3,247,858
Materials & Supplies	\$0	\$0	\$0	\$35,000
Total GF/non-GF	\$26,160	\$104,640	\$0	\$3,750,000
Program Total:	\$130,800		\$3,750,000	
Program FTE	0.20	0.80	0.00	3.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,750,000
Total Revenue	\$0	\$0	\$0	\$3,750,000

Explanation of Revenues

Metro Supportive Housing Services \$3,750,000

Significant Program Changes

Last Year this program was:

1.00 FTE reassigned to Measure funding in FY 2022 as part of Other Fund rebalance of responsibilities related to U.S. Department of Housing and Urban Development Continuum of Care planning activities.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With guidance from A Home for Everyone (AHFE) and the Measure LIP process, the Joint Office of Homeless Services (JOHS) will begin distinguishing “safety off the streets” work, which is focused on emergency shelter, from “safety on the streets” investments, that include survival outreach, basic health and sanitation services for people who are living unsheltered in encampments and places not meant for human habitation. This is an area of particular importance given the impact that COVID-19 has had, and likely will continue to have, on the unsheltered population. This program offer includes currently budgeted investments in these areas.

Program Summary

AHFE stakeholders, in particular participants in the initiative with lived experience of unsheltered homelessness, have called out the importance of distinguishing “safety off the streets” shelter strategies from those activities that help people who remain unsheltered stay as safe as possible. These strategies include survival-focused street outreach, such as the distribution of essential gear, food, water and primary healthcare services. This also includes investments in day centers, hygiene services, and clean-up and basic sanitation assistance for people in encampments. While all JOHS funded outreach includes a dimension of providing survival services, housing-focused outreach, assessment and navigation outreach services are included based on their primary function.

This program offer specifically supports: critical mobile primary care/medical triage services provided to unsheltered and sheltered individuals using a team of volunteer physicians and medical professionals; a program that employs people with lived experience of homelessness to assist with ongoing trash pick-up and sanitation support for people living unsheltered in places not meant for human habitation; and essential survival-focused outreach services focused in the Springwater Corridor and in East County.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of volunteer physicians mobilized to support physical health needs of unsheltered population	N/A	30	20	30
Outcome	Number of unsheltered individuals engaged with health-related services through mobile medical team	N/A	1,200	4,000	1,000
Outcome	Number of encampments receiving trash collection services*	N/A	N/A	N/A	3,500

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new measure with a base service level of an estimated 200 sites served per month (2,400 per year). It has been adjusted up for FY 2022 to account for anticipated COVID-19 impacts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$57,332	\$57,332	\$60,797	\$60,797
Contractual Services	\$0	\$321,370	\$0	\$453,510
Total GF/non-GF	\$57,332	\$378,702	\$60,797	\$514,307
Program Total:	\$436,034		\$575,104	
Program FTE	0.50	0.50	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$256,957
Beginning Working Capital	\$0	\$0	\$0	\$127,000
Total Revenue	\$0	\$0	\$0	\$383,957

Explanation of Revenues

City of Portland General Fund \$256,957
 Visitor Development Fund (VDF) Livability and Supportive Services \$127,000
 Multnomah County Video Lottery Funds \$130,350

Significant Program Changes

Last Year this program was: FY 2021: 10052A Safety off the Streets - Adult Shelter

The Joint Office of Homeless Services has expanded its program offer structure to reflect ongoing changes and highlight key organizational and programmatic functions. In FY 2021, safety on the streets functions were budgeted in program offer 10052A - Safety off the Streets - Adult Shelter. For FY 2022, the functions have been separated out into this program offer.

Department: Joint Office of Homeless Services **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 and respond to increases in racial disparities. AHFE holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program supports existing programming to house and retain hundreds of people experiencing homelessness through limited duration rental assistance, mobile housing placement and retention support staffing.

Program Summary

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, 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 best practice and critical element of the housing placement strategies prioritized through AHFE.

In the 2019 Multnomah County Point-in-Time Count, the vast majority of the people counted were in adult-only households. Additionally, the count confirmed that communities of color continue to be significantly overrepresented in the adult population. This program retains existing capacity in housing placement and retention programs that help adult-only households return to permanent housing, with an emphasis on ensuring that those strategies are also reducing racial disparities. These investments in rapid rehousing programs for adult households 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 skilled nonprofit partners and directed to communities of color, women, and other vulnerable adults experiencing homelessness. The services 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, and the countywide Short Term Rent Assistance (STRA) program that consolidates multiple Federal, State and local funding streams in a fund administered by Home Forward, which in turn contracts the funds to 19 nonprofit partners who offer prevention and rapid rehousing programs throughout the County.

Through this program offer, 1,900 households will receive the housing placement, retention, and income acquisition supports they need to obtain and/or retain permanent housing. Based on current data, 79% of the people served in the programs included in this offer are People of Color, a 10% increase from the prior year.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households placed or retained in permanent housing through the STRA program	489	785	1,700	785
Outcome	Percentage of households retaining housing at 6 months post-exit	83%	80%	80%	80%
Outcome	Number of households placed or retained in permanent housing with sources other than STRA program	834	1,115	450	650
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. FY 2021 estimate includes outcomes associated with COVID-19 funding.
 *This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$88,720	\$38,022	\$171,444	\$47,043
Contractual Services	\$1,155,087	\$4,016,873	\$1,200,262	\$4,054,458
Materials & Supplies	\$0	\$3,296	\$0	\$2,866
Internal Services	\$0	\$962	\$0	\$1,510
Total GF/non-GF	\$1,243,807	\$4,059,153	\$1,371,706	\$4,105,877
Program Total:	\$5,302,960		\$5,477,583	
Program FTE	0.70	0.30	1.15	0.35

Program Revenues				
Intergovernmental	\$0	\$3,455,860	\$0	\$3,567,349
Total Revenue	\$0	\$3,455,860	\$0	\$3,567,349

Explanation of Revenues

This program generates \$1,510 in indirect revenues.
 City of Portland General Fund \$3,515,930
 Housing Opportunities for Persons With AIDS (HOPWA) Entitlement \$51,419
 Multnomah County Video Lottery Funds \$538,528

Significant Program Changes

Last Year this program was: FY 2021: 10053A Housing Placement & Retention - Adults & Women Households

Department: Joint Office of Homeless Services **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's Mobile Housing Team (MHT) works collaboratively as a leadership/direct service team to address the unique housing needs of homeless families in Multnomah County. Through this program offer, MHT, in partnership with Family Futures, Neighborhood House, and Housing Choice Voucher programs, when combined with 30301B, will maintain current capacity to house and provide equitable retention support services to hundreds of families with minor children, using a combination of housing placement and retention staffing and flexible rent/client assistance. MHT is a collaboration of Multnomah County and nine community partners, the majority of which are culturally specific service providers.

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 advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally specific providers.

When combined with 30301B, this program offer will provide 800 households with housing placement/retention services, including short- to medium-term flexible rent assistance (0-24 months) and client assistance. 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 broader definition of homelessness allows the system to serve families that are most vulnerable in a variety of living situations equitably. In FY 2020, 81% of the families served through MHT identified as being from communities of color, achieving the A Home for Everyone (AHFE) goal of improving access and outcomes for these communities.

Families experiencing homelessness 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households newly placed or retained in housing	1,074	550	3,300	550
Outcome	Percentage of households retaining housing at 6 months post-exit	89%	80%	85%	85%
Output	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$63,498	\$124,223	\$67,348	\$85,652
Contractual Services	\$3,133,342	\$1,257,500	\$3,263,220	\$1,277,620
Internal Services	\$0	\$0	\$0	\$1,374
Total GF/non-GF	\$3,196,840	\$1,381,723	\$3,330,568	\$1,364,646
Program Total:	\$4,578,563		\$4,695,214	
Program FTE	0.50	0.75	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$1,257,500	\$0	\$1,364,646
Beginning Working Capital	\$0	\$0	\$79,730	\$0
Total Revenue	\$0	\$1,257,500	\$79,730	\$1,364,646

Explanation of Revenues

This program generates \$1,374 in indirect revenues.
 HUD Continuum of Care (CoC) Planning Grant \$44,200
 City of Portland General Fund \$1,320,446
 Multnomah County Tax Title \$79,730

Significant Program Changes

Last Year this program was: FY 2021: 10053C Housing Placement & Retention - Homeless Families

When combined with program offer 30301B, the family system rent assistance is fully funded.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer sustains current capacity for the Homeless Family System of Care's (HFSC) Mobile Housing Team (MHT). MHT is a collaboration between Multnomah County and community partners, a majority of whom are culturally specific agencies. Through this program offer, MHT in partnership with Family Futures, Neighborhood House and Housing Choice Voucher programs, will maintain current capacity to house and provide retention support services.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wraparound services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone (AHFE) and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post- housing services. This program offer supports those essential investments specifically for families with children who are doubled up, in shelter, or living unsheltered in Multnomah County.

The 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 advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally-specific providers. Families will receive barrier mitigation and navigation services to increase access to housing and promote long term housing retention.

When combined with 30301A, this program offer will provide 800 households with housing placement/retention services, including short- to medium-term flexible rent assistance (0-24 months) and client assistance. In FY 2020, 81% of the families served through MHT identified as being from communities of color, achieving the AHFE goal of improving access and outcomes for these communities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households newly placed or retained in housing	N/A	250	N/A	250
Outcome	Percentage of households retaining housing at 6 months post-exit	N/A	80%	85%	85%
Output	Overrepresented BIPOC households retain housing at rate as high or higher than population percentage*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,110,000	\$0	\$0	\$1,375,000
Total GF/non-GF	\$1,110,000	\$0	\$0	\$1,375,000
Program Total:	\$1,110,000		\$1,375,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,375,000
Beginning Working Capital	\$1,110,000	\$0	\$0	\$0
Total Revenue	\$1,110,000	\$0	\$0	\$1,375,000

Explanation of Revenues

Metro Supportive Housing Services \$1,375,000

Significant Program Changes

Last Year this program was: FY 2021: 10053C Housing Placement & Retention - Homeless Families

This programming was funded in FY 2021 with one-time Tax Title resources. This program offer allocates Measure revenues to maintain current system capacity in FY 2022. When combined with program offer 30301A, the family system rent assistance is fully funded.

Department: Joint Office of Homeless Services **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 strategies to transition people from shelter into housing and to ensure retention of that housing. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This offer supports hundreds of adult-only households to exit shelter using limited duration rental assistance, innovative multi-agency mobile housing placement and retention support staffing, as well as culturally specific services.

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 is a critical housing placement strategy prioritized through AHFE to significantly decrease homelessness among those who are highly vulnerable in Multnomah County.

Prioritizing rapid rehousing resources to people in emergency shelter serves two critical purposes. First, it provides individuals in shelter the opportunity to end their homelessness by returning to permanent housing with the supports needed to retain that housing. Second, each individual who moves out of a shelter bed and into housing creates capacity in the shelter system to serve an additional individual who is still unsheltered and has not yet been able to locate a permanent housing option.

This program offer will provide placement and/or retention supports to 400 people leaving shelter. Services funded through this program are delivered by highly skilled nonprofit partners and are prioritized to communities of color, women, and other vulnerable adults experiencing homelessness accessing traditional and non-traditional shelter sites. The services include flexible rent assistance, and housing placement and retention staffing accessed through emergency shelters, day centers, and multi-agency mobile "in-reach" teams that engage with people in shelters that do not have their own housing placement programs. The in-reach teams include staff from culturally specific, domestic violence and behavioral health providers to assist adults in emergency shelter settings to more quickly exit shelter and return to housing.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people placed or retained in permanent housing	604	600	267	400
Outcome	Percentage of households retaining housing at 6 months post-exit	83%	80%	80%	80%
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$69,750	\$2,307,110	\$70,870	\$2,344,020
Total GF/non-GF	\$69,750	\$2,307,110	\$70,870	\$2,344,020
Program Total:	\$2,376,860		\$2,414,890	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,307,110	\$0	\$2,344,020
Total Revenue	\$0	\$2,307,110	\$0	\$2,344,020

Explanation of Revenues

City of Portland General Fund \$2,344,020

Significant Program Changes

Last Year this program was: FY 2021: 10053D Housing Placement & Retention - Placement out of Adult Shelter

Department: Joint Office of Homeless Services **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) prioritizes addressing the intersection of homelessness and domestic and sexual violence. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. Many survivors must leave their home to be safe, while others face eviction due to problems caused by an abusive partner's behavior. Rapid rehousing 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 600 individuals of whom 86% identify as People of Color.

Program Summary

Rapid rehousing programs provide culturally responsive and culturally specific advocacy support and financial assistance rooted in racial equity 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 employment and 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.
- DV Housing Advocacy at culturally specific DV programs, providing rapid rehousing 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 nontraditional 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 community resources.
- Shelter to Stabilization Advocacy co-located at DV emergency shelters, to assist survivors with barrier removal, client assistance, and referrals to housing programs and community resources.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants served	523	675	1,300	650
Outcome	Percentage of participants who exit to permanent housing	93%	85%	85%	85%
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. HUD Horizons expansion contributes to increase from FY 2021 to FY 2022 offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$25,199	\$0	\$67,488	\$0
Contractual Services	\$1,749,210	\$1,504,012	\$1,798,110	\$1,544,153
Materials & Supplies	\$0	\$1,610	\$0	\$4,172
Internal Services	\$0	\$1,892	\$0	\$0
Total GF/non-GF	\$1,774,409	\$1,507,514	\$1,865,598	\$1,548,325
Program Total:	\$3,281,923		\$3,413,923	
Program FTE	0.00	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$1,504,142	\$0	\$1,548,325
Total Revenue	\$0	\$1,504,142	\$0	\$1,548,325

Explanation of Revenues

Office of Violence against Women Family Strengths Program \$196,000
 HUD Continuum of Care (CoC) Domestic Violence Coordinated Access Coordinator \$2,325
 HUD Horizons Domestic Violence \$1,350,000

Significant Program Changes

Last Year this program was: FY 2021: 10053E Housing Placement & Retention - Domestic Violence

Department: Joint Office of Homeless Services **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 households, including seniors. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. In partnership with Kaiser Permanente and Health Share, this program supports and expands existing programming coordinated through AHFE, including rent assistance, housing placement and retention, and supportive services to provide stability for seniors with disabling conditions experiencing homelessness.

Program Summary

A lack of affordable housing, limited retirement incomes, and higher costs for healthcare and other necessities are pushing greater numbers of older adults into homelessness. Individuals who experience homelessness have a higher rate of hospital readmissions and emergency room visits while also suffering from poorer health outcomes and higher mortality rates. This is especially true for medically fragile seniors. People over 55 and people with disabling conditions grew substantially as a percentage of the homeless population, according to the 2019 Point-in-Time Count, and the trend is expected to continue.

For the majority of seniors experiencing homelessness, returning to permanent housing requires a combination of rent assistance, housing placement, retention support staffing, and benefits acquisition assistance. A recently created initiative of the health care and philanthropic sectors is poised to expand the availability of these types of services, in partnership with local government. The new Regional Supportive Housing Impact Fund (RSHIF) promises to combine philanthropic and health system funds and to deploy those in partnership with local government to increase the availability of deeply affordable housing with services for people with complex health needs.

The Metro 300 housing initiative is the first funded effort of the RSHIF. Using funds allocated to RSHIF by Kaiser Permanente, the Joint Office of Homeless Services is working with the Department of County Human Services, the Department of Community Justice, and community based service providers to create culturally responsive and sustainable housing opportunities for 140 people experiencing homelessness who are over 50 with a disabling condition. The individuals will come from a variety of places, including the parole and probation system, local culturally specific recovery services programs, and from the aging and disability system.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of seniors placed or retained in permanent housing	46	140	100	140
Outcome	Percentage of senior households retaining housing 12 months post-exit	N/A	80%	80%	80%
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

This offer is focused on placing 140 disabled seniors experiencing homelessness into housing between January 2020 and December 2021. The Output Measure has been updated to capture the total number of households placed or retained, rather than just those placed in a given fiscal year. *This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$1,600,000	\$0	\$1,600,000
Total GF/non-GF	\$0	\$1,600,000	\$0	\$1,600,000
Program Total:	\$1,600,000		\$1,600,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,600,000	\$0	\$1,600,000
Total Revenue	\$0	\$1,600,000	\$0	\$1,600,000

Explanation of Revenues

Metro/Kaiser 300 Regional Housing Initiative \$1,600,000

Significant Program Changes

Last Year this program was: FY 2021: 10053F Housing Placement & Retention - Metro/Kaiser 300 Regional Housing

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds ongoing rent assistance and housing placement and retention services for seniors, including those housed as part of the Metro/Kaiser 300 Regional Housing Initiative for Seniors. A Home for Everyone (AHFE) has prioritized a range of effective housing placement and retention strategies in order to reduce homelessness among highly vulnerable households, including seniors. This program offer supports and expands existing programming coordinated through AHFE to provide stability for seniors with disabling conditions experiencing homelessness.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the AHFE and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post- housing services.

This offer advances the LIP goal of reducing chronic and episodic homelessness, by committing long-term rental assistance and wrap around support services to highly vulnerable older adults experiencing or imminently at risk of homelessness. A lack of affordable housing, limited retirement incomes, and higher costs for healthcare and other necessities are pushing greater numbers of older adults into homelessness. People over 55 and people with disabling conditions grew substantially as a percentage of the homeless population, according to the 2019 Point-in-Time Count, and the trend is expected to continue.

For the majority of seniors experiencing homelessness, returning to permanent housing requires the combination of rent assistance, housing placement, retention support staffing, and benefits acquisition assistance funded through this offer. Funds in this offer also leverage the short-term funding for seniors provided by Kaiser Permanente through Health Share of Oregon as part of the Metro 300 initiative. It will provide the ongoing rental and service support funding to keep seniors with disability conditions who were housed through the Metro initiative in housing long-term.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of seniors placed or retained in permanent housing	N/A	N/A	N/A	100
Outcome	Percentage of senior households retaining housing 12 months post-exit	N/A	N/A	N/A	80%
Outcome	Overrepresented BIPOC sr. households retain housing at rate as high or higher than population percentage*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2021	2021	2022	2022
Program Expenses				
Contractual Services	\$0	\$0	\$0	\$2,000,000
Total GF/non-GF	\$0	\$0	\$0	\$2,000,000
Program Total:	\$0		\$2,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,000,000
Total Revenue	\$0	\$0	\$0	\$2,000,000

Explanation of Revenues

Metro Supportive Housing Services \$2,000,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **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. AHFE holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. 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.

Program Summary

The 2019 Point-in-Time (PIT) count indicated a significant increase in the number of aging people experiencing homelessness with nearly one-quarter (939) of all those counted aged 55 and older. There was an 11.7% increase from 2017 in adults ages 55 to 69 experiencing homelessness on the night of the count. In addition, 77 of those counted were 70 and older, a 75% increase from 2017.

For the majority of seniors experiencing homelessness, returning to permanent housing requires a combination of rent assistance, housing placement, retention support staffing, and benefits acquisition assistance.

This program continues housing placement and retention strategies developed and coordinated through AHFE, specifically targeted to meet the permanent housing needs of seniors equitably. 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 a highly skilled nonprofit specialized in serving the senior population.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of senior households placed into permanent housing or prevented from eviction	467	350	410	440
Outcome	Percentage of senior households retaining housing 12 months post-exit*	88%	80%	85%	85%
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*These percentages are based on the retention rate for households who were successfully contacted via follow-up. The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

**This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$608,280	\$0	\$618,010
Total GF/non-GF	\$0	\$608,280	\$0	\$618,010
Program Total:	\$608,280		\$618,010	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$608,280	\$0	\$618,010
Total Revenue	\$0	\$608,280	\$0	\$618,010

Explanation of Revenues

City of Portland General Fund \$618,010

Significant Program Changes

Last Year this program was: FY 2021: 10053G Housing Placement & Retention - Medical/Aging

Department: Joint Office of Homeless Services **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 permanent housing placement for vulnerable populations, including homeless youth. AHFE holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. The Homeless Youth Continuum (HYC), through this program, provides 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 HYC is a highly collaborative and coordinated system comprised of four nonprofit 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, experiencing homelessness. This program maintains current capacity to provide essential housing and developmental supports for youth, including Assertive Engagement (AE), Parenting Education, Recovery Oriented Supports & Engagement (ROSE), and housing placement and retention supports. Services include:

- **Assertive Engagement (AE) (case management):** These services are fundamental to moving youth into independence by providing assessment, transition planning and support from 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:** HYC has seen a 30% increase in the number of youth accessing services who are pregnant and/or parenting. With supports on-site and at mobile locations, HYC can provide culturally responsive services and meet the developmental needs of pregnant and parenting youth. Housing placement funds are provided to place youth in appropriate housing options.
- **ROSE:** For the majority of youth served, access to mental health and addiction recovery support services is essential to their housing and developmental success. Ninety-three percent 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 youth experiencing homelessness in recovery supports, conduct assessments, and connect youth to formal treatment programs, provide follow up care, on-going supports, and healthy recreation alternatives.
- **Housing:** Programs provide a range of developmentally appropriate housing options, which include onsite housing with 24-hour staffing, scattered site housing, rapid rehousing, shared, and group housing. Housing navigators assist youth to access the housing options that best fit the youth's needs and provide retention supports.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of youth receiving recovery support services	680	700	700	700
Outcome	Percentage of youth households retaining housing at 6 months post-exit	69%	75%	70%	70%
Outcome	Number of youth newly placed or retained in transitional or permanent housing	543	400	560	400
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$74,187	\$0	\$76,916	\$0
Contractual Services	\$2,786,273	\$1,652,110	\$2,813,825	\$1,725,204
Total GF/non-GF	\$2,860,460	\$1,652,110	\$2,890,741	\$1,725,204
Program Total:	\$4,512,570		\$4,615,945	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$1,652,110	\$0	\$1,725,204
Total Revenue	\$0	\$1,652,110	\$0	\$1,725,204

Explanation of Revenues

HUD HomeSafe \$763,224
 State Emergency Housing Assistance (EHA) General Fund \$201,000
 City of Portland General Fund \$760,980

Significant Program Changes

Last Year this program was: FY 2021: 10053H Housing Placement & Retention - Youth Services

Department: Joint Office of Homeless Services **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 (AHFE) "A Home for Every Veteran" initiative strives to ensure that every veteran has access to permanent housing. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer will continue leverage of U.S. Housing and Urban Development and Veterans Affairs resources, as well as State of Oregon Emergency Housing Assistance funds, to meet the short-term rent assistance and barrier mitigation needs of Veterans who become homeless in the community. This program will help more than 130 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, the 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. At the end of December 2015, 695 Veterans were successfully housed and by the end of 2016 more than 1,300 Veterans had returned to permanent housing. As a result of the initiative, Portland was the first West Coast city certified by the U.S. Interagency Council on Homelessness as having effectively ended Veteran homelessness. Nonetheless, because hundreds of Veterans continue to become homeless every year, the Point-in-Time count conducted in January 2019 identified 474 people who identified themselves as Veterans.

The capacity to house 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 it is anticipated that Federal funding will remain available in FY 2022, 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 Veterans experiencing homelessness can be served.

The flexible rent assistance and barrier mitigation funds available through this program offer allow nonprofit organizations to assist Veterans with an array of housing services. This includes security deposits, helping with utility/past property debts, limited term rent assistance, legal fees and moving fees. Additionally, this program offer funds culturally specific operations that support the engagement, assessment and referral of Veterans for housing services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households placed or retained in housing	152	200	85	130
Outcome	Percentage of households retaining housing 12 months post-exit or post-subsidy*	86%	70%	85%	85%
Outcome	Overrepresented BIPOC placed or retained in housing at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*These percentages are based on the retention rate for households who were successfully contacted via follow-up. The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. **This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$174,930	\$609,460	\$177,730	\$643,390
Total GF/non-GF	\$174,930	\$609,460	\$177,730	\$643,390
Program Total:	\$784,390		\$821,120	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$608,620	\$0	\$643,390
Total Revenue	\$0	\$608,620	\$0	\$643,390

Explanation of Revenues

State Emergency Housing Assistance Document Recording Fee Veteran Funds (EHA DRF VET) \$215,000
 City of Portland General Fund \$428,390

Significant Program Changes

Last Year this program was: FY 2021: 10053J Housing Placement & Retention - Veterans

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a critical expansion of short- to medium-term rental assistance and housing placement and retention services for people experiencing episodic homelessness. It specifically focuses on increasing exits from homelessness among families with children, survivors of domestic and sexual violence, and youth. A majority of this investment will be in culturally specific capacity and a significant majority of the households served will be from Black, Indigenous, and People of Color (BIPOC) communities.

Program Summary

The Metro Supportive Housing Services Measure (Measure) passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP specifically calls out the need to expand rental assistance, housing placement, and housing retention support services for those who are doubled up, living in shelter, or unsheltered and who need a limited duration commitment of flexible rental assistance and support services to regain stable housing.

This program offer funds rapid rehousing placement and retention services for 250 households, including short- to medium-term flexible rent assistance and housing placement and retention services. In keeping with recommendations in the LIP, the rental assistance in this offer will remain as flexible as possible to meet the unique needs of each household. Eligible populations will be served through three homeless services systems of care: families with children under age 18, youth, and survivors of domestic and sexual assault (DV/SA). Eligible households may be living in shelter, doubled-up, experiencing DV/SA, living on the streets or in cars, or other places not meant for human habitation. A broader definition of homelessness allows systems to equitably serve vulnerable households in a variety of living situations.

In FY 2020, 81% of the households served through rapid rehousing in the family system and 86% from the DV/SA system identified as being from communities of color. Households access services through Coordinated Access, which include staff from culturally specific partners who screen for immediate safety and overall vulnerability, provide navigation services and match to available resources. This program leverages Federal and State funding including U.S. Department of Housing and Urban Development grants.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households newly placed and retained	N/A	N/A	N/A	250
Outcome	Percentage of households retaining housing at 6 months post-exit	N/A	N/A	N/A	85%
Outcome	Overrepresented BIPOC Households will retain housing at rates as high or higher than Non-Hispanic whites*	N/A	N/A	N/A	Yes
Outcome	Overrepresented BIPOC households will retain housing at a rate as high or higher in FY 22 than in FY21**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*/** These are new equity measures intended to track whether investments in this program offer are leading to equitable outcomes for Communities of Color and helping to reduce racial disparities in homelessness.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$177,995
Contractual Services	\$0	\$0	\$0	\$2,000,000
Materials & Supplies	\$0	\$0	\$0	\$18,065
Total GF/non-GF	\$0	\$0	\$0	\$2,196,060
Program Total:	\$0		\$2,196,060	
Program FTE	0.00	0.00	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,196,060
Total Revenue	\$0	\$0	\$0	\$2,196,060

Explanation of Revenues

Metro Supportive Housing Services \$2,196,060

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **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 and families experiencing homelessness who are in recovery or who have significant disabilities. This program is central to the partnership with Portland Housing Bureau to significantly expand supportive housing by 2028. The program includes highly effective limited duration housing with intensive attached services, as well as long-term rent assistance and wraparound support services. These housing strategies are nationally recognized best practices, and leverage other State, local and Federal resources.

Program Summary

The City of Portland and Multnomah County adopted a plan to create 2,000 new units of supportive housing by 2028, and the Executive Committee of AHFE adopted complimentary recommendations to significantly reduce: (1) unmet need for permanent housing, especially among people experiencing chronic homelessness, (2) the over-representation of Black, Indigenous, and People of Color (BIPOC) within the homeless population, and (3) unsheltered homelessness among women, Veterans and people with severe and persistent mental illness. Among AHFE priority populations are adults in the early stages of recovery from an alcohol or drug addiction and other adults with significant disabilities. This program offer continues and expands supportive housing in alignment with these priorities.

Supportive housing is for those who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. Permanent supportive housing serves those with long-term disabilities, including chronic health conditions, mental illness, and addictions, who have experienced long-term or cyclical homelessness. Transitional supportive housing serves those who require limited duration intensive services and are at high risk of becoming chronically homeless.

This program supports a range of supportive housing for more than 1,600 highly vulnerable people with disabling conditions. This includes funding for support services paired with Federal rental assistance; funding for support services paired with deeply affordable housing financed by the Portland Housing Bond or otherwise financed by the Portland Housing Bureau; and funding for rental assistance paired with support services leveraged through the other systems such as health care. In some cases, program funding is used for both rental assistance and support services in order to support the unique needs of the subpopulation served by the program and/or the due to the absence of other sources of support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people newly placed into or retained in permanent housing	1,391	1,400	1,390	1,400
Outcome	Percentage of households retaining housing at 6 months post-exit	89%	85%	85%	85%
Outcome	Number of people served in transitional housing	393	280	340	400
Outcome	Overrepresented BIPOC placed in PSH at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$255,981	\$0	\$281,595
Contractual Services	\$1,500,210	\$6,404,029	\$1,524,210	\$6,277,395
Total GF/non-GF	\$1,500,210	\$6,660,010	\$1,524,210	\$6,558,990
Program Total:	\$8,160,220		\$8,083,200	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$6,386,565	\$0	\$6,265,753
Beginning Working Capital	\$0	\$0	\$0	\$293,237
Total Revenue	\$0	\$6,386,565	\$0	\$6,558,990

Explanation of Revenues

City of Portland General Fund \$6,265,753
 Visitor Development Fund (VDF) Livability and Supportive Services \$293,237

Significant Program Changes

Last Year this program was: FY 2021: 10054A Supportive Housing

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds rental assistance and services to expand supportive housing by creating at least 350 new supportive housing opportunities in FY 2022 across a number population and program categories.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone (AHFE) and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services.

The LIP specifies several Year 1 strategies to expand supportive housing to meet a new community goal of 2,235 supportive housing units by 2028. In the first program year, the Measure will align funding with existing housing programs and resources to create at least 700 new supportive housing opportunities for Metro priority populations, including a focus on Black, Indigenous, and People of Color (BIPOC) households. This program offer provides funding for up to 350 of those new supportive housing opportunities. Specifically, funding in this offer will: (1) house up to 100 of the most vulnerable people on the JOHS Coordinated Access list; (2) leverage federal Mainstream and VASH (veterans) rental assistance vouchers by providing placement and wraparound support services to people with those vouchers; and (3) expand access for extremely low-income homeless households to regulated affordable housing units by providing rental subsidies and enhanced support services.

In addition, this program offer includes the necessary funding to support the Joint Office Homelessness (JOHS) ability to develop and implement the LIP's contemplated large-scale and rapid expansion of supportive housing programs over the coming years. This includes local and regional planning, program development, negotiation, contracting, and compliance monitoring for scores of new projects, including those funded by this program offer.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people placed in permanent housing	N/A	N/A	N/A	350
Outcome	Percentage of households retaining housing 12 months post-exit	N/A	N/A	N/A	80%
Outcome	Overrepresented BIPOC retain housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$723,587
Contractual Services	\$0	\$0	\$0	\$2,929,220
Materials & Supplies	\$0	\$0	\$0	\$60,000
Total GF/non-GF	\$0	\$0	\$0	\$3,712,807
Program Total:	\$0		\$3,712,807	
Program FTE	0.00	0.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,712,807
Total Revenue	\$0	\$0	\$0	\$3,712,807

Explanation of Revenues

Metro Supportive Housing Services \$3,712,807

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer provides funding for support services and rental subsidies for 250 deeply affordable housing units financed by the Portland Housing Bond and the Metro Housing Bond, or otherwise financed by the Portland Housing Bureau.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone (AHFE) and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post- housing services.

The LIP specifies several Year 1 strategies to expand supportive housing to meet a new community goal of 2,235 supportive housing units by 2028. In the first program year, the Measure will align funding with existing housing development programs and resources to create at least 700 new supportive housing opportunities for Metro priority populations, including a focus on Black, Indigenous, and People of Color (BIPOC) households. This includes alignment with the Portland Housing Bond, Metro Housing Bond, and other affordable housing units financed by the Portland Housing Bureau to create project-based supportive housing opportunities with on-site wellness and retention services.

This program offer funds support services and in some cases, rental subsidies, paired with deeply affordable housing financed by the Portland Housing Bond and Metro Housing Bond or otherwise financed by the Portland Housing Bureau. Services will be specialized to serve various sub-populations and will include, and not be limited to, culturally specific, mental health, substance use, physical health, HIV/AIDS, and individualized retention services. An estimated 250 households will be served with these resources in FY 2022.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people newly place or retained in permanent housing	N/A	N/A	N/A	250
Outcome	Percentage of households retaining housing at 12 months post-exit	N/A	N/A	N/A	80%
Output	Overrepresented BIPOC retain housing at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$3,500,000
Total GF/non-GF	\$0	\$0	\$0	\$3,500,000
Program Total:	\$0		\$3,500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,500,000
Total Revenue	\$0	\$0	\$0	\$3,500,000

Explanation of Revenues

Metro Supportive Housing Services \$3,500,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this offer complements and adds to a set of investments in cross-departmental programming found elsewhere in the Joint Office of Homeless Services (JOHS) budget by investing in critical staff position in Health Department, Department of County Human Services (DCHS), and Department of Community Justice (DCJ) to coordinate and implement initial and future Measure program expansions.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes that in order to be successful, Measure resources have to be invested strategically in partnership with other County departments that also serve people experiencing or at imminent risk of chronic and episodic homelessness. This program offer advances that LIP commitment.

This program offer specifically invests in program specialist positions for the Health Department, DCHS, and DCJ that will form a cross-departmental team to coordinate the development and implementation of programming funded by the Measure. As set out in program offer 30401B - Supportive Housing - Behavioral Health/Medical Housing - Metro Measure Expansion, a significant number of behavioral health-focused programs are set to launch in early FY 2022, as well as an expansion of housing services through DCJ supported by this offer, and this team will be critical to the success of that implementation. Moving toward full implementation in year two of the Measure, the team will also engage with other stakeholders in the JOHS-led Phase 2 planning called for by the LIP, to determine what additional programming should be developed/expanded in DCHS, DCJ, and Health. This offer also includes additional Assertive Engagement training capacity in DCHS, which will be critical to onboarding new staff and organizations into Measure-funded programming with the necessary understanding of best practices in equity-focused, trauma-informed, and person-centered service delivery. The importance of advancing provider understanding of these best practices is specifically called out in the LIP as critical to the success of the Measure.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Assertive Engagement trainings offered	N/A	N/A	N/A	8
Outcome	Number of people trained in Assertive Engagement	N/A	N/A	N/A	320
Outcome	Percentage of training participants that will incorporate Assertive Engagement tool or skill in work	N/A	N/A	N/A	65%
Outcome	Number of people placed into or maintained permanent housing (Department of Community Justice)	N/A	N/A	N/A	300

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$456,617
Contractual Services	\$0	\$0	\$0	\$873,383
Total GF/non-GF	\$0	\$0	\$0	\$1,330,000
Program Total:	\$0		\$1,330,000	
Program FTE	0.00	0.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,330,000
Total Revenue	\$0	\$0	\$0	\$1,330,000

Explanation of Revenues

Metro Supportive Housing Services \$1,330,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **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 supportive housing programs to meet the needs of hundreds of adults experiencing homelessness who are disabled by mental illness or medical conditions, including HIV/AIDS. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer is central to the partnership with Portland Housing Bureau to significantly expand supportive housing by 2028. The program continues highly effective long-term rent assistance and wrap around support services that will assist people to access and/or retain permanent housing. These housing strategies are nationally recognized best practices, and leverage other State, local and Federal resources.

Program Summary

The most recent Point-In-Time Count identified nearly 1,800 individuals who have been homeless for more than a year and are living with one or more severe disabilities. This program provides continued support for permanent supportive housing (PSH) for these chronically homeless adults, offering a combination of deeply affordable housing and ongoing support services proven locally and nationally to be the most effective and cost effective way to end homelessness for this population.

These targeted investments leverage other Federal, State and local resources including U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) and Continuum of Care (CoC) programs, Medicaid, affordable housing units and permanent rental subsidies to support 800 vulnerable adults experiencing homelessness to secure and retain permanent housing. In some cases, the program provides match for a HUD CoC or HOPWA grant. In other cases, the program funds long-term rental subsidies and mental health focused housing placement and retention, 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 of mental health and culturally specific providers working in partnership with Portland Police to provide housing placement and retention for people with mental illnesses, and recovery-focused transitional housing.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people newly placed into or retained in permanent housing	882	800	950	800
Outcome	Percentage of households retaining housing at 6 months post-exit*	91%	80%	90%	90%
Outcome	Overrepresented BIPOC placed in PSH at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This percentage is based on the percentage of households who were confirmed to be successfully housed 6 months post-exit. The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

**This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$4,321,270	\$0	\$4,368,375
Total GF/non-GF	\$0	\$4,321,270	\$0	\$4,368,375
Program Total:	\$4,321,270		\$4,368,375	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,321,270	\$0	\$4,368,375
Total Revenue	\$0	\$4,321,270	\$0	\$4,368,375

Explanation of Revenues

City of Portland General Fund \$2,602,540
 Housing Opportunities for Persons With AIDS (HOPWA) Entitlement \$1,765,835

Significant Program Changes

Last Year this program was: FY 2021: 10054B Supportive Housing - Mental Health/Medical Housing

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a critical expansion of short term shelter, transitional housing and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness. The offer leverages and builds on existing intensive behavioral health programs in the Health Department’s Behavioral Health Division that serve this vulnerable population.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services, and makes a specific commitment to immediately expanding behavioral health services at all levels of the continuum, from shelter, to transitional housing and permanent supportive housing. This program offer reflects that commitment and funds:

- Critical new motel-based emergency shelter capacity and crisis case management for individuals in the Health Department’s Choice program. This will provide immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options.
- An expansion of the very successful Stabilization Treatment Preparation (STP) transitional housing program, a partnership between the Health Department and the Department of Community Justice that serves people who are justice involved and living with significant behavioral health conditions. The expansion funded here will provide culturally specific STP programming focused on the African American community.
- An addition of culturally specific homeless focused staff capacity to the Addictions Benefits Coordination (ABC) team to assist with addiction treatment services access for people with substance use disorders who are experiencing chronic and episodic homelessness.
- Long-term rental assistance and housing placement services for people served by any of Multnomah County’s Assertive Community Treatment (ACT) teams. The ACT teams provide an intensive level of ongoing support services to people with severe and persistent mental illness, and this investment will provide those individuals the financial support they need to move to permanent supportive housing.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals placed into or retained in transitional and permanent housing	N/A	N/A	N/A	100
Outcome	Percentage of households retaining permanent housing after 12 months	N/A	N/A	N/A	80%
Outcome	Overrepresented BIPOC retain permanent housing at rates as high or higher than Non-Hispanic whites*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This equity measure applies to ACT team participants who are placed into permanent housing with resources from this offer, and advances the commitment that Metro Measure funds be used to reduce racial disparities in homelessness.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$3,040,000
Total GF/non-GF	\$0	\$0	\$0	\$3,040,000
Program Total:	\$0		\$3,040,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,040,000
Total Revenue	\$0	\$0	\$0	\$3,040,000

Explanation of Revenues

Metro Supportive Housing Services \$3,040,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **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 continuum of services, from outreach, to shelter, to permanent housing, for people experiencing long-term homelessness and living with behavioral health conditions, including substance use disorders. This program offer funds the outreach, supportive housing, and treatment access services for individuals experiencing or at risk of long-term homelessness referred through the Portland Police Bureau's Service Coordination Team (SCT).

Program Summary

The most recent Point-in-Time (PIT) count identified nearly 1,800 individuals who have been homeless for more than a year and are living with one or more severe disabilities. AHFE has a strategic plan to address chronic homelessness, and the recently completed Metro Supporting Housing Service Measure Local Implementation Plan (LIP) specifically prioritizes achieving a significant reduction of chronic homelessness. Although using City of Portland general funds, the programming funded with this offer advances these AHFE/LIP objectives by focusing critical short and long-term housing and recovery support services on chronically homeless people, and those at risk of chronic homelessness, who have frequent contact with the criminal justice system connected to their behavioral health conditions.

The SCT is a program established by the Portland Police Bureau in partnership with community housing and social services providers. The program goal is to divert individuals who are experiencing homelessness and living with behavioral health conditions - in particular substance use disorders - from future contact with the criminal justice system by connecting them with supportive housing and treatment resources.

Individuals referred through the SCT program have access to low-barrier/short-term stabilization housing where they have direct access to support services, including behavioral health and addictions treatment. They also have access to alcohol and drug free housing where they receive case management services that offer client-driven, flexible approaches based on individual needs, which are intended to lead to long-term recovery services. For individuals who transition to permanent housing, this program provides home-based retention services that include access to outpatient substance abuse treatment services, financial assistance, eviction prevention, and resources and guidance on improving self-sufficiency through financial improvements and long-term recovery skills.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of low-barrier transitional housing units in staffed and structured setting	N/A	N/A	N/A	38
Outcome	Number of participants enrolled in behavioral health services	N/A	N/A	N/A	85%
Outcome	Transitions to permanent housing	N/A	N/A	N/A	15
Outcome	Overrepresented BIPOC graduate from SCT at rates as high or higher than Non-Hispanic whites*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

*This equity measure advances the AHFE/Joint Office commitment that all programs contribute to reducing racial disparities in homelessness by achieving equitable outcomes for People of Color.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$2,159,003
Total GF/non-GF	\$0	\$0	\$0	\$2,159,003
Program Total:	\$0		\$2,159,003	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,159,003
Total Revenue	\$0	\$0	\$0	\$2,159,003

Explanation of Revenues

City of Portland General Fund \$2,159,003

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

As the fixed incomes of seniors and people with disabilities fall further behind the costs of housing, including publicly subsidized tax credit rental housing, ongoing rental assistance is increasingly necessary to prevent and end homelessness for these populations. This program continues the local long-term voucher program that is narrowly tailored to households with fixed incomes, to improve housing stability and reduce rent burden, including many households who reside in tax credit or other regulated affordable housing.

Program Summary

The 2019 Point-in-Time (PIT) count documented a continued rise in people over the age of 55 and people with disabilities in the homeless population. These populations commonly have fixed incomes well below 30% of the Area Median Income, putting market rate rental housing completely out of reach, and also foreclosing access to most publicly subsidized affordable housing, which rents at levels affordable for people making 60% of Area Median Income or above.

This program assists seniors and people living with disabilities who are on fixed incomes and homeless or significantly rent burdened. Program participants typically have less than \$800 per month in income, and were either homeless or paying more than 70% of that income on rent prior to program subsidy. The program provides rent subsidies to participants so that they can afford the rent in Low Income Housing Tax Credit (LIHTC) units or other regulated affordable housing. While these units have restricted rent levels, the rent amounts are not tied to tenant income and are increasingly out of reach for the target group in this program. Some assisted households also reside in moderately-priced private market units. The program makes it possible for people in the target population to afford the rent (at 30% of their income).

This program complements the Federally-funded Housing Choice Voucher program and local Short Term Rent Assistance (STRA) program. The program leverages support from Meyer Memorial Trust as well as the inventory of publicly funded affordable housing. The local long-term voucher functions more flexibly than the Federal voucher program and provides similar long-term housing stability to a highly vulnerable population. The program is administered through Home Forward.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Provide vouchers for senior and disabled households on fixed income seeking rent-restricted affordable housing.	66	55	71	71
Outcome	Percent of households who remain housed 12 months after exit.*	100%	90%	95%	95%
Outcome	Overrepresented BIPOC served with vouchers at rate as high or higher than percent of population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This percentage is based on the percentage of households who were confirmed to be successfully housed at 12 months. Measure name changed from "Percent of households who remain housed 12 months after entry.***" Changed to "...after exit".
 **This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$387,690	\$138,150	\$393,890	\$425,830
Total GF/non-GF	\$387,690	\$138,150	\$393,890	\$425,830
Program Total:	\$525,840		\$819,720	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$138,150	\$0	\$425,830
Total Revenue	\$0	\$138,150	\$0	\$425,830

Explanation of Revenues

City of Portland General Fund \$425,830

Significant Program Changes

Last Year this program was: FY 2021: 10054C Supportive Housing - Local Long Term Rental Vouchers

Department: Joint Office of Homeless Services

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 families with long-term experiences of homelessness and at least one family member who has a significant disability. AHFE also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program creates longer-term rent assistance and wrap around support services to help move families 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

AHFE prioritizes equitable housing solutions for families with children experiencing homelessness. While many families experiencing homelessness are well served by rapid rehousing strategies, there are families with long-term or recurring experiences of homelessness, very often with household members with significant disabling conditions, that require supportive housing to achieve long-term stability. These families make up an increasing percentage of the long-term stayers in the family shelter system, because they lack the supports needed to overcome their barriers to housing.

This program addresses the needs of long-term shelter families by expanding supportive housing resources for them, offering access to permanent housing to the families and thereby freeing up scarce and expensive shelter capacity for other families. Families in this program receive up to 24-month rental assistance vouchers and wraparound services. While not a permanent rental subsidy, the 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, on to a more permanent subsidy program.

The program is implemented by an experienced nonprofit community-based organization specialized in providing shelter, housing transition, and supportive housing to families. Given the significant overrepresentation of People of Color among families experiencing homelessness, this program has prioritized equitable access for families of color.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families placed into or retained in permanent housing	32	30	30	30
Outcome	Percentage of households retaining housing at 6 months post-exit*	91%	90%	90%	90%
Outcome	Overrepresented BIPOC placed in PSH at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This percentage is based on the percentage of households who were confirmed to be successfully housed 6 months post-exit and have already served 22 families in FY 2021. **This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$642,000	\$0	\$652,270	\$0
Total GF/non-GF	\$642,000	\$0	\$652,270	\$0
Program Total:	\$642,000		\$652,270	
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 2021: 10054D Supportive Housing - Families

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 30100A, 30206, 30210, 30400A
Program Characteristics:

Executive Summary

This program offer accounts for funds allocated to the County through the Visitor Facilities Intergovernmental Agreement (VFIGA) for Livability and Safety Support Services and certain asset sale proceeds that have been allocated by the Board for comprehensive housing stability strategies. The VFIGA revenue funds services and programs for people experiencing homelessness, or who are at risk of becoming homeless, and services and programs addressing the community livability and safety concerns associated with homelessness.

Program Summary

This program offer accounts for funds allocated to the County through the VFIGA for Livability and Safety Support Services and certain asset sale proceeds that have been allocated by the Board for comprehensive housing stability strategies. The VFIGA revenue funds services and programs for people experiencing homelessness, or who are at risk of becoming homeless, and services and programs addressing the community livability and safety concerns associated with homelessness.

In 2018, A Home for Everyone released a report calling for the creation of 2,000 new units of supportive housing to meet the needs of the growing chronically homeless population. Multnomah County and the City of Portland adopted the plan to create the 2,000 new units by 2028. The Joint Office of Homeless Services (JOHS) is working closely with the Portland Housing Bureau (PHB) and Home Forward to identify and braid resources to create these 2,000 units. Over time, VFIGA funding will support projects funded by the proceeds of the City of Portland and Metro affordable housing bonds approved by voters in 2016 and 2018, respectively.

This program offer accounts for revenues and expenditures for VFIGA and asset sale proceeds that are not expected to be used in FY 2022. This portion of the funding is reserved to ensure the future financial stability of the programs supported with these funding sources.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

The current version of the Second Amended and Restated VFIGA provides a significant increase in funding to the County over the 2013 VFIGA and contains modifications to a number of provisions that improve the document's clarity, governance structures, and commits funding to programs. This funding pays for livability and supportive services, and related operations costs, supporting programs and projects funded by the proceeds of the City and Metro bonds approved by voters in 2016 and 2018, respectively, to create affordable homes for low-income individuals.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$4,026,555	\$0	\$1,546,563
Total GF/non-GF	\$0	\$4,026,555	\$0	\$1,546,563
Program Total:	\$4,026,555		\$1,546,563	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$500,000
Beginning Working Capital	\$0	\$4,300,000	\$0	\$1,046,563
Total Revenue	\$0	\$4,300,000	\$0	\$1,546,563

Explanation of Revenues

Visitor Development Fund (VDF) Livability and Supportive Services \$546,563
Asset Sale Proceeds \$1,000,000

Significant Program Changes

Last Year this program was: FY 2021: 10054E Supportive Housing - Visitor Development Funds

Department: Joint Office of Homeless Services **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 identified diversion as a critical strategy to reduce the number of people experiencing street and shelter homelessness in the community. AHFE holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program funds existing capacity to divert people from homelessness who are escaping domestic violence, facing imminent housing loss, or are exiting the criminal justice and healthcare systems. This program 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, one-time, financial and/or staffing 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.
- Criminal Justice Diversion resources are directed to people leaving incarceration through a partnership with the County's Department of Community Justice (DCJ) that offers access to employment, treatment, and housing assistance resources to ensure that they do not become homeless.
- 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 allow survivors to avoid the trauma and safety risks of becoming homeless. These services reach hundreds of survivors annually and serve a diverse population, with 82% 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 Assistance 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. These benefits provide critical financial and health care resources that allow recipients to avoid homelessness.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participants receiving diversion services	1,829	1,800	1,630	1,640
Outcome	Percentage of exits to permanent housing*	88%	95%	86%	86%
Outcome	Number of people served with benefits acquisition assistance (BEST)**	445	400	460	450
Outcome	Overrepresented BIPOC exit to permanent housing at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

- *This measure excludes BEST, Health Connections and Peer Health Navigators. The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.
- **This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall, and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,195,390	\$1,557,930	\$1,415,670	\$1,381,700
Total GF/non-GF	\$1,195,390	\$1,557,930	\$1,415,670	\$1,381,700
Program Total:	\$2,753,320		\$2,797,370	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,557,930	\$0	\$1,381,700
Beginning Working Capital	\$285,000	\$0	\$289,560	\$0
Total Revenue	\$285,000	\$1,557,930	\$289,560	\$1,381,700

Explanation of Revenues

City of Portland General Fund \$1,381,700
 Multnomah County Tax Title \$289,560

Significant Program Changes

Last Year this program was: FY 2021: 10055 Diversion Services

Department: Joint Office of Homeless Services **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) 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 AHFE Workforce & Economic Opportunity Workgroup, this program sustains critical capacity 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 and responsive manner. This program will provide approximately 400 individuals with employment services and 125 households with rent assistance or eviction prevention. Based on current performance, it is anticipated that 75% of participants served will be from communities of color. Programs include:

- Employment Services provide capacity to an existing network of six nonprofit employment providers, referred to as the Economic Opportunity Program (EOP) to connect individuals and families to career track employment services, housing resources, and community-based support. Participants who are survivors of domestic violence and/or who are eligible for Supplemental Nutrition Assistance Program (SNAP) are prioritized.
- Youth Employment Services expand capacity provided by Homeless Youth Continuum (HYC) 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 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, and expanded one-stop WorkSource Portland Metro employment services. Resources are targeted to serve young adults of color, many of whom are exiting the corrections system.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals receiving employment services and supports*	682	350	550	550
Outcome	Number of employment placements	199	185	185	200
Outcome	Number of households receiving rent assistance or eviction prevention	123	125	200	225
Outcome	Overrepresented BIPOC participate in program at rate as high or higher than percent of population**	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This measure combines data from the EOP and the Homeless Youth Continuum employment programs. Housing placement data is only for participants. Program was relatively new in FY 2021 and FY 2022 Offer adjusted to reflect anticipated outcomes.

**This is a new equity measure intended to demonstrate whether program offer investments are meeting the commitment to reduce racial disparities in homelessness overall. and in specific programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$1,336,870	\$0	\$1,358,260
Total GF/non-GF	\$0	\$1,336,870	\$0	\$1,358,260
Program Total:	\$1,336,870		\$1,358,260	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$924,490	\$0	\$819,680
Total Revenue	\$0	\$924,490	\$0	\$819,680

Explanation of Revenues

City of Portland General Fund \$819,680
 Multnomah County Video Lottery Funds \$538,580

Significant Program Changes

Last Year this program was: FY 2021: 10056A Employment Programs

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds rent assistance and housing placement and retention services for people served across six high risk COVID-19 motel shelters.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services.

In response to COVID-19, the Joint Office of Homeless Services (JOHS) opened six motel shelters for people experiencing homelessness at high-risk of a negative outcome from COVID-19. The motels offer safe shelter and services to approximately 300 individuals with a priority for People of Color, people who are 65 and older, and people with multiple disabilities and health conditions. The motels are intended to provide limited-term sheltering options for vulnerable households until the community is able to safely return to regular congregate shelter operations. As these motels close, the JOHS will work with service partners to transition as many households as possible from motels into housing, rather than back into congregate settings.

This program offer funds rent assistance and housing placement and retention services for people served across these high risk COVID-19 motels. This will include a range of housing interventions - from short-term rent assistance and services to permanent supportive housing - based on the needs of the households served. A priority is placed on offering culturally specific and peer-led services to motel-shelter residents, both during the transition and once in housing.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals placed into or retained in permanent housing	N/A	N/A	N/A	200
Outcome	Overrepresented BIPOC placed in housing at a rate as higher or higher than Non-Hispanic whites*	N/A	N/A	N/A	Yes
Outcome	Percentage of households retaining housing after 12 months	N/A	N/A	N/A	80%

Performance Measures Descriptions

*This equity measure is intended to align investments with the Metro Measure priority to reduce racial disparities within the chronic and episodically homeless populations.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$3,000,000
Total GF/non-GF	\$0	\$0	\$0	\$3,000,000
Program Total:	\$0		\$3,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,000,000
Total Revenue	\$0	\$0	\$0	\$3,000,000

Explanation of Revenues

Metro Supportive Housing Services \$3,000,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin

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

Related Programs:
Program Characteristics:
Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to significantly reducing homelessness through strategies that lead with racial equity, this program offer funds an expansion of critical shelter options, in particular alternative shelter that reaches people at the neighborhood level who are unsheltered and seek an immediate safety off the streets option. This program offer funds both the capital and operational needs of community-led sheltering options that prioritize the needs of Communities of Color, people with behavioral health needs, and underserved geographic areas of the County.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services.

This program offer funds a critical current need identified in the LIP for an expanded range of shelter options for those who are unsheltered, and who may become unsheltered as a result of COVID 19. Alternative Shelter options will be community-led, neighborhood-level shelter programs that build on the capacity of the community to develop and implement shelter. Alternative shelters that are culturally specific/meet the needs of overrepresented Communities of Color, serve people with behavioral health needs, and/or are located in underserved geographic areas of the County will be prioritized.

Funds allocated through this offer will support both the capital and operational needs of viable alternative shelter proposals that are submitted through a competitive procurement process. The total number of sites and bed capacity created will depend upon the proposals received and approved through the selection process. As many as 200 alternative shelter beds could be added to the system, depending on the program models proposed. Alternative shelters may take the form of safe parking programs, villages, or neighborhood-level congregate sites, all of which will offer short-term living options for people who are pursuing long-term housing. And while these will be alternative shelter beds, they will be part of the A Home for Everyone/Joint Office of Homeless Services commitment to ensuring that all publicly funded shelters in the system are resourced to help transition people as rapidly as possible from shelter into appropriate permanent housing options.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Complete a competitive solicitation to the community for the creation of alternative shelter options	N/A	N/A	N/A	1
Outcome	Expand the number of people served each night by alternative shelter programs	N/A	N/A	N/A	200

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$3,000,000
Total GF/non-GF	\$0	\$0	\$0	\$3,000,000
Program Total:	\$0		\$3,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,000,000
Total Revenue	\$0	\$0	\$0	\$3,000,000

Explanation of Revenues

Metro Supportive Housing Services \$3,000,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds emergency rent assistance and services for households who are newly homeless or at-risk of becoming homeless due to the impacts of COVID-19. The offer prioritizes Black, Indigenous and People of Color (BIPOC) who are already overrepresented within the homeless population and are disparately impacted by the health and economic impacts of COVID-19. The emergency rental assistance resources will be available to all County Departments whose participants face the loss of housing due to the impacts of COVID-19.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the critical need in the coming year to focus limited duration resources on heading off a potential wave of newly homeless people as a result of the economic impacts of COVID-19, especially within BIPOC communities. This program offer addresses that need.

This offer allocates Measure funds that will be available to County Departments to allocate directly or through contractors as direct emergency rental assistance, or to use as funding to leverage other sources of rental assistance that may come from the Federal government or State of Oregon. These other funding streams are typically larger, but too restrictive to allow community based organizations, including culturally specific providers, to create the capacity that they need to allocate the funds. The resources in this offer would allow the Joint Office of Homeless Services, Department of County Human Services, the Health Department and others to address these gaps and maximize the amount of outside rental assistance that the County is able to distribute through community based organizations serving BIPOC and other marginalized and hard to reach communities.

Were these resources to be used entirely as direct emergency rental assistance payments, they would assist at least 630 additional households to retain their housing. To date, more than 60% of households receiving emergency COVID-19 related rental assistance have identified as BIPOC and expect that same to be true of these funds.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of culturally specific organizations supported to distribute emergency rental assistance funds	N/A	N/A	N/A	15
Outcome	Number of households prevented from losing their housing due to COVID-19	N/A	N/A	N/A	630
Outcome	BIPOC households served at rates as high or higher than their percentage of eligible households*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This equity measure aligns with the commitment that Metro Measure funds must be used to reduce disproportionately high rates of homelessness within BIPOC communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$2,805,000
Total GF/non-GF	\$0	\$0	\$0	\$2,805,000
Program Total:	\$0		\$2,805,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,805,000
Total Revenue	\$0	\$0	\$0	\$2,805,000

Explanation of Revenues

Metro Supportive Housing Services \$2,805,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer allocates Measure funds to a proposed low-barrier employment initiative that would focus on creating limited-duration employment positions that support a range of COVID-19 recovery efforts, such as helping to improve public spaces by removing garbage, graffiti, and other discarded materials from spaces that have been impacted during the pandemic. The employment opportunities created by this initiative would be prioritized to extremely low-income and very low-income households disproportionately impacted by COVID-19 and that have either lost or are at imminent risk of losing housing.

Program Summary

The Measure passed by voters in May of 2020 generates dedicated funding to significantly reduce homelessness in Multnomah County and the region. The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the A Home for Everyone and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes that in this initial phase of Measure funding, there is a priority need to address the economic impact of COVID-19, which threatens to displace large numbers of disproportionately Black, Indigenous, and People of Color (BIPOC) households into homelessness and create additional barriers for people who are already homeless to return to housing.

This program offers one response to the economic impact of COVID-19, specifically the provision of low-barrier employment opportunities for people imminently at risk of or already experiencing homelessness. This low-barrier employment program would create limited duration jobs to help both the individuals and the community as a whole recover from the impact of COVID-19. Although further program development in partnership with community-based organizations serving the priority population will be needed, one model would employ individuals to assist with improving public spaces through carrying out regular trash pickup, graffiti abatement, removal of abandoned property, and other basic public space maintenance activities. This work could be carried out as an expansion of existing public space maintenance employment reentry programs, and/or in partnership with the network of community based organizations that offer both housing and workforce services, thereby creating access for employees to housing support services that they need.

As part of the LIP's COVID-19 response investments, this program would be designed to be of limited duration (1-3 years), unless and until a recommendation emerges through the forthcoming workforce planning processes for the Measure.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people engaged in low-barrier employment	N/A	N/A	N/A	100
Outcome	Number of people obtaining or retaining housing	N/A	N/A	N/A	75
Outcome	BIPOC will gain employment at rates as high or higher than their representation in the priority population*	N/A	N/A	N/A	Yes

Performance Measures Descriptions

*This equity measure aligns with the commitment that Metro Measure funds must be used to reduce disproportionately high rates of homelessness within BIPOC communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$3,000,000
Total GF/non-GF	\$0	\$0	\$0	\$3,000,000
Program Total:	\$0		\$3,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,000,000
Total Revenue	\$0	\$0	\$0	\$3,000,000

Explanation of Revenues

Metro Supportive Housing Services \$3,000,000

Significant Program Changes

Last Year this program was:

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 30090, 30091, 30092
Program Characteristics:

Executive Summary

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. These activities, which will continue in FY 2022, include operating physical distancing and voluntary COVID-19 isolation shelters, safety on the streets outreach, and support for contracted service providers. This program offer partially funds these activities for the second half of FY 2022, with the first half of the year being fully funded in program offers 30090 - 30092.

Program Summary

As part of its response to the COVID-19 pandemic, the JOHS took immediate steps to ensure that all congregate and semi-congregate shelters within the shelter system provided necessary physical separation, hygiene, and cleaning practices for occupancy, sleeping, eating, and access to services. Existing system capacity was preserved with the establishment of 410 rooms of non-congregate physical distancing and voluntary medical isolation motel shelter. These shelters are based on public health imperatives and ensure that people who are at highest risk of severe and fatal consequences from COVID-19 are out of congregate and semi-congregate shelter settings and remain isolated until a vaccine and/or effective treatments are widely available.

Also as part of its response to the COVID-19 pandemic, the JOHS has been staffing and stocking an outreach supply center and supporting its network of contracted service providers to ensure they have the supplies and personnel that they need to mitigate the impact of COVID-19 on their staff and the populations they serve.

This program offer partially funds a continuation of these sheltering, outreach, and provider support activities for the second half of FY 2022, while the first half of the fiscal year is fully funded in program offers 30090 - 30092.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of physical distancing and medical isolation beds provided per night*	N/A	N/A	400	400
Outcome	Number of unique individuals receiving physical distancing and isolation supports in motel settings*	N/A	N/A	3,110	1,700

Performance Measures Descriptions

*Annualized capacity partially maintained when combined with program offers 30209 and 30090.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$5,100,000
Total GF/non-GF	\$0	\$0	\$0	\$5,100,000
Program Total:	\$0		\$5,100,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$5,100,000
Total Revenue	\$0	\$0	\$0	\$5,100,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$5,100,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 30210
Program Characteristics:

Executive Summary

Lack of access to primary physical health care is one of the most significant risk factors for those living unsheltered. This program offer funds expanded street-based medical care for individuals living unsheltered and in shelter programs throughout Multnomah County. It builds on the success of an existing volunteer team of medical professionals by adding a Medical Care Coordinator who will coordinate care in the field for the most medically complex patients, support with follow-up medical case management, and conduct outreach and engagement to partner organizations.

Program Summary

This program offer funds expanded street-based medical care for individuals living unsheltered and in a variety of shelter programs in Multnomah County. The investment builds on the success of an existing all volunteer team of medical professionals by adding a Medical Care Coordinator. A pilot program was launched in FY2021 with the funding of a Street Care Coordinator (funded in FY 2022 in program offer 30210) that focuses on building relationships with individuals living unsheltered on the streets, most of whom have compounding barriers to accessing services, providing them with connection and short-term case management focused on system navigation and connection to social services. The Street Care Coordinator identified that the lack of access to medical care means immediate health needs often go unresolved and become a barrier to accessing other services.

The addition of the Medical Care Coordinator will address that critical gap, which has been further exposed during the COVID-19 pandemic, by allowing the team to provide immediate, on-site care to the most medically complex patients and then subsequent medical case management, connecting the individual with primary care and supporting the establishment of a relationship with a provider for ongoing care. The Medical Care Coordinator will also support system-wide medical program development by strengthening connections between the homeless services system and medical system. They will provide point-of-care testing for infectious diseases and then make connections to treatment, provide support for infectious disease responses, as well as participate in vaccination efforts, offer medical inreach to shelters and consultation to service providers regarding medical concerns.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of street medicine outreach sessions (two per week)	N/A	N/A	N/A	104
Outcome	Number of patients served with medical case management (two or more visits)	N/A	N/A	N/A	120
Output	Number of partner organization outreach engagements	N/A	N/A	N/A	52

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$175,000
Total GF/non-GF	\$0	\$0	\$0	\$175,000
Program Total:	\$0		\$175,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$175,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

Access

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

For those experiencing unsheltered homelessness, access to basic hygiene services is one of the most challenging needs to meet. The importance of addressing basic hygiene needs was made even more apparent during the COVID-19 pandemic because of the importance of hand washing and basic sanitation to prevent the spread of the disease. This program offer makes a one-time expanded investment in basic hygiene services for the unsheltered population, with a focus on increasing access to toilets, hand washing, and showers in areas currently most underserved with those resources.

Program Summary

Gaining access to a bathroom, a place to wash up, and a shower have long been among the most challenging aspects of living unsheltered in our community. The COVID-19 pandemic both made access to basic hygiene services for the unsheltered population more critical than ever and made finding those services even more difficult. Public buildings that offer places to go to the bathroom, wash up, and shower closed, including community centers, libraries, and office buildings. Even certain day programs specifically designed to provide hygiene access for the unsheltered population were forced to close or significantly reduce their capacity. While a number of critical steps were taken to address this need for hygiene access, including county-wide distribution of hygiene supplies, the placement of dozens of hand washing stations, and more than 100 new portable bathrooms, additional investments are needed, especially in underserved areas of the County.

This program offer will fund an expansion of basic hygiene services for people living unsheltered. The precise nature and location of those services will be determined in consultation with the City of Portland and the East County municipalities, as well as with outreach providers and A Home for Everyone's Safety Off the Streets committee. The Joint Office of Homeless Services (JOHS) expects the funding will complement and expand county-wide the City of Portland's ongoing project to offer portable restrooms and hygiene stations geographically distributed to identified areas of concentrated unmet need, as well as shower access through the use of site-based and mobile shower services. Depending on the outcome of the engagement process, funds may also be used to expand mobile or community-based laundry services. As the traditional spaces offering hygiene access to those living outside reopen, the JOHS will continue to reassess these investments and how best to improve access to hygiene services on an ongoing basis.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Hygiene access points created/expanded	N/A	N/A	N/A	25
Outcome	Uses of expanded hygiene services	N/A	N/A	N/A	10,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$750,000
Total GF/non-GF	\$0	\$0	\$0	\$750,000
Program Total:	\$0		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$750,000
Total Revenue	\$0	\$0	\$0	\$750,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$750,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Street outreach is a critical strategy to ensure people experiencing unsheltered homelessness are provided with access to basic survival supplies, receive critical information on available resources, and are assisted to navigate to those resources. Especially in the midst of the COVID-19 pandemic, having individuals who can bring services and supports to where people are is more essential than ever. This program offer funds significantly expanding culturally specific outreach services, recognizing that to be most effective, outreach services should be delivered by and for the diverse racial and ethnic communities that make up our unsheltered populations.

Program Summary

Homelessness, including unsheltered homelessness, disproportionately impacts Communities of Color. Continued systemic, institutional, and individual racism pushes higher numbers of Black, Indigenous and other People of Color (BIPOC) into homelessness and makes escaping homelessness significantly more difficult. That is why Multnomah County, like communities across the country, sees rates of homelessness for BIPOC significantly higher than rates for Non-Hispanic whites. This is seen across homeless subpopulations, including among adults, families with children, domestic violence survivors, youth, people experiencing chronic homelessness, and among people who identify as LGBTQIA+. This overrepresentation is also seen among those living unsheltered, as well as those in shelter, or living in doubled up situations.

It is because of the additional barriers faced by BIPOC that the Joint Office of Homeless Services prioritizes the provision of culturally specific and culturally responsive services within all aspects of the homeless response system. Culturally specific services provided by and for Communities of Color that are overrepresented among people experiencing homelessness are particularly critical to eliminating racial disparities and meeting the commitment to support everyone in the community to end their homelessness.

This program offer expands culturally specific services in one particularly critical area of the homeless services continuum of care, especially given the impacts of COVID-19 on the unsheltered population and Communities of Color. By investing in new culturally specific outreach capacity focused on overrepresented Communities of Color, this program offer helps ensure that members of those communities who are living unsheltered in encampments, vehicles, or other places not meant for human habitation are connected to critical resources, including survival supplies, a range of shelter and support services, and, ultimately, permanent housing. Culturally specific outreach workers are able to build trust and tailor their work to the specific needs of their communities. They can help those they serve navigate mainstream service systems and institutions that too often are not culturally responsive and overcome the additional barriers created by ongoing racism.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Culturally specific outreach workers	N/A	N/A	N/A	5
Outcome	People receiving assistance to access services	N/A	N/A	N/A	1,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$425,000
Total GF/non-GF	\$0	\$0	\$0	\$425,000
Program Total:	\$0		\$425,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$425,000
Total Revenue	\$0	\$0	\$0	\$425,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$425,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

As part of the Joint Office of Homeless Services continued response to the COVID-19 pandemic, it is working to rapidly expand non-congregate alternative shelter options for people experiencing unsheltered homelessness. This program offer funds two staff positions to lead and implement this expansion.

Program Summary

The COVID-19 pandemic has further highlighted the challenges faced by those who live unsheltered in our community. They struggle to meet their most basic hygiene and sanitation needs, as well as to have the level of stability needed to pursue the services they need to end their homelessness. Over the past five years, the Joint Office has led an unprecedented expansion of emergency shelter capacity and shelter types to help meet the needs of those who are unsheltered. With the onset of the pandemic, it further expanded the number and range of shelter options. As the crisis has continued, those who remain unsheltered have continued to request additional sheltering options, and the Joint Office has seen an unprecedented interest among a range of community organizations to help meet the demand for alternative shelter.

This program offer provides two staff positions in the Joint Office that will allow it to expand its work with community based organizations seeking to offer alternative shelter options. Each alternative shelter project will require planning, site and program development, contracting, and ongoing contract management. The Joint Office anticipates that, in many cases, the community based organizations offering to operate alternative shelters will be newer and less experienced with service provision and public contracting, meaning they will need additional technical assistance and ongoing support to be successful. This staffing capacity will allow the Joint Office to provide this enhanced level of support to the shelter operators.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Formation of alternative shelter project team by September of FY 2022	N/A	N/A	N/A	100%
Outcome	Alternative shelter projects established or in progress	N/A	N/A	N/A	5

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$300,000
Total GF/non-GF	\$0	\$0	\$0	\$300,000
Program Total:	\$0		\$300,000	
Program FTE	0.00	0.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$300,000
Total Revenue	\$0	\$0	\$0	\$300,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$300,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

Department: Joint Office of Homeless Services **Program Contact:** Marc Jolin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the homeless population and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. As an element of the emergency response, three emergency outdoor shelters were established for people experiencing homelessness. As pandemic-driven restrictions begin to lift and economic activity starts to increase, the various health and financial impacts from COVID-19 will likely still be felt by people experiencing homelessness for some time. This program offer will support the continuation of existing operations at the three emergency outdoor shelter sites as part of the broader COVID-19 homeless services recovery strategy.

Program Summary

The County and City of Portland worked quickly to expand homeless services during the COVID-19 pandemic. As part of this response, the jurisdictions created three emergency outdoor shelters to keep people experiencing homelessness safe and socially distant. The sites are each outfitted with 30+ prefabricated, insulated hard wall pallet shelters with beds, climate controls, safety features, and electricity. The sites provide residents with food, clean water, sanitation, social service navigation, mental health supports, and more.

One of the three sites was designed to specifically serve members of the LGBTQIA+ community and another for Black, Indigenous and People of Color (BIPOC). Collectively, the community named all three shelters Creating Conscious Communities with People Outside, or C3PO. This program offer provides City and County American Rescue Plan Act funds to support the continuation of existing operations at the C3PO outdoor shelter sites.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of people served by outdoor physical distancing shelter per year	N/A	N/A	N/A	200
Outcome	Overrepresented BIPOC and LGBTQIA+ supported at rate as high or higher than percent of population.	N/A	N/A	N/A	Yes

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$4,500,000
Total GF/non-GF	\$0	\$0	\$0	\$4,500,000
Program Total:	\$0		\$4,500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,500,000
Total Revenue	\$0	\$0	\$0	\$4,500,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,500,000
 American Rescue Plan (ARP) City of Portland Funding - \$3,000,000

Significant Program Changes

Last Year this program was:

This program offer provides core services supporting people in our care.

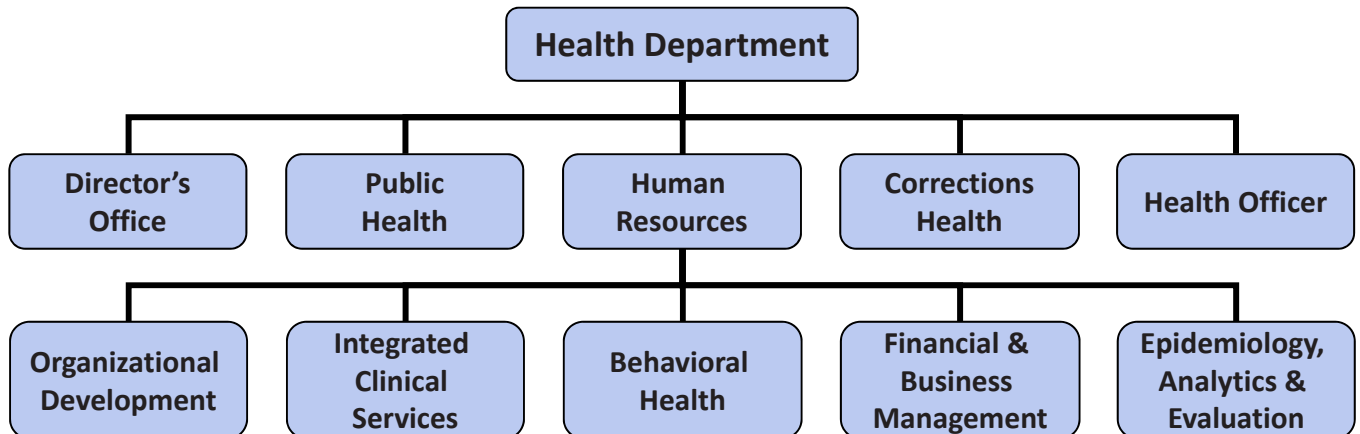
Department Overview

The Health Department’s work is anchored in our vision of “thriving communities that nurture the health and resilience of all.” Our mission affirms, “we work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.” The Health Department acknowledges that racism negatively affects the health of many who live in our county, and works to commit to accelerating our progress in addressing racial inequities. In order to best reach the diverse populations we serve, the Health Department has specialized programs and services located throughout our region.

The Health Department:

- Prevents disease outbreaks;
- Promotes healthy and safe behaviors;
- Tracks the safety of our air, ground and water,
- Monitors and treats communicable and sexually transmitted diseases;
- Provides medical and dental care for diverse and economically vulnerable populations;
- Disseminates critical health alerts and warnings during public health emergencies;
- Provides medical and behavioral health care for individuals housed in the county’s jails and the juvenile detention facility;
- Ensures the accessibility of trauma-informed behavioral health crisis services, early childhood and school-based mental health services, and suicide prevention services;
- Manages specialized behavioral health care for people experiencing serious mental illness; and
- Partners in the development of policies and standards that address existing and emerging community health challenges.

In FY 2022, the Department’s strategic priorities will center on our COVID-19 response. These priorities will shift periodically to address evolving community needs. Our current strategic goals are to: minimize the impacts and spread of COVID-19 and assure access to critical and essential services; prevent serious illness and death among our most vulnerable community members; prioritize internal infrastructure to shore up the COVID-19 response; facilitate the coordination of COVID-19 related strategies and communications within the County; and support the wellbeing and effectiveness of our workforce.



Budget Overview

The FY 2022 Health Department Adopted budget is \$419.8 million, which includes \$60.2 million in Federal, COVID-19 specific funding¹. In total, the Adopted budget increased \$53.3 million from the FY 2021 Adopted budget. General Fund expenditures make up \$174.2 million (41.5%) of the total, an increase of \$14.3 million (9.0%). \$62.0 million of the General Fund expenditures are attributable to Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method and Patient Centered Primary Care Home Program funds, an increase of \$7.8 million over the FY 2021 Adopted budget. The remainder of the Health budget, excluding the \$60.2 million COVID-19 specific funding, is \$185.5 million and is funded by Federal/State revenue, Medicaid, and fees.

The FY 2022 General Fund allocation includes \$1.2 million in new or restored funding for the following critical programs:

- Human Resources: WESP Coordinator (40039B) \$88,960
- Corrections Health Management Restructuring (40050F) \$196,246
- New Medical Examiner FTE (40052B) \$126,184
- Crisis Services Wraparound - State Backfill (40069B) \$104,687
- Community-Based MH Services for Children and Families - Culturally Specific Clients (40080B) \$160,000
- Youth Care Coordination Restoration (40081B) \$295,862
- Culturally Specific, Justice Involved Addictions Benefit Coordination (40085C) \$186,000

The allocation also includes \$661,000 for new, one-time-only funding for:

- Law Enforcement Assisted Diversion (LEAD) Transition (40085D) \$252,000
- Mapping Study - Services for Immigrant & Refugee Communities (40000C) \$100,000
- Air Quality and Wood Smoke Curtailment (40037B) \$160,000
- Demonstration Project for Neighborhood Focused Violence Coalition (40199P) \$149,000

¹ For more information about COVID-19 specific investments, please see page 5 of this section.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	Difference
	Actual	Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,407.64	1,412.22	1,412.22	1,441.88	29.66
Personnel Services	\$180,579,892	\$212,867,611	\$210,707,924	\$225,360,838	\$14,652,914
Contractual Services	65,767,384	71,000,923	77,307,155	107,939,961	30,632,806
Materials & Supplies	28,476,527	40,869,814	29,453,817	33,290,402	3,836,585
Internal Services	45,752,721	48,508,621	48,755,922	52,768,942	4,013,020
Capital Outlay	<u>344,667</u>	<u>38,390</u>	<u>300,000</u>	<u>461,928</u>	<u>161,928</u>
Total Costs	\$320,921,191	\$373,285,359	\$366,524,818	\$419,822,071	\$53,297,253

Successes and Challenges

Despite the need to pivot our strategy and service approach to meet the challenges of the COVID-19 pandemic, the Health Department achieved significant accomplishments in FY 2021. In partnership with Emergency Management, Public Health and the Health Officer built an Emergency Operations Center (EOC) with a unified command structure to facilitate a coordinated response. The approach integrated public health principles and expertise, pausing to evaluate and improve access to information and resources in a fast moving and unpredictable environment. As impacts to our Black, Indigenous, Latino, Asian, Pacific Islander and other communities of color became more glaring, the EOC shifted to integrate community specific liaisons. Public Health produced the BIPOC COVID Strategic Framework which influenced the development of parallel plans in the Black and Latino communities. Our commitment to lead with race influenced resource allocation at the state and regional levels. All of our divisions contributed their resources, often deploying entire teams to support the response. Accomplishments include:

- Integration of telehealth visits across all service areas; an approach that increased patient access and reduced the number of no-shows.
- Recruitment and onboarding of an expanded, diverse contact tracing and disease investigation workforce.
- Development of robust communications strategy with translation into over 20 languages. Our materials were featured on the Oregon Health Authority’s COVID web pages.
- Disbursement of over \$12.6 million to community based organizations and small businesses to support the economic recovery and essential needs of communities hardest hit by the pandemic.
- Rapid shift to remote learning platforms to support virtual training and technical assistance.
- Investments in facility infrastructure and Increased safety protocols and PPE usage for essential services.

Our organization could not have predicted the challenges we would face as a lead agency responding to the pandemic, in the midst of wildfires and a resurgence of violent racism. Throughout the past year, we’ve been agile, applying lessons learned and shifting our approaches to address community need. Our principal challenges included:

- Temporary closures of clinics and service areas that initially resulted in fewer visits and lost revenue.
- The volume of hardship exemptions granted to critical and essential staff. Entire service areas were impacted by a reduction in workforce capacity.
- Gaps in regulatory inspections and citations.
- Initial losses in productivity and impacts on staff morale as teams shifted to teleworking with inadequate supports and/or unrealistic remote work expectations.
- Heightened levels of stress and trauma for BIPOC staff and our client community in the aftermath of the killings of George Floyd, Breonna Taylor, and Ahmaud Arbery, and resulting protests and civil unrest.
- High levels of stress and exhaustion for teams deployed in the COVID-19 response.

COVID-19 Impacts

COVID-19 had significant impacts across the Health Department in FY 2021. The Department has and will continue to play an integral role in the County's response to COVID-19. Departmental operations, resources, and revenue all saw changes which will continue into FY 2022.

The department utilizes the [Regional COVID-19 Dashboard](#), testing data, client data, and community input to analyze racial disparities and tailor COVID-19 response to BIPOC and other vulnerable communities. The Health Department, under the guidance of Public Health and the Health Officer lead the response in collaboration with Emergency Management. They partner across the department, the County and with external stakeholders.

The department's COVID-19 response includes a number of components. Key activities are contact tracing; outbreak response; testing and vaccination in clinical, community, and corrections settings; and vaccination for County staff; crisis counseling, behavioral health services, and culturally specific isolation/quarantine supports address the needs of impacted community members. Other work includes communications and technical assistance to community partners, businesses, congregate facilities, and other stakeholders. Regional partnerships with culturally specific community based organizations, health systems, community providers, and public health authorities are central to the Department's response efforts. Departmental infrastructure such as human resources, project management, financial management and compliance, procurement, and contract management also play a critical role in shoring up the overall COVID-19 response.

The COVID-19 response has required, and will continue to require, increases in culturally and linguistically diverse staff; contracts to culturally specific community partners; personal protective gear (PPE) and other supply costs. The response has been resourced through multiple funding streams, including the CARES Act; State funding; other direct and passthrough Federal funding; and County General Fund. The department anticipates continued State and Federal resources. The State Special Session and Legislative Emergency Board and Federal Consolidated Appropriations Act have already been approved. Additional State and Federal opportunities are expected.

Operational changes outside of the COVID-19 response in FY 2021 include intermittent clinic and site closures; a shift to remote services (telehealth, virtual inspections, virtual training and technical assistance); and increased safety protocols and PPE usage for essential services delivered in-person. Also, many staff were on hardship exemption or part of COVID-19 response. These factors all impacted service capacity, resulting in fewer clients/visits and lost revenue, reduced community reach, and gaps in regulatory inspections and citations.

In FY 2022, the department anticipates continuing with a mix of remote and in-person services with the intent of ramping up in-person services as much as is safe and possible. Lessons have been learned from the shift to remote services such as our ability to reduce barriers and provide more equitable access for clients and community members. As the County navigates the ongoing impacts of COVID-19, the Department will balance multiple factors, including health equity, safety, client and community input, and our fiscal reality.

American Rescue Plan

In FY 2022, the County will invest nearly \$52 million to maintain the Health department's existing COVID-19 public health infrastructure. Investments include ongoing culturally specific vaccination and testing efforts through the Public Health Division and the Community Health Centers with a special focus on underserved communities.

Support for those needing isolation, quarantine, and wraparound services will continue into the coming year. Public Health will assure that vulnerable residents who test positive for COVID-19, or are in close contact with someone who test positive, have their basic financial and physical needs met so they can safely isolate and quarantine. Wraparound services will be implemented through partnerships with other County programs. Culturally specific community-based services will be provided in a coordinated, culturally relevant manner.

Disease surveillance and case investigation was critical in controlling the spread of COVID-19 during the last year and will continue into FY 2022. The Health Department will also continue epidemiology, case investigation, and contract tracing within a culturally and linguistically appropriate framework in order to continue the reduction of the spread of COVID-19.

To address the spike in community violence, more than \$4 million is invested in the ongoing work of violence prevention, intervention, and healing, and some new, innovative efforts. This includes a public health approach to violence reduction, which focuses on identifying root causes, leveraging community strengths, leaning on partnerships with the community and recognizing the role of systemic racism, in the communities where violence is most prevalent. These investments are allocated to programs and services designed to reduce risk factors, and support individuals, families, and neighborhoods who have been impacted by community violence as they work to build strength and resilience.

Corrections Health will continue providing essential services to screen for and manage COVID-19. The division will provide COVID-19 vaccinations to adults in custody based on public health recommendations. These services will benefit the BIPOC community because they are disproportionately involved in the justice system and disproportionately impacted by COVID-19. Beyond screening and vaccinations, activities include testing and quarantine of people in custody.

The Behavioral Health division will continue supporting the health and recovery needs of communities most impacted by COVID-19. The division will employ culturally specific, brief behavioral health counseling as well as peer support and connection to long and short term resources. Reports of increased substance abuse during the pandemic requires a multi level response, and peers can play a crucial role in building relationships and assisting individuals in recovery. New funding will increase access to behavioral telehealth or in-person services for immigrant/refugee communities who may face technology and/or language barriers.

All programs and divisions within the Health department will continue to support the public health response, provide critical core services to people in our care, and aid in crisis response and recovery

Diversity, Equity, and Inclusion

The Health Department continues to deepen our commitment to diversity, equity and inclusion. Our Office of Equity and Inclusion (OEI) partners with division leaders to seed transformational efforts that further racial justice. OEI also coordinates the implementation of our Workforce Equity Strategic Plan.

In FY 2021, OEI piloted the Equity Leadership Program (ELP). This department-wide initiative trained 30 employees typically underrepresented in leadership development programs, to conduct research and develop detailed proposals for a more thorough implementation of the WESP. Participants focused on six priority areas: position descriptions, interview panels, career pathways, mentoring, manager onboarding, and ADA accommodations.

The Equity Leadership Program set the expectation of deeper employee engagement and ownership of the WESP. The Equity Leadership Program is the first formal offering that invests in building project management and leadership skills among employees of color and other employees who are underrepresented in the Health Department.

In the coming year, OEI will engage in transformational equity work at a broader scale by partnering with the Department’s Organizational Learning team to launch a learning series that deepens employee confidence and capabilities in leading inclusively with race. This series will cover topics such as power and positionality, anti-blackness, implicit bias and microaggressions, equity lens application, and building skill to engage in conversations on racism. Cohorts for managers and supervisors will include peer coaching.

Budget by Division

Division Name	FY 2022 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$3,751,317	\$0	\$3,751,317	8.00
Financial and Business Management Services	11,823,936	0	11,823,936	56.30
Human Resources	3,726,843	0	3,726,843	20.68
Organizational Development	2,796,371	0	2,796,371	14.80
Health Officer	4,662,984	2,444,742	7,107,726	29.88
Public Health	29,770,874	34,035,468	63,806,342	278.82
ICS	61,956,881	85,048,947	147,005,828	640.67
Corrections Health	27,115,508	0	27,115,508	117.83
Behavioral Health	23,431,461	63,926,426	87,357,887	248.00
Epidemiology, Analytics and Evaluation	5,021,863	0	5,021,863	14.00
COVID-19 and American Rescue Plan	<u>149,000</u>	<u>60,159,450</u>	<u>60,308,450</u>	<u>12.90</u>
Total Health Department	\$174,207,038	\$245,615,033	\$419,822,071	1,441.88

Director's Office

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. The Director's Office works with elected leaders, stakeholders, health system partners, community members and staff to ensure that department services advance health equity and promote health and wellness for everyone in Multnomah County.

The Director's Office is responsible for ensuring that the Department meets its strategic objectives while fostering a culture that supports a diverse and qualified workforce. The Office is a primary liaison to Federal, State, County and local elected officials. The Director works with other County departments and community partners to further innovation in prevention and population-based community health services and outcomes. The Director also collaborates with a wide range of local non-profit organizations, health systems partners and local agencies to provide safety-net health care and behavioral health care services to improve public health across the region.

The Director's Office convenes the Department Leadership Team to provide strategic direction, solve shared problems, ensure organizational alignment, and assume collective responsibility for the Department's performance in service to its mission.

Significant Changes

Ebony Clarke is serving as Interim Health Department Director. Ms. Clarke brings lived experience to the Director role with an intentional commitment to building a trauma-informed organization, advancing racial equity in the organization and its services, along with a commitment to continuous quality improvement. The Director's Office team will assure continued service to our community through the COVID-19 pandemic, continued racial injustice, and diminished County tax revenue. The Director's Office will continue to center equity in policy and practice and in service to the Department's value of racial equity and its mission to reduce health disparities.

In FY 2022, the Director's Office will distribute \$2.2 million in ARP funds (Program Offer 40199N ARP Client Assistance) in direct to client assistance funds across the various programs in the Health Department. This assistance will provide low barrier, accessible flex funding for clients to meet their basic needs and to provide bridge support while they are connecting to longer term resources, services and supports. This funding will be prioritized to address the needs of the BIPOC communities most impacted by COVID-19.

Financial & Business Management

The Financial and Business Management division provides the business and finance leadership required to support the Health Department's essential programs and services. It provides the necessary financial infrastructure to effectively manage department finances, allowing the department to achieve its mission of improving health outcomes. This division's responsibilities include accounting, financial reporting, budget development and monitoring, medical account services, and contracts and purchasing for a \$360 million organization.

More than 17,000 invoices, 255,000 medical claims, 1,000 contracts and amendments, and 175 federal and state grants were paid, submitted, executed and reported on during the year.

The Financial & Business Management division serves as department liaisons to the Department of County Management (e.g. Budget Office, Central Finance). They are responsible for adhering to the County budget, financial and administrative procedures, policies and practices and for ensuring compliance with federal, state and county financial requirements.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic Plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Significant Changes

The COVID pandemic required a sharp pivot in Finance and Business Management. In collaboration with the public health division and community partners the division worked to expedite support for the communities and families most impacted by the pandemic. The division issued \$3.8 million in direct client assistance to families. 175 contracts were executed in record time, putting more than \$3.5 million in Cares Act funding in the hands of our community partners. Nearly 3,000 payments, totalling over \$5.2 million, went to support our Environmental Health license holders (e.g. restaurants, food carts) who were hard hit by COVID-19 related closures and restrictions. To safeguard the federal and state resources needed by the Department and community to respond to the pandemic the division enhanced its focus on internal controls and compliance with accounting policies, standards and requirements. Division staff and leadership worked tirelessly over the last year to support the Department and the community during this critical time.

Human Resources

The Health Department's Human Resources division is responsible for providing resources and leadership to Health Department employees in a way that fosters a supportive, compassionate, safe, trustworthy, respectful and motivating work environment for all staff. Human Resources supports a workforce of over 1,400 staff at various work sites.

Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained, while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our department's workforce core values.

The key areas that drive Human Resources operations include: recruitment and staffing, including onboarding of new staff, career counseling for staff seeking skill development and promotion, strategies for building partnerships with community organizations to foster pipelines for County employment.

Human Resources also provides the following: employee relations, which involves working with management and staff on matters related to employee satisfaction and recognition, team development, employee and supervisor performance management and coaching, and correction action and discipline, labor relations, which involves leading and managing complaint investigations, providing conflict resolution and mediation, partnering with County Labor Relations and legal teams on union contract interpretation, compliance and negotiations, and interpretation and compliance of local state federal law requirements. This work requires partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements. Other Human Resources Operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA compliance, privacy compliance, employee classification compliance, data management and employee file maintenance.

Significant Changes

FY 2021 was a challenging year. The COVID-19 pandemic required the Human Resources Recruitment Team to reprioritize general staffing needs in order to assist the County in responding to the critical strategies required to support our Public Health emergency response. Since March 2020, The Human Resources Recruitment team completed over 450 normal recruitment actions that include regular hires, limited duration assignments (LDA), transfers, on-call and temporary hiring actions in addition to completing 266 COVID-19 response hires with that number expected to grow by the end of FY 2021. In December 2020, an LDA Recruitment Manager was hired to help lead and stabilize the staffing efforts and to create more efficiency in our emergency staffing coordination. Also, two LDA recruiters were hired to assist with the increase in hiring needs.

Human Resources will be a significant contributor to the implementation and success of the Workforce Equity Strategic Plan (WESP). The WESP focus areas that Human Resources supports and contributes to are Interview Panels, Pathways, and ADA Resources. A Human Resources Analyst position was repurposed in FY 2021 to offer resources for the mentoring focus area. The FY 2022 budget includes a new 0.80 FTE Human Resources Analyst to provide more support to this effort.

Organizational Development

Organizational Development supports the Health Department's effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. Our core services include organizational assessment, change management, strategic planning, executive coaching, leadership development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change. Our clients are the divisions and programs of the Health Department. The division oversees three teams:

1. The Office of Equity and Inclusion, which is responsible for promoting a culture of safety, trust and belonging with a focus on racial justice. This team supports the Department in the implementation of the WESP.
2. Learning & Development, which provides training and organization development supports, including consultation on team building, change management, leadership development, and positive workplace culture.
3. Communications and Marketing develops internal communications strategies to promote shared understanding and organizational cohesion. The team also supports our clinical and public health efforts by disseminating timely health information to our diverse and multilingual communities.

Our current strategic priorities are:

1. Meet the benchmarks of the Workforce Equity Strategic Plan.
2. Support department managers and supervisors to deepen their awareness and skill in leading with race.
3. Invest in Black, Indigenous, Latino, Asian, Pacific Islander and other employees of color through intentional offerings that build leadership and connection.
4. Promote a learning organization, grounded in a coaching culture that fosters equity and supports employee engagement through the pandemic.
5. Support the communications needs of the COVID-19 response.

Significant Changes

When COVID-19 emerged in our community, Public Health leaders requested additional capacity to support the response. All members of the Communications and Marketing Team were fully deployed to produce educational pieces in over 20 languages and staff a robust web and social media presence. The team did not have the capacity to develop internal messaging on culture change. This body of work paused in its entirety.

Both the Learning and Development Team and the Office of Equity and Inclusion pivoted to support our new contact tracing workforce with anti-racism coaching, onboarding and training. Training shifted to remote platforms with updated and adapted curricula and incorporation of additional training modalities.

The Equity Leadership Program highlighted several opportunities to advance workforce equity. Many of these fall within the scope of Organization Development. In FY 2022, our Division is prioritizing workforce equity investments by reprioritizing resources to add 3.00 FTE for WESP oversight, Mentoring, and Manager Onboarding.

Health Officer

The Health Officer Division houses programs that provide vital 24/7/365 service for residents of Multnomah County by providing round-the-clock public health physician consultation, technical direction, and leadership to support public health response activities required by Oregon statute. Through a combination of revenue from contracts and county General Fund support, the Multnomah County Health Officer supervises three additional health officers, often serving as the physician link to health system coordination and generally supporting regional public health alignment with Clackamas and Washington Counties.

Drawing from the County General Fund, the Medical Examiner's Office (MEO) similarly operates 24/7/365 under the statute to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year, including homicides, suicides, overdose, accidents, and other suspicious deaths.

The Health Officer Division is also home to Multnomah County's Emergency Medical Services (EMS) administration, including the EMS Medical Director and the TC911 social worker case management program for high utilizers of 911 and emergency departments who are offered intensive engagement. EMS services are almost exclusively funded by franchise fees with American Medical Response, with TC911 drawing nearly all of its funding from a Health Share of Oregon grant.

The Public Health Emergency Preparedness (PHEP) program and the six-county Health Preparedness Program (HPP) are funded by separate federal grants that have steadily decreased over the last several years.

Significant Changes

The Health Officer Division General Fund programs have been at the forefront of the COVID-19 pandemic response. The Multnomah County Health Officer FTE increased from 0.90 FTE to 1.00 FTE starting in 2020 and will need to remain at this level for the foreseeable future.

The pandemic also increased costs associated with providing all medical examiner staff appropriate PPE to conduct scene investigations and meetings with families. The program's move to the new McCoy building in late 2019 shortened response times but has increased budget needs related to employee travel for daily intake at the State facility, overnight storage with their transportation company, and overall increased transportation costs. Following decades of informal working agreements with the State Medical Examiner, work is in progress to formalize a contract that accurately reflects each agency's contribution to this vital service.

The Health Preparedness Program is on track to transfer to the State of Oregon in July 2021, completing a multi-year effort to align the HPP regional staff with their statewide counterparts, all housed at the State.

The addition of a Deputy Medical Examiner will rightsize the program for a jurisdiction of our size. This will increase the number of death investigations performed each year, which will, in turn inform key areas of interest in relation to health equity: homicide, suicide, overdose, accidents and suspicious deaths.

Public Health

The Public Health Division is the local public health authority for Multnomah County. It is responsible for protecting the health of the public, including through mandated functions, and reporting to the County Board of Health (BOH). Public Health coordinates with the BOH to identify pressing public health issues, particularly in BIPOC communities, and set health policy and system changes that address them. Priority issues include racial and ethnic disparities in leading causes of preventable death, disease, illness, and injury; economic and social conditions; and COVID-19 impacts. Main work areas are:

Communicable Disease Services, which prevents the spread of reportable contagious diseases, including COVID-19, through epidemiology, investigation, harm reduction, partnerships, and clinical services.

Environmental Health, which protects the safety of residents by inspecting licensed facilities; controlling disease vectors; and addressing lead poisoning, air and climate quality, and neighborhood/transportation design.

Prevention & Health Promotion, which improves population health through partnerships; technical assistance; epidemiology and evaluation; and culturally specific policies and strategies. Initiatives are chronic disease and violence prevention; substance misuse prevention; tobacco control and prevention; adolescent health; and maternal, child and family health.

Public Health plays an integral role in the County's response to COVID-19, including coordinating with other Department Divisions, County Departments, and the BOH. Key activities are epidemiology, contact tracing, and case investigation; outbreak response, testing, and vaccination; and culturally specific supports for impacted community members. Other work includes communications and technical assistance to community partners, businesses, and congregate facilities. The response is tailored to BIPOC and other vulnerable communities. It includes cultural and linguistic staff diversity; culturally specific community partner capacity; and partnerships with regional health systems and public health authorities.

Significant Changes

Public Health and the BOH have focused on COVID-19 response, including prioritizing strategies to support BIPOC communities. In FY 2022, this focus will remain but there will be a continued shift towards assuring widespread community vaccination and testing aimed at further slowing community transmission. Other COVID-19-related impacts included a shift to remote services (telehealth, virtual inspections, virtual trainings/technical assistance) across Public Health programming. Remote services will continue in FY 2022 and cause fluctuations in the number of clients served/reached, visits, revenue, and inspection and citations. Public Health anticipates stabilization during the fiscal year as in-person services ramp up.

Non COVID-19 related changes include: the Community & Adolescent Health program receiving a new round of Federal Teen Pregnancy Prevention funding in FY 2021 while Federal Youth Violence Prevention funding will end in FY 2022. These programs restructured in FY 2021 to support the continuation of this work in FY 2022. Also, the Public Health Office of the Director is expanding epidemiology and evaluation capacity by integrating staff from other areas of the Health Department.

Integrated Clinical Services (ICS)

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care. As a Federally Qualified Health Center, the program must follow federal Health Resources & Services Administration regulatory requirements and specific governance, financial, operational, and clinical quality policies.

The Health Center Program welcomes all County persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as People of Color, and more than 40 percent are best served in a language other than English; we serve clients speaking more than 100 different languages. Nearly 20 percent of our patients have no insurance, 95 percent of our patients live below 200 percent of the federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness.

Significant Changes

As part of the national response to the COVID-19 pandemic, Federally Qualified Health Centers have been deeply involved in prevention, testing and treatment for, and outreach to populations at high risk of poor COVID-19 outcomes. ICS will continue to support the COVID-19 pandemic response in alignment with national goals and as outlined by federal grants that support health center programs. In FY 2022, the health center program expects to continue serving as a key access point for both COVID-19 testing and vaccination. This effort required the development of specific positions to support ongoing PPE monitoring, management of key infection prevention workflows, vaccine management, and communications.

As part of ongoing work, ICS opened its 7th dental clinic in Feb 2021 in St. Johns and its 9th School Health Center in Jan 2021 (both openings were delayed due to the pandemic.)

In addition to supporting the COVID-19 response, the health center will continue to provide comprehensive primary care, dental, and pharmacy services. This work includes assuring that the health center and board are able to review and act upon timely, accurate, and relevant information by expanding the business intelligence team. In addition, the health center will continue to strengthen its commitment to racial equity. Under the REDI (Racial Equity, Diversity, and Inclusion) Initiative, the health center will pilot new positions designed to address health inequities at the point of care and engage both patients and community members in defining what health equity should include in a clinical care system.

Corrections Health

Corrections Health is legally mandated to ensure access to health care and safeguard the health of those detained at Multnomah County Detention Center, Multnomah County Inverness Jail, and the Donald E. Long Home for youth. The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted.

Corrections Health staff at the adult facilities provide around-the-clock evaluation, diagnosis and treatment to over 30,000 individuals each year. Many have serious, unstable or chronic health conditions, including major behavioral health issues. At the juvenile facility, licensed nursing staff, providers and mental health consultants provide services 16 hours each day to over 2,000 youth each year. More than one third receive mental health treatment.

Because most individuals in custody return to their communities, health improvements made in detention (for example, treating communicable disease) benefit the overall health of their families and community. By stabilizing substance use and behavioral health conditions, detainees can more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process.

Significant Changes

Recruitment and hiring practices were refined to promote a workforce that more closely resembles the demographics of the population served. Further efforts will be made in FY 2022 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. Enhancement of the management structure of Corrections Health is designed to promote succession planning, increase efforts to promote diversity in our leadership team and to improve the ability to provide adequate oversight, mentorship and quality improvement.

The rising cost of pharmaceuticals and outside medical services--including specialty clinic evaluations, ambulance and emergency room visits--continues to be a challenge, particularly as Corrections Health addresses the impact of a global pandemic. Corrections Health continues to strengthen transition planning efforts before individuals in custody are released, so that those who have significant medical (including substance use disorders) or behavioral needs receive continuity of care. Such efforts improve community health and can potentially impact recidivism.

Behavioral Health

The Multnomah County Behavioral Health Division works to enhance and maintain high-quality, accessible, client-driven, culturally-responsive and trauma-informed systems of care to promote wellness and recovery for children, youth, and adults experiencing mental health or addiction challenges. Our decisions are grounded in our values of racial justice and equity, cultural humility, stewardship, transparency, integrity and courage. Our FY 2022 priorities are: responding to COVID-19; racial equity & culturally specific services; maintaining an adequate infrastructure, efficiencies & continuous quality improvement; peer services; criminal justice reform; and early intervention/prevention.

The division operates the Community Mental Health Program (CMHP) covering routine, urgent, and emergent needs, and provides oversight of state-licensed adult residential services programs, care coordination in the Choice Model program and intensive care coordination for Health Share of Oregon and Trillium members, behavioral health crisis services, including a 24/7 crisis line, involuntary commitment services, including commitment investigations, monitoring, and post-commitment services, adult protective services, and indigent services, including culturally-specific services and jail diversion. The division also provides prevention and early intervention to children, youth and young adults, including wraparound services and school-based mental health services in more than 39 schools. The division oversees the coordination of addiction prevention and treatment services for gambling and substance use, and provides addictions benefit coordination.

The division is committed to addressing gaps in the system of care for the most vulnerable, including individuals who are chronically homeless, victims of abuse, and other marginalized communities. The division prioritizes upholding a consumer-driven system and creating access to supportive housing, and will continue to work with our Office of Consumer Engagement and peer groups to make policy and programming recommendations.

Significant Changes

In response to the COVID-19 Pandemic, division services were modified to ensure client safety. Many services are now offered through a telehealth platform, with urgent services being offered in-person.

As the most populous county in Oregon, we experience the highest number of suicides in the state. Our suicide prevention work and mental health education has always exceeded capacity. The division recently secured state funding to further expand these efforts, capacity to provide culturally-specific prevention support for young people, 24 years old and younger, to help reduce suicide contagion, and connect people to community resources.

The Addictions Benefits Team is restructuring to build on its strengths of engaging community members who struggle with substance use, specifically members of BIPOC communities and those who are houseless. The division is also working on several criminal justice reform initiatives.

This budget recognizes the ongoing importance of certain services and includes an infusion of ongoing County General Fund support for for the Mental Health Crisis Assessment & Treatment Center (CATC), wrap around crisis services, adult addictions treatment, jail diversion programs, and youth care coordination. This budget also adds two new services specifically for the African American community. One is community-based services for children and families impacted by gun violence and the other will provide culturally specific addictions benefit coordination for justice involved clients.

Epidemiology, Analytics & Evaluation

The Epidemiology, Analytics, and Evaluation Division (EAE) is responsible for advancing the department's analytic and reporting infrastructures to produce the business intelligence required to assess and improve organizational performance, quality, and compliance, which informs operational decision-making regarding the Department's lines of business (i.e., organizational health to improve population health).

Data and analytic strategies guide decisions, policy and service choices, and our areas of focus. The division includes several units or teams. Community Epidemiology Services, a staff of epidemiologists and research scientists who work with direct service divisions to coordinate, collect, and analyze data regarding the magnitude of disease burden, disorder, and injury among population groups.

Strategy and Grant Development develops and submits grant applications; and supports programs in strategic planning implementation, service improvements, and grant monitoring. Policy Administration is a smaller unit that design-maps, monitors, and manages the department's administrative and compliance policies through the C360 platform, a document-driven data system. The Health Data and Reporting unit provides reporting strategies for ongoing monitoring and analytical support to the staff and programs using EPIC and other large data systems (e.g., Accela, Workday).

The aggregation and alignment of activities and services under the Epidemiology, Analytics, and Evaluation Division serves the entire department, strengthens our approach to the coordination of data collection and data access, analytics, and performance management, particularly among programs with limited capacity. The division aligns with a strategy to coherently coordinate resources in support of organizational performance to improve whole-person health.

Significant Changes

While the division was formed on paper in FY 2021, in FY 2022 the division will begin to develop an infrastructure to support performance, quality, and compliance for the Health Department. The emphasis will be on data and analytics to support and improve population and operational health. This will require developing and maintaining an analytic and reporting infrastructure to extract, transform, and load population health data and operational health data into integrated, tailored, and ongoing monitoring and reporting to support the cross-functionality of programs, operational decision-making among department leadership (e.g., performance, quality, compliance), and policy decisions among elected officials. This will require on-going collaboration and refinement of the roles and responsibilities of the division and the Public Health division. For example, the Public Health division continues to produce a multitude of data repositories and dashboards in response to COVID-19. EAE is responsible for the integration of these repositories and dashboards into the larger "data and information" picture of the public health response and supports the ongoing quality assurance and quality management demands of the data processes necessary for confident crisis reporting.

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

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000A	Health Department Director's Office	\$2,881,146	\$0	\$2,881,146	3.00
40000B	Director's Office - In/Out of Scope Services	90,000	0	90,000	0.00
40000C	Mapping Study - Services for Immigrant and Refugee Communities	100,000	0	100,000	0.00
40003	Health Department Leadership Team Support	680,171	0	680,171	5.00
Financial and Business Management Services					
40040	Financial and Business Management Services	8,014,437	0	8,014,437	33.80
40041	Medical Accounts Receivable	1,750,056	0	1,750,056	10.00
40042	Contracts & Procurement	2,059,443	0	2,059,443	12.50
Human Resources					
40039A	Human Resources	3,456,416	0	3,456,416	17.88
40039B	Human Resources Restoration	270,427	0	270,427	2.80
Organizational Development					
40046	Organizational Development	2,796,371	0	2,796,371	14.80
Health Officer					
40002	Tri-County Health Officer	532,839	949,452	1,482,291	2.15
40004	Ambulance Services (Emergency Medical Services)	2,119,468	1,196,262	3,315,730	13.80
40005	Public Health & Regional Health Systems Emergency Preparedness	11,752	299,028	310,780	1.43
40052A	Medical Examiner	1,872,741	0	1,872,741	11.50
40052B	New Medical Examiner FTE	126,184	0	126,184	1.00
Public Health					
40001	Public Health Administration and Quality Management	1,979,657	232,249	2,211,906	11.75
40006	Tobacco Prevention and Control	717,217	675,351	1,392,568	6.75
40007	Health Inspections and Education	6,006,275	28,394	6,034,669	36.50
40008	Vector-Borne Disease Prevention and Code Enforcement	1,401,816	10,000	1,411,816	8.62
40009	Vital Records	15,000	880,000	895,000	5.80
40010A	Communicable Disease Prevention and Control	2,382,552	2,386,919	4,769,471	20.95
40010B	Communicable Disease Clinical and Community Services	1,214,506	6,970,663	8,185,169	33.88

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Public Health (cont.)					
40012B	Services for Persons Living with HIV - Regional Education and Outreach	58,164	5,713,181	5,771,345	5.50
40018	Women, Infants, and Children (WIC)	2,257,011	3,684,727	5,941,738	40.40
40037	Environmental Health Community Programs	287,602	544,113	831,715	4.43
40037B	Environmental Health - Air Quality and Wood Smoke Curtailment	160,000	0	160,000	1.00
40053	Racial and Ethnic Approaches to Community Health	528,417	868,335	1,396,752	5.50
40054A	Nurse Family Partnership	791,917	1,221,454	2,013,371	6.70
40055	Home and Community Based Consulting	452,675	792,964	1,245,639	6.80
40056	Healthy Families	838,854	2,294,927	3,133,781	5.87
40058	Healthy Birth Initiative	1,396,930	1,670,460	3,067,390	15.80
40060	Community & Adolescent Health	1,881,096	1,851,228	3,732,324	16.45
40061	Harm Reduction	1,923,161	1,525,471	3,448,632	9.12
40096A	Public Health Office of the Director	3,624,284	2,506,067	6,130,351	25.20
40096B	Public Health In/Out of Scope Services	461,588	0	461,588	3.67
40097	Maternal Child Family Health Management	1,392,152	178,965	1,571,117	8.13
Integrated Clinical Services					
40012A	Services for Persons Living with HIV-Clinical Services	1,536,537	4,712,245	6,248,782	29.40
40016	Medicaid/Medicare Eligibility	993,100	1,780,051	2,773,151	20.00
40017	Dental Services	13,138,090	13,630,562	26,768,652	145.07
40019	North Portland Health Clinic	3,159,488	2,466,270	5,625,758	27.80
40020	Northeast Health Clinic	2,951,860	2,967,827	5,919,687	30.00
40022	Mid County Health Clinic	7,105,424	5,267,223	12,372,647	57.30
40023	East County Health Clinic	5,875,147	4,983,154	10,858,301	52.20
40024	Student Health Centers	3,526,738	2,754,353	6,281,091	32.27
40026	La Clinica de Buena Salud	957,677	1,568,516	2,526,193	11.80
40027	Southeast Health Clinic	1,335,328	2,624,848	3,960,176	18.50
40029	Rockwood Community Health Clinic	3,089,119	2,624,477	5,713,596	28.90
40030	Medical Director	1,330,395	229,628	1,560,023	3.50
40031	Pharmacy	0	33,950,421	33,950,421	55.33
40032	Lab and Medical Records	2,929,196	3,562,081	6,491,277	37.50
40033	Primary Care and Dental Access and Referral	2,842,200	658,626	3,500,826	27.00
40034	ICS Administration, Operations, and Quality Assurance	10,985,482	1,268,665	12,254,147	63.10
40036	Community Health Council and Civic Governance	201,100	0	201,100	1.00

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Corrections Health					
40049	Corrections Health Juvenile Detention	1,208,387	0	1,208,387	4.40
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,191,567	0	4,191,567	19.20
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,165,337	0	3,165,337	9.40
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,056,877	0	3,056,877	13.60
40050D	Corrections Health - In/Out of Scope Services	802,524	0	802,524	6.63
40050E	Corrections Health Multnomah County Detention Center (MCDC) - Restoration	645,698	0	645,698	4.00
40050F	Corrections Health Multnomah County Detention Center (MCDC) - Management Restructuring	196,246	0	196,246	1.00
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	3,912,353	0	3,912,353	20.15
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	3,134,185	0	3,134,185	7.70
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	2,210,325	0	2,210,325	8.50
40059	Corrections Health Mental Health Services	4,592,009	0	4,592,009	23.25
Behavioral Health					
40065	Behavioral Health Division Administration	964,293	1,374,958	2,339,251	11.48
40067	Medical Records for Behavioral Health Division	209,363	532,328	741,691	6.00
40068	Behavioral Health Quality Management	1,104,330	2,529,683	3,634,013	18.90
40069	Behavioral Health Crisis Services	1,569,842	10,298,162	11,868,004	22.58
40069B	Crisis Services Wraparound - State Backfill	104,687	0	104,687	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	462,221	0	462,221	0.00
40070B	Mental Health Crisis Assessment & Treatment Center (CATC) Restoration	250,295	0	250,295	0.00
40071	Behavioral Health Division Adult Protective Services	948,674	272,257	1,220,931	7.80
40072	Mental Health Commitment Services	1,562,494	2,967,953	4,530,447	24.10
40073	Peer-run Supported Employment Center	105,162	0	105,162	0.00
40074	Mental Health Residential Services	1,441,849	10,016,320	11,458,169	11.80
40075	Choice Model	0	4,765,948	4,765,948	11.90
40077	Mental Health Treatment & Medication for the Uninsured	1,347,292	0	1,347,292	0.00
40078	Early Assessment & Support Alliance	249,031	1,982,927	2,231,958	12.85

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Behavioral Health (cont.)					
40080	Community-Based MH Services for Children & Families	196,804	547,817	744,621	1.77
40080B	Community-Based MH Services for Children and Families - Culturally Specific Clients	160,000	0	160,000	1.00
40081	Multnomah County Care Coordination	1,352	9,143,483	9,144,835	43.25
40081B	Youth Care Coordination Restoration	295,862	0	295,862	2.00
40082A	School Based Mental Health Services	1,511,764	2,274,099	3,785,863	22.63
40082B	School Based Mental Health Services - In/Out of Scope Services	570,593	0	570,593	2.35
40083	Behavioral Health Prevention Services	276,057	204,205	480,262	2.80
40084	Culturally Specific Mental Health Services	1,829,433	0	1,829,433	0.00
40084B	Mobile Behavioral Health Peer & Support	225,000	0	225,000	0.00
40085A	Adult Addictions Treatment Continuum	2,192,198	10,236,182	12,428,380	11.65
40085B	Law Enforcement Assisted Diversion (LEAD)	360,000	0	360,000	0.00
40085C	Adult Addictions Treatment Continuum: Culturally Specific, Justice Involved Addictions Benefit Coord	186,000	0	186,000	1.20
40085D	Law Enforcement Assisted Diversion (LEAD) Transition	252,000	0	252,000	0.00
40086	Addiction Services Gambling Treatment & Prevention	0	917,626	917,626	1.20
40087	Addiction Services Alcohol & Drug Prevention	0	324,251	324,251	0.85
40088A	Coordinated Diversion for Justice Involved Individuals	1,034,293	2,668,479	3,702,772	13.50
40088B	Stabilization Treatment Program Expansion - Culturally Specific Clients	502,000	0	502,000	0.00
40088C	Jail Diversion/Community Court CGF Restoration	263,056	0	263,056	2.00
40089	Addictions Detoxification & Post Detoxification Housing	1,316,668	783,692	2,100,360	0.00
40089B	Addictions Detoxification & Post Detoxification Housing Restoration	218,000	0	218,000	0.00
40090	Family & Youth Addictions Treatment Continuum	111,287	750,806	862,093	0.00
40091	Family Involvement Team	0	401,527	401,527	0.00
40099	Early Childhood Mental Health Program	1,464,794	566,528	2,031,322	11.89
40099B	Preschool For All Early Childhood	0	367,195	367,195	2.00
40099C	Early Childhood Mental Health Program - In/Out of Scope Services	94,767	0	94,767	0.50
40100	Trauma Intervention Services	50,000	0	50,000	0.00
Epidemiology, Analytics and Evaluation					
40044	Health Data and Analytic Team	3,194,075	0	3,194,075	5.00
40098	Epidemiology, Analytics and Evaluation	1,827,788	0	1,827,788	9.00

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
COVID-19 and American Rescue Plan					
40199A	ARP - Public Health - Contact Tracing	0	4,913,480	4,913,480	0.00
40199B	ARP - Public Health - Community Testing, Vaccination, and Distribution	0	10,416,409	10,416,409	0.00
40199C	ARP - Public Health - Isolation and Quarantine	0	20,399,000	20,399,000	0.00
40199D	ARP - Behavioral Health - Continuing COVID Response	0	1,611,040	1,611,040	0.00
40199E	ARP - COVID-19 Response - Health Officer	0	191,301	191,301	1.00
40199F	ARP - COVID-19 Response - Corrections Health	0	470,289	470,289	3.00
40199G	ARP - COVID-19 Response - Clinical Services	0	13,000,000	13,000,000	0.00
40199I	ARP - COVID-19 Response - Support Services	0	1,359,950	1,359,950	2.00
40199J	ARP- Public Health Community Partners and Capacity Building Expansion	0	1,166,000	1,166,000	0.00
40199K	ARP- Public Health Communicable Disease Services Expansion	0	1,038,000	1,038,000	0.00
40199L	ARP - Nurse Family Partnership Restoration	0	468,595	468,595	2.60
40199M	ARP - Corrections Health Multnomah County Detention Center (MCDC) - Restoration	0	564,986	564,986	3.50
40199N	ARP - Client Assistance	0	2,225,000	2,225,000	0.00
40199O	ARP - Health Data Exchange	0	400,000	400,000	0.00
40199P	ARP - Demonstration Project for Neighborhood Focused Violence Prevention	149,000	101,000	250,000	0.80
40199Q	ARP - Gun Violence Impacted Families Behavioral Health Team	0	1,214,400	1,214,400	0.00
40199R	ARP - Culturally Specific Behavioral Health Programs	0	620,000	620,000	0.00
Total Health Department		\$174,207,038	\$245,615,033	\$419,822,071	1,441.88

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Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. The Director's Office works with elected leaders, stakeholders, health system partners, community members and staff to ensure that department services advance health equity and promote health and wellness for everyone in Multnomah County.

Program Summary

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. The Director's Office works with elected leaders, stakeholders, health system partners, community members and staff to ensure that department services advance health equity and promote health and wellness for everyone in Multnomah County.

The Director's Office is responsible for ensuring that the Department meets its strategic objectives while fostering a culture that supports a diverse and qualified workforce. The Office is a primary liaison to Federal, State, County and local elected officials. The Director works with other County departments and community partners to further innovation in prevention and population-based community health services and outcomes. The Director also collaborates with a wide range of local non-profit organizations, health systems partners and local agencies to provide safety-net health care and behavioral health care services to improve public health across the region.

The Director's Office convenes the Department Leadership Team to provide strategic direction, solve shared problems, ensure organizational alignment, and assume collective responsibility for the Department's performance in service to its mission.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of employees engaged in All Staff meetings and events.	400	450	1,250	300
Outcome	Annual Federal and State resources \$ leveraged for strategic investments (expressed in millions).	\$225 mil	\$238 mil	\$215 mil	\$180 mil

Performance Measures Descriptions

Performance Measure 1: Employee engagement through calculating number of employees in attendance of all staff activities through sign-in sheets. Organizational Development will be implementing a new strategy, causing a change in next year's offer number. Output measure description has been altered to reflect what data is being tracked. The Current Year Estimate is higher since All Staff meetings were held virtually in FY 2021. Performance Measure 2: This estimated amount does not COVID response funding which is why there is a difference between the budgeted amount.

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 the 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 the law.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$781,318	\$0	\$702,249	\$0
Contractual Services	\$0	\$0	\$2,068,162	\$0
Materials & Supplies	\$45,258	\$0	\$45,409	\$0
Internal Services	\$76,257	\$0	\$65,326	\$0
Total GF/non-GF	\$902,833	\$0	\$2,881,146	\$0
Program Total:	\$902,833		\$2,881,146	
Program FTE	3.90	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 2021: 40000 Health Department Director's Office

The Director's Office has new leadership. Ebony Clarke is serving as Interim Health Department Director. Ebony directed behavioral health services at Multnomah County since 2018, and has served at the County for more than a decade. Ebony brings lived experience to the Director role, and brings intentional commitment to building a trauma-informed organization, advancing racial equity in the organization and its services, and continuous quality improvement.

For FY 2022 \$2,068,162 in ICS specific funding is budgeted in the Health department's Director's Office. These funds are set aside in this program offer while the County evaluates certain ICS specific financial requirements regarding the General Fund. The department will continue to monitor this division's financial needs and make these funds available to support the important work of ICS.

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

In FY 2021, ICS received technical assistance from HRSA regarding financial and governance requirements related to FQHCs. This included clarification of how FQHC funds could be applied to services of the health center and staff roles which also supported non-health center svcs in Corrections Health and Public Health Programs. After review, HRSA clarified that funds from the FQHC cannot be spent on these out-of-scope programs or for staff who support out-of-scope activities. In response, MC removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services to support out of scope activities. MC will use the County General Fund to support these services in FY 2022 and going forward. The Coalition of Community Health Centers is part of these services.

Program Summary

The Coalition of Community Health Centers provides advocacy, coordination, and outreach on behalf of safety net clinics. The Coalition works to foster collaboration among its 17 members to improve access to healthcare for medically underserved populations. Multnomah County provides funding to support the Coalition's infrastructure and to support goals centered on advancing health equity.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Quantifiable metrics are developed to measure the reduction of health disparities	N/A	N/A	N/A	3
Outcome	Increase services to high priority patient populations, including BIPOC and low income	N/A	N/A	N/A	10%
Outcome	Increase access to health insurance to high priority patient populations, including BIPOC and low income	N/A	N/A	N/A	10%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Materials & Supplies	\$0	\$0	\$90,000	\$0
Total GF/non-GF	\$0	\$0	\$90,000	\$0
Program Total:	\$0		\$90,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This project will map, illustrate and make recommendations to strengthen County services to immigrant and refugee communities. This will include focus groups and a final report with actionable recommendations. This work will be done in partnership with Health Department, Commissioner Susheela Jayapal's Office, Chair Deborah Kafoury's Office, the Office of Diversity and Equity, the Department of County Human Services, and local subject matter experts and community members.

Program Summary

Multnomah County provides and funds a range of services to immigrant and refugee communities. COVID has exposed systemic barriers faced by these communities in obtaining access to services. While individual departments engage in regular outreach and communication, there is a need for a more centralized structure and support for ensuring access to services; identifying service gaps; coordinating services across departments; efficient and effective channels of communication; and community input into policies and practices that impact immigrant and refugee communities.

The goal of this Program Offer is to produce recommendations to ensure equitable and effective County services for immigrant and refugee communities. The assessment should identify the current services available to immigrants and refugees through the County and make recommendations for structures that would improve connection and engagement with immigrant and refugee communities.

The recommendations will also support the work of the Health Department's Immigrant and Refugee Systems Strategist, who is responsible for leading and facilitating connections between community and clinical sectors to improve the health of the immigrant and refugee community.

The Health Department Director's Office will develop and monitor the contract, in partnership with Commissioner Jayapal's Office, the Chair's Office, the Health Department, the Office of Diversity and Equity, and the Department of County Human Services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Final report mapping existing svcs for I/R and provides recomm on how best to structure County support for I/R.	N/A	N/A	N/A	100%
Outcome	Percent of contract development and management deadlines that are met timely.	N/A	N/A	N/A	100%
Output	Improved clarity in how to build capacity and better partner with I/R community.	N/A	N/A	N/A	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
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: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40096
Program Characteristics:

Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership for the Public Health Division (PHD). As the local public health authority, Public Health works to promote and protect health, and prevent disease for all residents within Multnomah County. PHA-QM sets Public Health's strategic direction and supports programs in achieving operational and fiscal accountability.

Program Summary

PHA-QM provides administrative support and project management, to ensure that the PHD fully performs its foundational role and achieves legal requirements 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, diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, prevention initiatives, public education and communications, community partnerships, planning, capacity building, and research, evaluation, and assessment. The primary goal of PHA-QM is to provide support to PHD programs so they can reduce health disparities experienced by BIPOC communities. PHA-QM program areas include:

Administration - This program area provides core administrative functions for the PHD to support division-wide infrastructure. 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.

Project Management - This program area supports quality assurance and improvement; performance measurement; information management; 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.

Racial Equity - PHA-QM works closely with the Public Health Office of the Director and all PHD programs to use community and program level data to analyze racial disparities; engage culturally specific groups to reach BIPOC communities; and include BIPOC communities in the design of programs, assessments, planning, interventions, and direct services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of quality and strategy projects identified	N/A	N/A	N/A	6
Outcome	% of identified projects successfully completed	90%	90%	90%	90%

Performance Measures Descriptions

Projects include both COVID-19-related and non-COVID-19-related projects.

Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,455,825	\$139,723	\$1,652,713	\$199,687
Contractual Services	\$18,842	\$0	\$25,000	\$0
Materials & Supplies	\$62,135	\$18,027	\$89,217	\$1,734
Internal Services	\$272,863	\$24,831	\$212,727	\$30,828
Total GF/non-GF	\$1,809,665	\$182,581	\$1,979,657	\$232,249
Program Total:	\$1,992,246		\$2,211,906	
Program FTE	9.80	1.00	10.50	1.25

Program Revenues				
Intergovernmental	\$0	\$182,581	\$0	\$232,249
Total Revenue	\$0	\$182,581	\$0	\$232,249

Explanation of Revenues

This program generates \$21,577 in indirect 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.

\$171,745 - Overdose Prevention-Counties

\$60,504 - Public Health Modernization Local

Significant Program Changes

Last Year this program was: FY 2021: 40001 Public Health Administration and Quality Management

Significant Changes - For FY22, there were increases in State Public Health Modernization funding (\$2,923) and State Overdose Prevention funding (\$46,745). A total of 0.05 FTE was added from this increase.

COVID-19-Related Impacts - During FY21, PHA-QM shifted to a focus on COVID-19-related quality and strategy projects. In FY22, this COVID-19 focus will continue but be more balanced with non-COVID-19-related projects.

Department: Health Department **Program Contact:** Jennifer Vines
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40199E
Program Characteristics:

Executive Summary

The Multnomah County Health Officer serves as the lead Health Officer for the three-county metro region, providing overall physician supervision and alignment to three other full-time health officers, one in each county. In addition to being one of the few regional public health staff, the Health Officer oversees the entirety of the County's Emergency Medical Services Program, the Public Health Emergency Preparedness Program, and routinely serves as the primary physician ambassador to regional health systems and Coordinated Care Organizations particularly in relation to emerging health threats that require a coordinated response.

Program Summary

The Washington County contract funds their full-time health officer and a small portion of FTE for the Multnomah County Health Officer to cover supervisory and regional duties.

Clackamas County similarly funds a small portion of FTE for the Multnomah County Health Officer.

Until the COVID-19 pandemic, total health officer FTE in Multnomah County had not changed in decades despite a growing population and increasing complexity of public health events, including but not limited to: Ebola, Zika, measles, opiate overdose, and increasing HIV, syphilis, and Shigella among unhoused.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$383,763	\$476,325	\$399,400	\$606,137
Contractual Services	\$0	\$0	\$17,983	\$250,289
Materials & Supplies	\$8,109	\$208,539	\$7,526	\$12,288
Internal Services	\$42,645	\$75,337	\$107,930	\$80,738
Total GF/non-GF	\$434,517	\$760,201	\$532,839	\$949,452
Program Total:	\$1,194,718		\$1,482,291	
Program FTE	1.00	1.94	0.99	1.16

Program Revenues				
Intergovernmental	\$0	\$760,201	\$0	\$949,452
Total Revenue	\$0	\$760,201	\$0	\$949,452

Explanation of Revenues

This program generates \$80,738 in indirect 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

\$ 438,069 - Clackamas and Washington counties

\$ 511,383 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2021: 40002 Tri-County Health Officer

COVID-19: The Multnomah County Health Officer FTE increased from 0.9 FTE to 1.0 FTE starting in 2020 and will need to remain at this level for the foreseeable future.

Project manager request (see #40199E): Despite the complexity and rapidly changing priorities for the Health Officers, they have not had dedicated project manager support in several years. This position would be tasked with ongoing vaccination coordination and community engagement. More specifically, this position is necessary to track severe weather shelter needs, voluntary isolation motel workflows, and coordination of licensed volunteers for ongoing county efforts.

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

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of projects completed on time with an error rate not to exceed 3%.	93%	93%	93%	93%
Outcome	Number of staff engagement activities planned and executed	N/A	N/A	5	10
Quality	Number of audit findings in County's annual financial audit.	1 finding	No findings	No findings	No findings

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$582,135	\$0	\$524,239	\$0
Contractual Services	\$0	\$0	\$32,714	\$0
Materials & Supplies	\$28,971	\$0	\$11,809	\$0
Internal Services	\$134,963	\$0	\$111,409	\$0
Total GF/non-GF	\$746,069	\$0	\$680,171	\$0
Program Total:	\$746,069		\$680,171	
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 2021: 40003 Health Department Leadership Team Support

The Facilities Liaison team of two successfully responded to the ever-changing facilities and operations needs that arose as the department transitioned to COVID-19 guidelines for worksites. Key operational and facilities functions and processes were quickly adapted to continue key tasks or were successfully closed. The team's flexibility made it easy for the team to respond to urgent gaps in operation processes that arose and allowed them to step in to fill key operational tasks that required an on-site presence.

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

Executive Summary

Multnomah County Emergency Medical Services (MCEMS) MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the county Ambulance Service Plan, county health code (MCC 21.400), and Oregon Administrative Rules, including a franchised ambulance (AMB) contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides care, and transports patients to the appropriate facility.

Program Summary

MCEMS regulates all ambulance business in accordance with State and local law including licensing and inspection of ambulances, monitoring of ambulance contractor operations, supervising medical care, levying fines for substandard performance, or violation of county code or administrative rules. MCEMS provides medical supervision, oversight, and guidance to 9-1-1 dispatchers, fire and AMB emergency medical personnel, and non-911 ambulance providers. This includes setting medical protocols and standards of emergency, pre-hospital care, as well as the provision of real-time medical guidance to first responders through a subcontract with OHSU Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of 911 medical first response and dispatch personnel for the county. The City of Portland's Bureau of Emergency Communications (a.k.a. 911 Dispatch Center) dispatches emergency personnel. Fire departments of Portland, Gresham, Portland Intl. Airport and volunteer fire districts throughout the County provide medical first response to all 911 calls, accounting for more than 100,000 calls annually. American Medical Response (AMR) provides 911 ambulance service through an exclusive, franchise fee-based contract with Multnomah County. MCEMS assures that 911 medical dispatch protocols are consistent with care provided by EMS providers across multiple agencies; maintains county contracts for first response services and responds to concerns from the public regarding EMS care; monitors and enforces ambulance response and performance; coordinates and supervises annual joint training to assure fire and ambulance paramedics interpret and use medical protocols consistently across agencies; establishes quality standards and metrics for the provision of EMS and uses continuous quality improvement processes to monitor and improve system quality; and coordinates major event planning, medical equipment specifications, liaison and communication with local hospitals, as well as EMS disaster planning. MCEMS manages the Tri-County 911 Service Coordination Program (TC911), a community-based intervention serving more than 500 frequent users of EMS systems across Clackamas, Washington, and Multnomah Counties. Seven licensed clinical social workers provide short-term intensive case management and care coordination to link people to primary care, mental health, drug and alcohol treatment and support, housing, and long term care services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Ambulance response for urgent, life threatening calls in the Urban zones is < or equal to 8 min. 90% of the time.	90%	90%	90%	90%
Outcome	Ambulance response in urgent, life threatening calls in Rural areas is < or equal to 20 minutes, 90% of the time.	90%	90%	90%	90%
Output	TC911 serves highest users of EMS system through care coordination. case management. and referral linkages.	530	500	500	500

Performance Measures Descriptions

The exclusive ambulance service contractor has response time standards, by geographic zones, for 911 dispatched medical calls. Life-threatening calls in Urban zones shall receive a response within 8 minutes. Rural areas shall receive a response within 20 minutes. Response times will be met or exceeded 90% of the time. The EMS social workers and TC911 Program are predominately funded by the Medicaid Coordinated Care Organization, Health Share of Oregon, to serve their highest cost. highest ED utilizing members with intensive. multi-system care coordination.

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 Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the exclusive ambulance franchise agreement with American Medical Response, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,307,770	\$915,050	\$1,372,842	\$935,413
Contractual Services	\$504,538	\$35,709	\$496,637	\$21,389
Materials & Supplies	\$144,895	\$10,105	\$65,046	\$9,526
Internal Services	\$148,517	\$223,706	\$184,943	\$229,934
Total GF/non-GF	\$2,105,720	\$1,184,570	\$2,119,468	\$1,196,262
Program Total:	\$3,290,290		\$3,315,730	
Program FTE	7.21	6.80	7.20	6.60

Program Revenues				
Fees, Permits & Charges	\$1,938,874	\$0	\$1,927,274	\$0
Intergovernmental	\$72,194	\$0	\$72,194	\$0
Other / Miscellaneous	\$0	\$1,184,570	\$0	\$1,196,262
Total Revenue	\$2,011,068	\$1,184,570	\$1,999,468	\$1,196,262

Explanation of Revenues

This program generates \$124,597 in indirect revenues.

Lic. fees, the ambulance franchise fee, and contracts pay MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The services' revenues equal the County's expense in providing the service. If expenses increase, the County's exclusive ambulance contractor covers the diff. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern MC to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response.

Significant Program Changes

Last Year this program was: FY 2021: 40004 Ambulance Services (Emergency Medical Services)

Department: Health Department **Program Contact:** Aaron Monnig
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. The Health Department Public Health Preparedness (HDPHP) program assures that we can carry out the County’s unique public health responsibilities in an emergency and contributes to this.

Program Summary

Responding to emergencies with severe health impacts equitably (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. 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).

This program is funded through two grants that help the County meet Public Health modernization goals of public health emergency preparedness and response. The program staff work collaboratively across the region and with the State to ensure effective, equitable, and coordinated public health preparedness and response .

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Ensure proper PH leadership and prog. representation in emerg. activation and exercise over the year.	100%	100%	100%	100%
Outcome					

Performance Measures Descriptions

Legal / Contractual Obligation

ORS 431 and 433 empower the County and Health Department to plan, coordinate, and operationally lead in matters related to preserving the life and health of the people within 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 this includes two grants the Public Health Emergency Preparedness Grant and the Cities Readiness Initiative Grant. Both sources of federal funds are dedicated to public health emergency preparedness, and cannot supplant other funding or be used to build general emergency preparedness or public health capacities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$238,971	\$0	\$252,190
Materials & Supplies	\$3	\$7,974	\$0	\$13,212
Internal Services	\$67,316	\$52,083	\$11,752	\$33,626
Total GF/non-GF	\$67,319	\$299,028	\$11,752	\$299,028
Program Total:	\$366,347		\$310,780	
Program FTE	0.00	1.35	0.00	1.43

Program Revenues				
Intergovernmental	\$0	\$299,028	\$0	\$299,028
Total Revenue	\$0	\$299,028	\$0	\$299,028

Explanation of Revenues

This program generates \$33,591 in indirect revenues.

State Public Health Emergency Preparedness is supported by the Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with the Oregon Department of Human Services.

\$ 259,027 - State Public Health Emergency Preparedness

\$ 40,001 - Cities Readiness Initiative

Significant Program Changes

Last Year this program was: FY 2021: 40005 Public Health & Regional Health Systems Emergency Preparedness

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053, 40060
Program Characteristics:

Executive Summary

Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined in Multnomah County, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status. The Tobacco Control and Prevention Program uses a variety of policy, systems, and environmental change strategies to prevent and reduce tobacco and nicotine use and exposure, and associated chronic disease, with particular attention to reducing tobacco-related racial and ethnic disparities.

Program Summary

Tobacco Control and Prevention Program works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County, with particular attention to reducing tobacco-related racial and ethnic disparities. Short-term goals include preventing new and continued use of tobacco products specifically targeted to youth, American Indians/Alaska Natives, African Americans, and LGTBQ communities. The program does this through policy interventions such as restricting the sale of flavored tobacco and nicotine products, including menthol. Program components include: strategies to reduce youth access to, and use of, tobacco and nicotine products; counter-marketing; support and resources for smokers who want to quit; engagement of diverse communities to reduce tobacco-related disparities; surveillance and evaluation; promotion of smoke-free environments; and policy/regulation, including tobacco retail licensing. Tobacco retail licensing includes several activities, including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, surveillance and monitoring, trainings, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, tobacco retailers give feedback on the regulatory processes that impact their businesses, and the licensing system is evaluated for any disproportionate enforcement burden. Originally, the licensing system was developed with a diverse rules advisory committee as well as findings from the health equity impact assessment.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of tobacco retail licenses issued	800	800	768	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	2
Output	Number of retailer inspections	1,157	1,808	600	1,000
Output	Number of community partnerships	47	54	30	45

Performance Measures Descriptions

- 1) Number of tobacco retail licenses issued under the county ordinance.
- 2) Number of policies is a measure of concrete changes resulting from program's work and partnerships.
- 3) Retailers inspected on-site and virtually (includes annual compliance inspection, minimum legal sales age inspections, suspension inspections, education, and outreach as needed).
- 4) Number of partnerships measures program reach among communities, especially those experiencing disparities.

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 Code § 21.561, § 21.563

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$506,614	\$368,771	\$520,378	\$367,379
Contractual Services	\$21,000	\$150,474	\$15,000	\$173,000
Materials & Supplies	\$17,320	\$50,327	\$36,608	\$36,825
Internal Services	\$104,430	\$104,712	\$145,231	\$98,147
Total GF/non-GF	\$649,364	\$674,284	\$717,217	\$675,351
Program Total:	\$1,323,648		\$1,392,568	
Program FTE	3.95	2.90	3.95	2.80

Program Revenues				
Fees, Permits & Charges	\$613,763	\$0	\$629,241	\$0
Intergovernmental	\$0	\$494,284	\$0	\$495,351
Other / Miscellaneous	\$0	\$180,000	\$0	\$180,000
Total Revenue	\$613,763	\$674,284	\$629,241	\$675,351

Explanation of Revenues

This program generates \$48,935 in indirect revenues.

\$ 495,351 - OHA, Oregon Public Health Division Tobacco Prevention and Education grant

\$ 180,000 - HSO County Based Services - TPEP

Significant Program Changes

Last Year this program was: FY 2021: 40006 Tobacco Prevention and Control

COVID-19-Related Impacts: In-person inspections and community engagement were stopped in March 2020 due to risk of exposure for staff, tobacco retailers, and community members. Some program staff were reassigned to COVID-19 response. The program office was also closed to the public. Key operational changes include Tobacco Retail License holders no longer being able to conduct in-person business with program; Tobacco Retail License trainings being virtual; and conducting outreach calls to provide business-related COVID-19 resources and virtual inspections instead of in-person inspections of retail establishments. These changes resulted in fewer inspections during FY21. In FY22, inspections are expected to increase, with some ramp-up of in person services.

Department: Health Department **Program Contact:** Andrea Hamberg
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40008, 40010A
Program Characteristics:

Executive Summary

Health Inspections and Education (HIE) is a legally mandated, fee-supported program that protects the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program goal is to ensure the safety of inspected facilities. For example, HIE ensures food at restaurants/food carts is safe to eat, pools and spas are safe to swim in, hotels/motels are free of hazards, and child care facilities are safe environments. HIE also responds to disease outbreaks that occur in these settings. In 2020, the program became the first in the nation to license and inspect food cart pods. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County health standards with national standards.

Program Summary

HIE protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving workplace safety, and reducing unintentional injuries. HIE achieves these goals through the following functions:

Facility Inspection – Facilities include 4,742 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 492 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 41 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

Foodborne Illness Outbreak Response - Registered Environmental Health Specialists investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 7 foodborne illness and 1 vibrio investigation in restaurants in the previous calendar year.

Food Handler Training and Certification – HIE provides online and in-person training about safe food preparation in seven languages to food workers at all literacy levels to support health equity and entry into the workforce.

HIE promotes racial equity by analyzing survey and inspection data to ensure businesses owned by persons of color, immigrants/refugees, and other marginalized populations are not penalized due to cultural, linguistic, or other systemic barriers to accessing, understanding, and following mandated health and safety standards. A Culturally Specific Food Safety Outreach Workgroup ensures intervention strategies are tailored to address these needs. The Food Service Advisory Board, which consists of local food service industry representatives, county regulatory officials, consumers, educators, and dietitians, meets throughout the year to discuss program changes.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of licenses issued	6,622	7,958	6,172	6,313
Outcome	Number of Priority & Priority Foundation violations	8,558	12,260	2,701	6,130
Output	Number of facility inspections	10,335	15,591	7,721	12,699
Output	Number of Food Worker Cards issued	9,137	11,568	6,496	10,832

Performance Measures Descriptions

1) New food cart pod licensing included in FY21 Offer. Measure excludes facilities inspected but not licensed. 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer and requiring immediate correction. Note: Violations could not be cited if a virtual inspection was performed. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Number of people who completed certification in the given year.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$4,518,786	\$24,349	\$4,698,815	\$23,858
Contractual Services	\$423,410	\$0	\$423,410	\$0
Materials & Supplies	\$194,979	\$1,196	\$147,726	\$1,358
Internal Services	\$736,329	\$2,849	\$736,324	\$3,178
Total GF/non-GF	\$5,873,504	\$28,394	\$6,006,275	\$28,394
Program Total:	\$5,901,898		\$6,034,669	
Program FTE	36.41	0.19	36.32	0.18

Program Revenues				
Fees, Permits & Charges	\$5,886,122	\$0	\$2,604,962	\$0
Intergovernmental	\$0	\$28,394	\$0	\$28,394
Total Revenue	\$5,886,122	\$28,394	\$2,604,962	\$28,394

Explanation of Revenues

This program generates \$3,178 in indirect revenues.

Multnomah County Environmental Health receives \$28,394 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.

\$ 2,604,962 - Health inspection and education licenses general fund fees. COVID-19 economic impact negatively impacted the revenue forecast for this program.

\$ 28,394 - State Safe Drinking Water fund

Significant Program Changes

Last Year this program was: FY 2021: 40007 Health Inspections and Education

COVID-19-Related Impacts - In FY21, the HIE office was closed to the public, meaning services were provided by mail, fax, email, or phone. Field staff were also directed to telework with limited (staggered) numbers going into the office. Operational changes include the majority of facility inspections being conducted virtually, which resulted in a large drop in violations since the State does not allow cited violations through virtual inspections. Additionally, technical assistance opportunities were hindered due to the telework environment. HIE inspectors were also reassigned into COVID-19 response. HIE provided financial support to local restaurant operators through a CARES Act funded grant program. In FY22, HIE expects to be able to increase in-person inspections, which will increase the number of violations.

Department: Health Department **Program Contact:** Andrea Hamberg
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40007, 40010A, 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, predominantly by conducting mosquito and rodent control, and enforcing nuisance codes. 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, and this program addresses this increased risk by anticipating and responding to observed changes.

Program Summary

Vector control and code enforcement are core public health services that protect the public from diseases carried by and transmitted via contact with animals, using World Health Organization and Center for Disease Control best practices. Main activities include collecting and identifying mosquitoes, birds, and rats; monitoring and responding to emerging vector-borne disease; performing laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size; and educating the public, with a focus on vulnerable populations, about preventing vectors and their habitat through community meetings, pamphlets, and media. Main functions include:

Mosquito Control – abating and suppressing mosquitoes that carry West Nile Virus with pesticides with the least impact, and reducing the mosquito breeding habitat through water control and vegetation management.

Rodent Control – serving as the primary provider of rodent control in the county.

Nuisance Code Enforcement - addressing public health code violations, including restaurant enforcement and dumping.

This program uses a variety of population demographic and building/infrastructure/environment indicators, such as racial residential distribution, population age, age of home, or sewer construction dates, to identify areas in our community most affected by vector issues and subpopulations disproportionately impacted by them. We partner with other County programs, including REACH, Aging and Disability, and Gatekeepers to address the disproportionate impact experienced by racial and other demographic subpopulations through referral, prevention and educational outreach materials, and events such as annual Fix-it-Fairs. The program uses best management practices, sound science, a 360 feedback process, a community advisory committee, and other methods for community engagement, inclusion, and feedback.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of acres treated for mosquitoes	2,056	870	1,800	2,000
Outcome	Number of acres treated for mosquitoes per FTE	514	218	500	450
Output	Number of rodent inspections conducted	1,059	580	950	1,000
Quality	Number of service referrals that improve vector abatement	N/A	N/A	N/A	12

Performance Measures Descriptions

1) Subject to variance in weather patterns, seasonal flooding, and presence/absence of disease. 2) Total acreage treated per FTE. Reported years all reflect 4 FTE. 3) On-site inspections stemming from rodent complaints received. 4) Vector control inspector refers client to other resources that have a positive impact on reducing inequities. Partnerships include Aging and Disability, Gatekeepers, and REACH to support BIPOC and underserved populations with vector issues.

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, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,013,192	\$0	\$1,093,921	\$10,000
Contractual Services	\$27,537	\$0	\$19,583	\$0
Materials & Supplies	\$49,390	\$0	\$24,146	\$0
Internal Services	\$246,698	\$0	\$264,166	\$0
Total GF/non-GF	\$1,336,817	\$0	\$1,401,816	\$10,000
Program Total:	\$1,336,817		\$1,411,816	
Program FTE	8.12	0.00	8.56	0.06

Program Revenues				
Intergovernmental	\$10,000	\$0	\$0	\$10,000
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$272,612	\$0	\$272,612	\$0
Total Revenue	\$283,612	\$0	\$273,612	\$10,000

Explanation of Revenues

- \$ 266,112 - The City of Portland, Bureau of Environmental Services
- \$ 10,000 - State of Oregon, West Nile Virus
- \$ 5,000 - Oregon Zoo
- \$ 1,500 - Maywood Park
- \$ 1,000 - Penalty Enforcement

Significant Program Changes

Last Year this program was: FY 2021: 40008A Vector-Borne Disease Prevention and Code Enforcement

Significant Changes: There is no service level capacity change from FY21 to FY22 as the FY21 A and B offers are collapsed into a single FY22 offer.

COVID-19-Related Impacts: In FY21, a portion of Vector staff were reassigned to COVID-19 response for periods of time but services continued. To keep providing services during COVID-19, Vector implemented social distancing during inspections, teleworking, reporting directly to field for field workers, and staggering work schedules. The program saw an increase in rat inspections due to more people working from home and noticing local rat issues and creating more rat harborage (trash, etc.). Finally, all community outreach events such as Fix it Fairs, OMSI, Portland Community gardens, local neighborhood meetings, etc., which significantly reduced the program's ability to proactively teach and engage the community in vector prevention. In FY22, Vector anticipates facing some similar challenges but still maintaining services.

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

Executive Summary

The Vital Records program is a legislatively mandated, fee-supported program that issues birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The program's goal is to accurately report birth and death certificates in Multnomah County in order to provide accurate data that is used to inform public health prevention and intervention activities. This goal supports achievement of positive health outcomes and equitable opportunities for health to all Multnomah County residents.

Program Summary

The Vital Records issues birth and death certificates within the first six months after a birth or death, and within 24-hours of receipt of a request for certificate. The program assures accurate, timely, and confidential registration of birth and death events, minimizing the opportunity for identity theft, and assuring accurate record of important data such as cause of death and identification of birth parents. Death certificates can be issued to family members, legal representatives, governmental agencies, or to a person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, siblings, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

The Vital Records program provides reliable information for data analysis to inform public health decision-making, including the identification of racial health disparities and informing responsive public health interventions. For example, during the COVID-19 pandemic, marginalized communities of color were severely impacted by the virus, and information provided on death certificates helped identify racial disparities in COVID fatalities.

The program engages local funeral homes, family members, and legal representatives to maximize accuracy of reported information. The program is constantly evolving to better meet community needs by soliciting regular feedback from its clients. For example, the program is in the process of launching an online platform that can be conveniently accessed by the public.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of birth and death certificates issued	34,396	35,200	37,000	35,200
Outcome	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$591,588	\$0	\$605,015
Contractual Services	\$0	\$15,200	\$0	\$17,355
Materials & Supplies	\$14,345	\$8,286	\$15,000	\$32,507
Internal Services	\$0	\$278,994	\$0	\$225,123
Total GF/non-GF	\$14,345	\$894,068	\$15,000	\$880,000
Program Total:	\$908,413		\$895,000	
Program FTE	0.00	5.50	0.00	5.80

Program Revenues				
Fees, Permits & Charges	\$0	\$894,068	\$0	\$880,000
Total Revenue	\$0	\$894,068	\$0	\$880,000

Explanation of Revenues

This program generates \$80,588 in indirect revenues.

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.

\$ 880,000 - Vital Stats Certs (Licenses)

\$ 15,000 - Vital State Certs (Licenses) general fund fees

Significant Program Changes

Last Year this program was: FY 2021: 40009 Vital Records

COVID-19-Related Impacts - In FY21, the Vital Records office closed to the public and services were provided by mail, fax, email, or phone. Service levels did not decline as a result.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B, 40007, 40008
Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) is a foundational public health program that protects community health by upholding the State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CDS is a trusted community resource and responds 24/7 to events of public health importance, such as the COVID-19 pandemic.

Program Summary

CDS protects the people of Multnomah County from preventable infectious diseases serving core public health functions. These include epidemiologic investigation; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging infectious diseases; public health disease tracking and analysis to monitor communicable disease threats; tuberculosis case management; and support for immunization law requirements. CDS also works with government and community partners to build capacity, including the need for increased provider support and case investigation, and provide technical assistance.

Staff conduct investigations to seek out people who have been exposed to serious diseases in order to get them the information and care they need to stay healthy. CDS works to prevent disease by providing health education in communities. For people who already have communicable disease, the program assures access to medicine, care, and education intended to prevent the spread of illness. For healthcare providers, the program assures availability of appropriate diagnostic testing by linking providers to state and national laboratories. CDS is also at 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. The program plays a central and integral role in the County's response to COVID-19.

CDS staff identify racial, ethnic, and other community groups who are at risk of or being impacted by infectious diseases utilizing multiple data sources. These sources include case and contact interviews, syndromic surveillance, and immunization data. Relationships with trusted County programs and community partners help connect CDS to community groups so that the program can respond to questions or concerns about their own risks or the impact of a communicable disease on their community. CDS continues to build on relationships working directly with community groups or members to present data and learn how best to engage the community in communicable disease prevention and control.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of disease report responses	7,033	5,500	4,000	5,500
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	83%	70%	70%	70%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	99%	90%	90%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	97%	96%	96%	96%

Performance Measures Descriptions

Performance Measure 1: FY20 actual includes COVID-19 case counts (2589 cases FY20). FY21 and FY22 do not include COVID-19 case counts as this is a performance measure for the COVID-19 Contact Tracing Program Offer for FY21 and FY22. beginning in FY21. Significant declines in FY21 estimate is due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services.

Legal / Contractual Obligation

ORS Chapters 433. OAR 333-012-0065: Epi/Accident Investigation and Reporting. OAR 333, Division 17, 18 and 19: Disease Control, Reporting, and Investigation/Control. 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. LPHA PEs 01, 03, 25, 43. OHA and CLHO BT/CD & TB Assurances. OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC: 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,133,619	\$2,060,665	\$1,423,867	\$1,940,891
Contractual Services	\$43,200	\$118,347	\$80,777	\$115,423
Materials & Supplies	\$107,802	\$31,679	\$115,221	\$26,392
Internal Services	\$730,852	\$313,013	\$710,359	\$304,213
Capital Outlay	\$0	\$0	\$52,328	\$0
Total GF/non-GF	\$2,015,473	\$2,523,704	\$2,382,552	\$2,386,919
Program Total:	\$4,539,177		\$4,769,471	
Program FTE	6.78	14.30	8.85	12.10

Program Revenues				
Intergovernmental	\$0	\$2,160,607	\$0	\$2,126,413
Other / Miscellaneous	\$0	\$197,221	\$0	\$205,006
Service Charges	\$0	\$165,876	\$0	\$55,500
Total Revenue	\$0	\$2,523,704	\$0	\$2,386,919

Explanation of Revenues

This program generates \$236,197 in indirect revenues.

CDPC 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.

\$ 1,289,311 - State of Oregon LPHA (Direct State and Federal through State);

\$ 90,000 - Refugee Health Promotion; \$ 235,506 - Medical Fees

\$ 437,979 - Emerging Infections Program; \$ 334,123 - Public Health Modernization Regional and Local

Significant Program Changes

Last Year this program was: FY 2021: 40010A Communicable Disease Prevention and Control

Significant Changes: In FY22, an Epidemiology Manager and purchase of fleet vehicles are being added to the CDS budget.

COVID-19-Related Impacts: CDS staffing and focus of work have been greatly impacted by COVID-19. CDS staff conducted all COVID-19 investigations in addition to all usual state reportable communicable disease investigations and tuberculosis case management. As additional staff have joined the COVID-19 response team, some CDS staff have returned to their routine duties. Some staff continue to work in the COVID-19 response full time, the majority of them in leadership roles. The high priority of COVID-19 case investigation and contact tracing required CDS to prioritize case follow-up for other reportable diseases by ensuring those diseases with most risk for person-to-person spread or opportunities for prevention were prioritized over surveillance data for vector-borne or other diseases. CDS is now able to investigate all reportable diseases that require investigation.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010A, 40012B, 40061
Program Characteristics:

Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and provides limited tuberculosis (TB) evaluation and treatment. Clinical services related to COVID-19 such as testing and immunizations are in a separate program offer.

Program Summary

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) by treating existing and preventing new cases, especially among the most-impacted communities. Program activities include: STD Clinical Services - Low barrier, timely medical evaluation, treatment, and prevention counseling in a judgment-free, culturally relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. The STD clinic is a designated training site for medical providers and provides consultations and continuing medical education. Partner Services - Staff contact the sex/needle-sharing partners of persons with confirmed STD/HIV/hepatitis C infections, link them to testing and treatment, and counsel for behavior change. Partnerships – Subcontracted community partners support the program in providing field-based testing, health promotion, and condom distribution. Outreach & Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to guide testing and prevention outreach and inform health care and other systems to appropriately target resources. The program's epidemiology work has been leading the local response to the syndemic (i.e., simultaneous, related epidemics of multiple diseases) of new and rising HIV, syphilis, hepatitis C, and shigella cases. Tuberculosis (TB) Services - limited specialty care services for evaluation of TB and treatment of latent TB, including testing in homeless shelters and for newly arriving refugees.

Racial equity: Multiple racial disparities persist for STIs, including HIV. Addressing these disparities is a prioritized strategy for reducing overall disease burden. Prevalence and interview data identify disparities, as well as transmission modes and patterns driving the disproportionate impact. Program leadership reviews data monthly through dashboards, and the program produces new tools when needed. Examples include an enhanced interview tool for cluster cases in the HIV/syphilis/hepatitis C/shigella syndemic. Outreach focuses on disparity populations, which also include LGBTQ and homeless communities. Contracted culturally specific organizations help the program engage these communities. Other strategies include outreach at homeless camps, peer leaders, and ads on social media and hook-up sites. STD clinic surveys collect client input. The next survey will focus on how to better serve culturally specific communities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of clinical visits (STD, HIV, TB)	5,400	9,300	5,400	6,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	13%	15%	13%	15%
Quality	Percent of syphilis/HIV cases investigated	80%	85%	82%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	348	325	390	325

Performance Measures Descriptions

Measure 1: FY20 clinical visits did not include TB services; FY21 and FY22 do include TB. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows impact and efficiency of the program to find, diagnose, and treat significant portion of reportable STDs relative to entire health care system.

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Oregon State DHS HIV Prevention, HIV Early Intervention Services and Outreach, and STD contractual program elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$661,490	\$3,083,350	\$512,372	\$3,618,750
Contractual Services	\$133,225	\$2,358,321	\$133,475	\$1,330,951
Materials & Supplies	\$149,176	\$59,595	\$113,523	\$165,302
Internal Services	\$435,988	\$585,057	\$455,136	\$1,855,660
Total GF/non-GF	\$1,379,879	\$6,086,323	\$1,214,506	\$6,970,663
Program Total:	\$7,466,202		\$8,185,169	
Program FTE	4.93	26.64	3.86	30.02

Program Revenues				
Intergovernmental	\$0	\$5,578,230	\$0	\$6,524,521
Service Charges	\$0	\$508,093	\$0	\$446,142
Total Revenue	\$0	\$6,086,323	\$0	\$6,970,663

Explanation of Revenues

This program generates \$482,016 in indirect 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.

\$336,257 State Local Public Health Authority IGA;

\$270,832 Federal STD Surveillance Network Grant (SSuN);

\$5,318,701 HIV EIO;

\$446,142 Medical Fees; \$588,731 Sexually Transmitted Diseases Client Services

Significant Program Changes

Last Year this program was: FY 2021: 40010B Communicable Disease Clinical and Community Services

Significant Changes - Increased State HIV Early Intervention Services and Outreach (EISO) funding will add 2.0 FTE and other State carryover will add 2.5 FTE. Additionally, 1.0 FTE will be hired to support field outreach/testing and harm reduction strategies.

COVID-19-Related Impacts: Since March 2020, the clinic has operated on a reduced appointment schedule that prioritizes symptomatic patients; field-based testing in the outreach van was stopped until December 2020 due to COVID infection control restrictions; a regular community HIV/STD outreach testing site was closed in March and has not reopened; and TB screenings at homeless shelters have ceased. Up to 4.5 FTE of DIS program staff were reassigned to COVID-19 case investigations. These factors caused reduced appointment availability; delayed partner notification for new HIV/STD cases; suspended ability to test at sites across the county, including homeless services sites and camps; and limited capacity for outreach to people who have fallen out of HIV care. All of these impacts could influence HIV/STD morbidity and mortality in the community. In FY22, the program expects these impacts to lessen as in-person services are able to safely ramp-up.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The HIV Health Services Center (HHSC) provides community-based primary care and support services to 1,429 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing homelessness, mental illness, and substance abuse. These services contribute to lower mortality from HIV, fewer disease complications and their associated costs, and reduced transmission of HIV in the community.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HHSC, the only Ryan White clinic in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence (IPV) universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and field nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, 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. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, COVID-19 strategies in working with persons living with HIV.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unduplicated HIV clinic clients	1,437	1,425	1,429	1,475
Outcome	Percent of clients whose last viral load test is below 200 copies	90%	90%	90%	90%

Performance Measures Descriptions

Output: This measure shows how many unique clients were seen at the HIV Health Services Center during the fiscal year.
Outcome: This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also a very low chance of transmitting HIV to others. Supports the Undetectable equals Untransmittable campaign.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$708,011	\$3,928,685	\$660,654	\$3,755,049
Contractual Services	\$0	\$153,328	\$144,557	\$20,710
Materials & Supplies	\$33,625	\$326,591	\$59,768	\$190,079
Internal Services	\$731,293	\$643,496	\$671,558	\$746,407
Total GF/non-GF	\$1,472,929	\$5,052,100	\$1,536,537	\$4,712,245
Program Total:	\$6,525,029		\$6,248,782	
Program FTE	6.52	25.74	5.07	24.33

Program Revenues				
Intergovernmental	\$0	\$3,292,097	\$0	\$3,335,697
Other / Miscellaneous	\$0	\$293,010	\$0	\$0
Service Charges	\$1,472,929	\$1,466,993	\$1,536,537	\$1,376,548
Total Revenue	\$1,472,929	\$5,052,100	\$1,536,537	\$4,712,245

Explanation of Revenues

This program generates \$490,522 in indirect revenues.

\$ 1,319,783 - Ryan White Part A funds for 20-21 (Medical, Case management, Non medical case mgmt, Housing), \$368,760 - Ryan White Part D funds for 20-21 (Women, Children, Youth), \$13,120 - Ryan White Part F funds for 20-21 (OHSU dental referrals case management), & 85,000 - AIDS Education & Training Center - Base (AETC), , \$45,068 - Federal Primary Care Grant (330) for FY 21, \$811,624 - Federal Ryan White Part C funds Primary Care HIV-Early Intervention, \$355,500 - OHA Ryan White, \$111,842 - Oregon Health Authority HIV Care (OA/Case Management support), \$2,913,085 - Medical Fees projected, \$225,000 - FOCUS Hepatitis C Foundation Grant 20-21: Hep C Primary Care Screening and Treatment

Significant Program Changes

Last Year this program was: FY 2021: 40012A Services for Persons Living with HIV-Clinical Services

COVID-19 pandemic has changed the delivery of HIV care in terms of telehealth, telemedicine and in person care. We received a HRSA COVID-19 CARES grant which allowed us to purchase and assemble health kits that included cell phones/cell phone plans, backpacks, tents, sleeping bags, hand sanitizers, socks, etc. for homeless clients.

Department:	Health Department	Program Contact:	Kim Toevs
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Adopted
Related Programs:	40010B		
Program Characteristics:			

Executive Summary

HIV Grant Administration & Planning (HGAP) provides community-based services to 2,800 highly vulnerable people living with HIV through administering and coordinating federal and state grants. The program focuses services on people who are low income, uninsured, and people experiencing homelessness, and/or mental illness/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

HGAP's goal is to support individuals living with HIV to achieve successful HIV treatment resulting in improved quality of life, greater health, longer life, and virtually no transmission to other people if the client is virally suppressed. HGAP coordinates a regional 6-county system that achieves these goals by promoting access to high quality HIV services through contracts with the counties' local health departments and community organizations. HGAP works with partners to address viral suppression disparities which exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness also have significant barriers to treatment that result in lower viral suppression rates.

With these disparities in mind, HGAP funds the following services: Peer Support & Service Navigation - outreach ensures early identification of people living with HIV and linkage to medical care. Healthcare - 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 - rent and life skills assistance to secure housing and ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries eliminates food insecurity and provides nutrition for managing chronic illness. Planning - a community-based Planning Council (at minimum 1/3, but generally about 40%, are consumers) identifies service needs and allocates funding accordingly.

HGAP analyzes both health outcome data (viral suppression, new diagnoses, linkage to care) and data on access to services by race and ethnicity to identify populations (a) disproportionately impacted by HIV infection, (b) with less favorable health outcomes, and (c) experiencing barriers to care. HGAP presents these data, as well as data by age and risk category, to the Ryan White Planning Council to guide resource allocation, outreach, and quality improvement projects. In order to better identify disparities for communities with small numbers a new consumer data review group is meeting to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,787	2,800	2,800	2,800
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	90%	91%	90%	91%
Outcome	Increase viral suppression rate of Black/African Americans	86%	89%	87%	88%

Performance Measures Descriptions

Performance Measures 2 and 3 address disparities compared Whites.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$801,076	\$3,177	\$809,128
Contractual Services	\$5,500	\$4,659,444	\$7,300	\$4,724,336
Materials & Supplies	\$500	\$26,875	\$500	\$16,815
Internal Services	\$49,684	\$175,713	\$47,187	\$162,902
Total GF/non-GF	\$55,684	\$5,663,108	\$58,164	\$5,713,181
Program Total:	\$5,718,792		\$5,771,345	
Program FTE	0.00	5.63	0.02	5.48

Program Revenues				
Intergovernmental	\$0	\$5,663,108	\$0	\$5,713,181
Total Revenue	\$0	\$5,663,108	\$0	\$5,713,181

Explanation of Revenues

This program generates \$91,671 in indirect revenues.

\$ 2,550,751 - Ryan White Part A funds for 20-21: Medical, Case management, Non-medical case management, and Housing

\$ 3,162,430 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2021: 40012B Services for Persons Living with HIV - Regional Education and Outreach

Significant Changes: In FY21, Oregon Health Authority increased the grant award for program income from Ryan White Part B by \$1,641,457.

COVID-19-Related Impacts: In FY21, some HGAP staff were reassigned to COVID-19 response, mostly specific to persons living with HIV (PLWH). The program received CARES ACT funding, which went towards emergency financial assistance and food assistance; and any low expenditures within Ryan White Part A or B were reallocated to fund housing, food, and medical care based on PLWH needs related to the impacts of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to 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.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to 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. Patients are also screened for eligibility to sliding scale (discounted fees) for services received if they are unable to obtain other coverage. Last year, more than 16,700 clients were screened and 7,800 enrolled in OHP.

The Medicaid Enrollment program provides outreach and education efforts that 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 recertification.

Starting in March 2020, Eligibility transitioned to screening clients both in person and by phone due to the COVID-19 pandemic. The introduction of the phone line allowed for clients to call in and reach an eligibility specialist to apply for OHP benefits, the sliding scale discount or other medical assistance programs. The Oregon Health Authority relaxed rules for obtaining signatures which allowed for applications to be completed by phone with virtual consent given by the client. Clients are still able to walk in and see an eligibility specialist at any primary care clinic for their eligibility needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Annual number of clients screened	16,782	17,500	16,140	16,000
Outcome	% of Self Pay Patients in Medical	14.1%	14%	14.3%	14%
Outcome	% of Self Pay Patients in Dental	6.15%	7.77%	9.8%	7.77%

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 Prog. is on contract with the State Division of Medical Assistance Progs. 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 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. Medical Assistants is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$107,415	\$1,756,545	\$585,444	\$1,515,250
Contractual Services	\$24,000	\$0	\$0	\$24,000
Materials & Supplies	\$14,941	\$0	\$1,456	\$14,950
Internal Services	\$341,617	\$205,516	\$406,200	\$225,851
Total GF/non-GF	\$487,973	\$1,962,061	\$993,100	\$1,780,051
Program Total:	\$2,450,034		\$2,773,151	
Program FTE	1.00	17.00	5.00	15.00

Program Revenues				
Intergovernmental	\$0	\$1,962,061	\$0	\$295,945
Service Charges	\$0	\$0	\$993,100	\$1,484,106
Total Revenue	\$0	\$1,962,061	\$993,100	\$1,780,051

Explanation of Revenues

This program generates \$279,615 in indirect 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.

\$ 1,484,106 - Division of Medical Assistance Programs (DMAP)

\$ 295,945 - Federal Primary Care (330) Grant

\$ 993,100 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2021: 40016 Medicaid/Medicare Eligibility

The program has partially transitioned to telework due to the COVID-19 pandemic, including an adjustment in operations to allow for services by telephone.

FTE change: added 1.0 Lead position and transferred 1.0 from 40012A budget.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Dental Services program provides nearly 27,000 people with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides additional child-based services to uninsured and underinsured clients (School of Community and Oral Health); focuses on access for clients with chronic diseases, children and pregnant women; and evidence based practice guidelines.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Dental Services program provides nearly 27,000 people with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides additional child-based services to uninsured and underinsured clients; focuses on access for clients with chronic diseases, children and pregnant women; and evidence based practice guidelines. The Dental program has three distinct service components:

- Clinical dental services: 7 dental clinics provide comprehensive and urgent dental treatment for Medicaid and self-pay patients.
- Services for children and people who are pregnant: The clinical program also focuses on services for people who are pregnant 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, known as our Baby Day program.
- Another component of the program consists of mentoring and training 3rd and 4th year OHSU Dental students who provide services to our clients in the clinics, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Billable patient visits	56,496	91,892	77,175	94,738
Outcome	No show rate	19%	16%	18%	17%

Performance Measures Descriptions

Output: Billable Patients Visits. This measure describes the number of patient visits who receive clinical care within the fiscal year. The number of encounters will be critical in light of COVID-19 pandemic coupled with race, equity and fiscal viability.

Outcome: Percentage of appointments for which patients did not show per Fiscal year.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Dental Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$11,408,895	\$8,438,768	\$11,189,416	\$8,897,893
Contractual Services	\$8,000	\$449,901	\$68,016	\$180,419
Materials & Supplies	\$160,641	\$1,188,148	\$243,299	\$753,366
Internal Services	\$1,580,192	\$3,526,134	\$1,637,359	\$3,798,884
Total GF/non-GF	\$13,157,728	\$13,602,951	\$13,138,090	\$13,630,562
Program Total:	\$26,760,679		\$26,768,652	
Program FTE	70.93	71.76	68.92	76.15

Program Revenues				
Intergovernmental	\$0	\$312,000	\$0	\$312,308
Other / Miscellaneous	\$500,000	\$0	\$419,000	\$98,450
Beginning Working Capital	\$500,000	\$0	\$491,694	\$0
Service Charges	\$12,157,728	\$13,290,951	\$12,227,396	\$13,219,804
Total Revenue	\$13,157,728	\$13,602,951	\$13,138,090	\$13,630,562

Explanation of Revenues

This program generates \$2,675,590 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

- \$ 25,545,650 - Dental Patient Fees
- \$ 312,308 - Federal Primary Care (330) Grant
- \$ 277,305 - CareOregon Dental Incentives
- \$ 633,389 - Medicaid Dental support

Significant Program Changes

Last Year this program was: FY 2021: 40017A Dental Services

FY 21 and 22 has been challenging in terms of encounters due to the impact of COVID-19 on our community.
FTE change: 3 positions added for clerical support.

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 13,000 pregnant women and mothers and their infants and young children per month. WIC promotes positive health outcomes through strengthening nutrition across the life course with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

WIC improves the nutrition and related health of pregnant women, nursing moms, infants, and young children, and supports food security in vulnerable families. WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, peer breastfeeding support, and other support networks to eligible families. WIC acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid, private insurance, and other early childhood programs. In 2020, WIC served approximately 19,000 unique clients with over 48,000 visits and provided access to other support services including prenatal care, immunizations, Head Start, housing and day care assistance, social services, referrals to other County public health programs, SNAP and other food assistance, and more.

WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and reduce health inequities. Evaluation shows WIC families are in overall better health and have less food insecurity when participating in the program. WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, resulting in better health, less chronic disease throughout their lives, and Medicaid costs savings. WIC's breastfeeding promotion uses an evidence-based support model, helping the county's most vulnerable families benefit from immunity protection to infants, health benefits to the mother, and lifelong risk reduction for important chronic diseases.

WIC uses nutrition science research and program data to inform services. Data indicate health disparities among BIPOC and low income women, infants, and children, which is reflected in WIC demographic data. For example, 26% of WIC clients do not speak English and the program has responded by having signage in multiple languages, hiring professional staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services. These approaches enable WIC to reach populations most disparately impacted. WIC also partners with culturally specific agencies and advisory boards to provide input and feedback; and surveys clients to inform services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	20,000	21,000	19,000	20,000
Outcome	% of WIC clients initiating breastfeeding	94%	94%	94%	94%
Outcome	# of nutrition education contacts with WIC families	48,411	47,000	48,000	48,000
Quality	% of clients served per month in languages other than English	26%	26%	26%	26%

Performance Measures Descriptions

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children are 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,082,508	\$3,245,493	\$1,293,532	\$3,252,961
Contractual Services	\$88,130	\$0	\$83,000	\$0
Materials & Supplies	\$109,731	\$42,608	\$63,498	\$734
Internal Services	\$814,173	\$385,640	\$816,981	\$431,032
Total GF/non-GF	\$2,094,542	\$3,673,741	\$2,257,011	\$3,684,727
Program Total:	\$5,768,283		\$5,941,738	
Program FTE	11.25	28.55	11.26	29.14

Program Revenues				
Intergovernmental	\$0	\$2,904,037	\$0	\$2,915,023
Other / Miscellaneous	\$0	\$769,704	\$0	\$769,704
Total Revenue	\$0	\$3,673,741	\$0	\$3,684,727

Explanation of Revenues

This program generates \$431,032 in indirect 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. \$2,840,023 -State WIC grant; \$75,000 -State Maternal & Child Health (Title V) grant; \$769,704 -HSO county Based services -WIC.

Significant Program Changes

Last Year this program was: FY 2021: 40018 Women, Infants, and Children (WIC)

COVID-19-Related Impacts - WIC services became completely remote in March 2020. This change proved to be successful for clients, as it reduced travel and other barriers related to accessing services, and for WIC staff, as they were able to maintain service quality. In FY22, WIC anticipates having both remote and in-person services (in-person services are still preferred by some clients and provide the ability to perform required health assessments).

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. North Portland Health Center (NPHC) serves around 3,800 clients per year. Due to the reduction in the number of operating sights, as a response to COVID-19, NPHC clients were served at the Northeast Health Center for a 6 month period of time in 2020. The North Portland Health Center resumed onsite operations in October 2020. The majority of North Portland Health Center clients represent historically underserved (Black, Indigenous, People of Color) BIPOC communities and vulnerable populations. NPHC is an important health care safety net for the community and is part of the County's FQHC.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

North Portland Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (42%), Black community (16%) and the white community (32%). The remaining 12% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	1,885	3,800	3,800	3,900
Outcome	Number of visits completed	11,476	19,713	19,713	20,152

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,019,322	\$1,657,167	\$2,702,204	\$1,138,847
Contractual Services	\$0	\$82,468	\$87,412	\$0
Materials & Supplies	\$50,034	\$160,534	\$9,939	\$174,151
Internal Services	\$440,734	\$690,493	\$359,933	\$1,153,272
Total GF/non-GF	\$2,510,090	\$2,590,662	\$3,159,488	\$2,466,270
Program Total:	\$5,100,752		\$5,625,758	
Program FTE	11.30	15.00	16.45	11.35

Program Revenues				
Intergovernmental	\$0	\$606,196	\$0	\$573,895
Service Charges	\$2,493,439	\$1,984,466	\$3,159,488	\$1,892,375
Total Revenue	\$2,493,439	\$2,590,662	\$3,159,488	\$2,466,270

Explanation of Revenues

This program generates \$511,627 in indirect revenues.

This program is supported by a federal BPHC grant, 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.

- \$ 1,469,911 - Medical Fees
- \$ 123,895 - Federal Primary Care grant PC 330
- \$ 450,000 - Federal Primary Care/Homeless grant
- \$ 3,159,488 - FQHC Medicaid Wraparound
- \$ 422,464 - Medicare PC North

Significant Program Changes

Last Year this program was: FY 2021: 40019 North Portland Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

Department: Health Department **Program Contact:** Katie Thornton
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Northeast Health Clinic is located in one of Portland's oldest historic African American neighborhoods and provides integrated primary care, dental, and pharmacy services to a diverse patient population. The Northeast Health Center plays a significant role in providing safety net medical services to residents in the community. The Health Center provided care to 3,381 clients in FY20. NEHC is an important health care safety net for the community and is part of the County's Federally Qualified Health Center (FQHC).

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Northeast Health Clinic is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education
- Limited speciality care including neurology, gynecology, and acupuncture
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

Over the past 12 months, the clinic saw 3,381 patients who were provided services in 9 different languages. NEHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups serving being the Black diaspora community (29%), the Latinx diaspora (36%) and the white community (25%). The remaining 10% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	3,381	3,900	3,900	4,000
Outcome	Number of visits completed	21,780	19,713	19,713	20,328

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Northeast Health Center is contracted with OHSU to offer Colposcopy and LEEP procedures, as well as Sports Medicine services on site.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,794,444	\$2,444,516	\$2,501,518	\$1,725,856
Contractual Services	\$152,165	\$0	\$48,817	\$129,301
Materials & Supplies	\$34,763	\$193,522	\$68,323	\$144,511
Internal Services	\$1,054,599	\$434,318	\$333,202	\$968,159
Total GF/non-GF	\$3,035,971	\$3,072,356	\$2,951,860	\$2,967,827
Program Total:	\$6,108,327		\$5,919,687	
Program FTE	9.40	20.40	16.30	13.70

Program Revenues				
Intergovernmental	\$0	\$986,352	\$0	\$985,061
Service Charges	\$3,014,384	\$2,086,004	\$2,951,860	\$1,982,766
Total Revenue	\$3,014,384	\$3,072,356	\$2,951,860	\$2,967,827

Explanation of Revenues

This program generates \$563,086 in indirect revenues.

Northeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and County General Fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 4,934,626 - Medical Fees

\$ 985,061 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2021: 40020 Northeast Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Mid-County Health Center (MCHC) is located in one of the most culturally diverse areas of Multnomah County and plays a significant role in providing safety net medical services to residents in the community. Over the past 12 months, the Health Center provided care to 7,183 clients. With the Refugee Clinic and culturally diverse staff, MCHC is an important partner and contributor to the refugee and asylee resettlement efforts.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Mid County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Refugee and asylee medical screenings in contract with Oregon Department of Human Services.
- Limited specialty services including gynecology
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

MCHC is tightly linked with refugee resettlement agencies (Sponsors Organized to Assist Refugees SOAR, Catholic Charities, Lutheran Community Services), the Centers of Disease Control and the State of Oregon. 65% of MCHC clients are immigrants or were refugees from areas, e.g., Ukraine, Afghanistan, DRC, Burman, Russia, Latin America, Kosovo.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	7,183	9,500	9,500	9,500
Outcome	Number of visits completed	32,868	41,693	41,693	41,693

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Mid County Health Center is contracted with the Oregon Department of Human Services to complete refugee and asylee medical screenings.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$5,813,481	\$2,842,363	\$5,268,144	\$3,358,360
Contractual Services	\$654,311	\$0	\$292,881	\$399,553
Materials & Supplies	\$201,054	\$336,491	\$36,297	\$438,984
Internal Services	\$680,177	\$1,852,552	\$1,508,102	\$1,070,326
Total GF/non-GF	\$7,349,023	\$5,031,406	\$7,105,424	\$5,267,223
Program Total:	\$12,380,429		\$12,372,647	
Program FTE	31.38	26.22	45.05	12.25

Program Revenues				
Intergovernmental	\$0	\$728,950	\$0	\$728,950
Service Charges	\$7,335,545	\$4,302,456	\$7,105,424	\$4,538,273
Total Revenue	\$7,335,545	\$5,031,406	\$7,105,424	\$5,267,223

Explanation of Revenues

This program generates \$1,149,050 in indirect revenues.

Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 11,613,697 - Medical Fees
- \$ 728,950 - Federal Primary Care (330) grant
- \$ 30,000 - State AFS Refugee Screening

Significant Program Changes

Last Year this program was: FY 2021: 40022 Mid County Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. East County Health Center plays a significant role in providing safety net medical services to residents in the Gresham/East Multnomah County communities. Over the past 12 months, the Health Center provided care to 9,892 clients. Of clients empaneled to the East County Health Center, 49% are Spanish speaking and 20% do not qualify for insurance coverage.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. ECHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the clinic saw 6,845 patients with services provided in four languages. East County Health Center plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (49%), and the white community (44%). The remaining 7% of our patients identify as mostly Russian and Arabic.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual Patients Served	9,892	9,800	9,840	9,940
Outcome	Number of visits completed	27,650	29,160	29,160	29,260

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$3,530,658	\$4,063,071	\$4,989,165	\$2,829,741
Contractual Services	\$366,868	\$1,090	\$0	\$268,344
Materials & Supplies	\$52,350	\$411,887	\$221,425	\$162,697
Internal Services	\$1,587,067	\$475,378	\$664,557	\$1,722,372
Total GF/non-GF	\$5,536,943	\$4,951,426	\$5,875,147	\$4,983,154
Program Total:	\$10,488,369		\$10,858,301	
Program FTE	13.90	36.70	38.40	13.80

Program Revenues				
Intergovernmental	\$0	\$985,315	\$0	\$1,085,399
Service Charges	\$5,521,040	\$3,966,111	\$5,875,147	\$3,897,755
Total Revenue	\$5,521,040	\$4,951,426	\$5,875,147	\$4,983,154

Explanation of Revenues

This program generates \$1,041,468 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 9,772,902 - Medical Fees

\$ 1,085,399 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2021: 40023 East County Health Clinic

COVID-19 pandemic required ECHC to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of Covid 19.

Department: Health Department **Program Contact:** Alexandra Lowell

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

Related Programs:
Program Characteristics:
Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at nine Student Health Centers and is part of the County's FQHC. This program makes primary and behavioral health care services easily accessible for nearly 6,000 K-12 students each year, contributing to better health and learning outcomes for school-aged youth.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Healthcare for school aged youth is a basic need. The SHC sites provide critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHCs contribute to learning readiness and optimize the learning environment by linking health and education for student success--in school and life.

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 preventive care and early identification and intervention, thereby promoting healthy behaviors and resilience as well as reducing risk behaviors. Program locations are geographically diverse and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, students experiencing houselessness homeless. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being the Latinx community and the white community (each at 31%), the Black community (15%), and the Asian community (12%). The remaining 10% of our patients identify as Pacific Islander, Native American, and Native Hawaiian.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of patients with one or more visits with a health assessment in the last year	65%	70%	50%	60%
Outcome	Number of visits completed	10,613	16,604	5,000	16,474

Performance Measures Descriptions

Output: Clients (age >5 to <21) with at least one SHC office visit encounter in the last 12 months who had health assessment. The health assessment is an exceptional tool to understand the physical and social health of the client, so that strengths can be affirmed for continued prevention and early intervention services can be offered.

Outcome: The number of visits completed indicates a general level of utilization of our services and financial viability.

Legal / Contractual Obligation

Student Health Centers (SHC) complies with CLIA (Laboratory accreditation) requirements, CCO contractual obligations, compliance with the Bureau of Primary Health 330 Grant (HRSA), and Patient-Centered Primary Care Home (PCPCH). SHC Primary Care is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,551,323	\$2,238,130	\$2,904,846	\$1,640,723
Contractual Services	\$48,295	\$31,983	\$25,512	\$53,382
Materials & Supplies	\$228,404	\$129,839	\$92,510	\$219,337
Internal Services	\$841,404	\$378,091	\$503,870	\$840,911
Total GF/non-GF	\$3,669,426	\$2,778,043	\$3,526,738	\$2,754,353
Program Total:	\$6,447,469		\$6,281,091	
Program FTE	17.50	16.74	18.47	13.80

Program Revenues				
Intergovernmental	\$0	\$1,077,481	\$0	\$1,131,899
Other / Miscellaneous	\$0	\$11,500	\$0	\$0
Service Charges	\$1,876,822	\$1,689,062	\$3,526,738	\$1,622,454
Total Revenue	\$1,876,822	\$2,778,043	\$3,526,738	\$2,754,353

Explanation of Revenues

This program generates \$605,427 in indirect 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.

\$ 5,149,192 - Medical Fees

\$ 758,520 - State SHC grant

\$ 373,380 - Federal Primary Care grant

Significant Program Changes

Last Year this program was: FY 2021: 40024A Student Health Centers

COVID-19 pandemic required SHC to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of Covid 19. During the COVID-19 pandemic, four SHC clinics remained open and operational even while school buildings were closed. These clinics continue to provide essential medical care to Multnomah County youth, offering both in-person and telemedicine visits.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care and behavioral health services to the underinsured and uninsured residents of NE Portland's Cully Neighborhood and is part of the County's FQHC. La Clinica was strategically located, in partnership with the local community, to provide culturally competent care and vital services to approximately 1,600 people each year.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

La Clinica de Buena Salud is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. La Clinica provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

Although La Clinica was initially primarily served the Latinix community, the program has expanded and responded to the area's changing demographics which includes the Somali immigrants and refugees, Vietnamese, and Russian speaking families in the Cully neighborhood and beyond.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	1,640	2,100	2,100	2,100
Outcome	Number of visits completed	5,865	9,901	9,901	9,504

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$918,358	\$1,214,254	\$810,288	\$1,026,995
Contractual Services	\$0	\$125,228	\$0	\$114,542
Materials & Supplies	\$35,493	\$81,501	\$39,459	\$42,004
Internal Services	\$228,012	\$284,890	\$107,930	\$384,975
Total GF/non-GF	\$1,181,863	\$1,705,873	\$957,677	\$1,568,516
Program Total:	\$2,887,736		\$2,526,193	
Program FTE	3.40	10.30	6.40	5.40

Program Revenues				
Intergovernmental	\$0	\$782,245	\$0	\$757,011
Service Charges	\$1,150,691	\$923,628	\$957,677	\$811,505
Total Revenue	\$1,150,691	\$1,705,873	\$957,677	\$1,568,516

Explanation of Revenues

This program generates \$244,727 in indirect revenues.

La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 1,769,182 - Medical Fees

\$ 757,011 - Federal Primary Care/330 grant

Significant Program Changes

Last Year this program was: FY 2021: 40026 La Clinica de Buena Salud

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Southeast Health Clinic provides comprehensive, culturally appropriate primary care and behavioral health services to 3,000 people each year in the Southeast Multnomah County communities. Southeast Health Center is centrally located to serve persons living in the area as well as the central region and clients living downtown (many who were previously a Westside Clinic patient).

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Southeast Health Center is a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy (MAT) and collaboration with community partners. SEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy, dental, and lab services
- Wraparound services: Medicaid eligibility, interpretation, transportation, case management and health education.

Race and ethnicity of SEHC Primary Care clients reflect 15.3% Asian, 9% Black, 1% American Indian and 1.3% Pacific Islander. A key population that SEHC serves is the homeless population that continues to grow in the SEHC region, noting a 22.1% increase between 2017 to 2019. Our non-binary population who report Intimate Partner violence is experiencing a rise in houselessness over 186.7% increase (.4% to 1.1%) (2019 PIT report). Using wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, CSA partnerships for health with local farms), and referrals to community partnerships in addition to primary/specialty care is critical.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of patients served	2,206	3,300	3,037	3,350
Outcome	Number of visits completed	4,864	6,600	6,600	7,370

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$992,605	\$1,680,166	\$1,151,939	\$1,671,439
Contractual Services	\$3,500	\$79,398	\$0	\$62,356
Materials & Supplies	\$36,216	\$145,779	\$29,951	\$106,969
Internal Services	\$116,135	\$690,170	\$153,438	\$784,084
Total GF/non-GF	\$1,148,456	\$2,595,513	\$1,335,328	\$2,624,848
Program Total:	\$3,743,969		\$3,960,176	
Program FTE	5.70	11.80	10.20	8.30

Program Revenues				
Intergovernmental	\$0	\$1,366,052	\$0	\$1,365,404
Service Charges	\$1,123,749	\$1,229,461	\$1,335,328	\$1,259,444
Total Revenue	\$1,123,749	\$2,595,513	\$1,335,328	\$2,624,848

Explanation of Revenues

This program generates \$376,074 in indirect revenues.

Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 2,547,432 - Medical Fees
- \$ 166,500 - Federal Primary Care (330) grant
- \$ 1,198,904 - Federal Primary Care/Homeless grant

Significant Program Changes

Last Year this program was: FY 2021: 40027 Southeast Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Rockwood Community Health Clinic provides comprehensive, culturally appropriate primary care and behavioral health services to over 4,000 patients each year. Due to the reduced number of operating sites during the initial Covid 19 response, the Rockwood Health Center clients were largely served at East and Mid County Health Centers for a 5 month period of time. The Rockwood Health Center resumed onsite operations in September 2020.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. RCHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the RCHC clinic saw 4,415 patients with services provided or interpreted in 16 plus languages. RCHC plays a significant role in providing safety net medical services to residents in a historically underserved community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the white community (53.2%), and the Latinx diaspora (25%). The remaining 22% of our patients identify as Arabic, Kaaren, Burmese, Russian, Somali, Zomi, Vietnamese, Chinese, Dari, Farsi, Nepali, Swahili, Mai Mai, and Rohingya.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	2,274	4,460	4,460	4,460
Outcome	Number of visits completed	11,851	15,371	15,371	15,471

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,213,998	\$1,937,166	\$2,418,900	\$1,603,471
Contractual Services	\$154,269	\$40,263	\$0	\$214,136
Materials & Supplies	\$65,401	\$142,997	\$15,949	\$188,040
Internal Services	\$555,871	\$549,913	\$654,270	\$618,830
Total GF/non-GF	\$2,989,539	\$2,670,339	\$3,089,119	\$2,624,477
Program Total:	\$5,659,878		\$5,713,596	
Program FTE	11.00	18.40	20.20	8.70

Program Revenues				
Intergovernmental	\$0	\$764,768	\$0	\$664,768
Service Charges	\$2,969,106	\$1,905,571	\$3,089,119	\$1,959,709
Total Revenue	\$2,969,106	\$2,670,339	\$3,089,119	\$2,624,477

Explanation of Revenues

This program generates \$535,780 in indirect revenues.

Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 5,048,828 - Medical Fees

\$ 664,769 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2021: 40029 Rockwood Community Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Medical Director's Office ensures that doctors (MDs), nurse practitioners (NPs), and physician's assistants (PAs) 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; ensure that providers are trained in health equity and that all clinical improvement processes are to forward equitable care for patients.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Medical Directors Office performs these primary functions:

- Develops and oversees strategic initiatives to improve care quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures, including the Health Center's response to COVID-19.
- Represents and advocates for the care of the clients served at Multnomah County community health centers to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (medicaid payors) to ensure that public health care funding meets the needs of the community.
- Recruits, hires Site Medical Directors, medical providers (physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical educational programs; oversees integrated behavioral health program.
- Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies. This is important for safety, quality of care, as well as to keep HRSA grant funding intact.
- Accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds. This includes joint commission, HRSA, PCPCH, Reproductive Health Grants and consultation with HIV services on Ryan White grant.
- Supervises Site Medical Directors and the Behavioral Health and Addictions Manager to achieve above items.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	80% of primary care providers are maintaining and serving their maximum panel size	82%	80%	65%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers (20% areater)	45,197	n/a	37,376	45,000
Outcome	Train all providers on implicit bias	n/a	n/a	n/a	85%

Performance Measures Descriptions

Measure 1 focuses on value in care delivery and good patient outcomes (including access to care)
 Measure 2 maintains regulatory standards required by the health center program.
 Measure 3 shows a marked decrease in CY 20 which is due to the impacts of COVID-19.
 Measure 4 is part of our Racial Equity, Diversity, Inclusion (RE.D.I.) initiative as it relates to providers and relations with other staff and clients.

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, HRSA 330 Primary Care grant compliance, stipulations of multiple federal and state grants, and CCO contractual obligations.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$841,061	\$326,635	\$927,829	\$77,293
Contractual Services	\$87,000	\$142,040	\$86,000	\$142,040
Materials & Supplies	\$100,128	\$993	\$94,937	\$0
Internal Services	\$204,019	\$38,215	\$221,629	\$10,295
Total GF/non-GF	\$1,232,208	\$507,883	\$1,330,395	\$229,628
Program Total:	\$1,740,091		\$1,560,023	
Program FTE	2.60	1.80	3.20	0.30

Program Revenues				
Intergovernmental	\$0	\$507,883	\$0	\$229,628
Other / Miscellaneous	\$180,000	\$0	\$276,100	\$0
Beginning Working Capital	\$100,000	\$0	\$192,340	\$0
Service Charges	\$880,000	\$0	\$861,955	\$0
Total Revenue	\$1,160,000	\$507,883	\$1,330,395	\$229,628

Explanation of Revenues

This program generates \$133,882 in indirect revenues.

Medical Directors (Physician, Nurse Practitioner, Physician Assistants) is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant)

- \$ 87,588 - State Family Planning
- \$ 1,330,395 - Patients Fees
- \$ 142,040 - Federal Primary care 330

Significant Program Changes

Last Year this program was: FY 2021: 40030 Medical Director

During calendar year 2020, ICS faced significant challenges due to COVID-19. The Medical Director's Office worked closely with ICS Primary Care Operations and regional and public health recommendations balancing client and staff safety, PPE supply and COVID prevalence trends to lead changes to the way care is provided, tailoring care and outreach strategies for groups most at risk, COVID-19 also brought staffing challenges which impacted the way care is provided. FTE change: added a Program Specialist Sr to help lead Clinical Quality Metrics work with a focus on racial equity, to provide program support for the Reproductive Health Program, to provide ongoing support for provider retention, and provide additional operational support for Medical Director's Office and clinical initiatives. 1.5 Project Manager position removed due to end in grant funding.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The pharmacy program provides critical medication access to Health Department clients as well as emergency preparedness programs. The pharmacies dispense approximately 370,000 prescriptions per year to insured, under-insured and uninsured clients of Primary care Clinics, Student Health Centers, HIV Health Services Center, Sexually Transmitted Disease (STD) Clinic, Communicable Disease Services and Harm Reduction clinics. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Medications are primarily purchased through the 340B drug pricing program (a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices). Different contracts are used to provide medications for individuals upon release from County Corrections and to provide naloxone overdose medications to community partners and first responders.

Revenue generated by the pharmacies are used to provide discounted medications for underinsured and uninsured clients - no client is denied medication due to inability to pay. Revenue is also used to support other services within ICS, including laboratory services, medication disposal services, and the Clinical Pharmacy Program.

The Clinical Pharmacy Program consists of seven clinical pharmacists who are embedded in primary care clinics and the HIV Health Service Center. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and manage chronic conditions such as diabetes under collaborative practice agreements upon referral from providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Prescription Volume	371,443	366,500	366,494	372,000
Outcome	Average Prescription Cost	28.31	32.24	30.24	32.62
Outcome	Capture rate	62%	62%	62%	64%
Quality	Adherence Monitoring	223	210	240	480

Performance Measures Descriptions

1. Prescription Volume (prescriptions filled) reflects the number of prescriptions filled during the fiscal year.
2. Average Prescription Cost reflects the costs associated with filling a prescription minus the actual cost of the medication.
3. Capture Rate is the percentage of prescriptions filled by primary care providers that are filled at County pharmacies.
4. Adherence Monitoring refers to the number of clients enrolled in appointment-based refills or who receive specialized packaging to assist in the proper use of medications.

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Care 330 Grant and those services must be in compliance with the HRSA Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all Oregon Board of Pharmacy and DEA regulations and are accredited by The Joint Commission.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$8,924,280	\$0	\$9,097,700
Contractual Services	\$0	\$242,142	\$0	\$128,453
Materials & Supplies	\$0	\$15,368,480	\$0	\$20,633,491
Internal Services	\$0	\$3,721,075	\$0	\$3,940,777
Capital Outlay	\$0	\$100,000	\$0	\$150,000
Total GF/non-GF	\$0	\$28,355,977	\$0	\$33,950,421
Program Total:	\$28,355,977		\$33,950,421	
Program FTE	0.00	55.13	0.00	55.33

Program Revenues				
Service Charges	\$0	\$28,355,977	\$0	\$33,950,421
Total Revenue	\$0	\$28,355,977	\$0	\$33,950,421

Explanation of Revenues

This program generates \$1,211,815 in indirect revenues.

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees. The program uses no County General Fund.

\$ 33,667,923 - Prescription Fees

\$ 282,498 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2021: 40031 Pharmacy

Increased expenditures on drugs.

Continued optimization of new pharmacy management software to achieve our objective of enhancing services such as IVR and providing adherence monitoring services to a larger proportion of our clients using race/ethnicity data as a foundation.

Ability to reconcile payments from 3rd party payers for the first time.

Exploration of feasibility for expansion of mail order options for clients.

Implementation of a contract pharmacy for securing additional revenue from clients filling prescriptions at external pharmacies (pilot with one pharmacy).

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. Medical Records helps to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards as well as serving as the Privacy Manager for the Health Department.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. The lab handles approximately 250,000 specimens per year. Medical Records fulfills approximately 15,000 medical records requests per year. Performs laboratory tests on client and environmental specimens, manages external laboratory contracts, prepares for emergencies (including bioterrorism), and assists with the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving healthcare in Health Department facilities.

Health Information Management program 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of records requests completed	12,715	15,000	11,000	13,000
Outcome	Number of laboratory specimens handled by the Central Lab	245,000	245,000	245,000	245,000
Quality	Lab proficiency/competency assessments completed	95	95	95	95

Performance Measures Descriptions

Output: Number of records requests completed is an indicator of performance and volume of work for the Medical Records program

Outcome: Number of laboratory specimens handled by the Central Lab is an indicator of performance and volume of work for the Laboratory program

Quality: Assessments completed is an indicator of appropriate skills and training of Lab staff

Legal / Contractual Obligation

Federal and state mandates in addition to the Bureau of Primary Health Care 330 Grant require maintenance of health records, including medical, dental, and pharmacy, as well as the provision of laboratory services. The electronic health record (EHR) and practice management contractual obligations are per the contractual agreement with the Health Department and OCHIN. The laboratory program is accredited by the Joint Commission.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,805,867	\$2,368,627	\$2,129,092	\$2,423,730
Contractual Services	\$20,400	\$44,200	\$8,000	\$49,000
Materials & Supplies	\$57,764	\$184,849	\$45,760	\$191,803
Internal Services	\$823,675	\$636,786	\$746,344	\$697,548
Capital Outlay	\$0	\$200,000	\$0	\$200,000
Total GF/non-GF	\$3,707,706	\$3,434,462	\$2,929,196	\$3,562,081
Program Total:	\$7,142,168		\$6,491,277	
Program FTE	22.05	20.55	17.12	20.38

Program Revenues				
Intergovernmental	\$0	\$270,362	\$0	\$269,904
Other / Miscellaneous	\$2,050,000	\$0	\$1,847,800	\$0
Beginning Working Capital	\$450,000	\$0	\$450,000	\$0
Service Charges	\$910,000	\$3,164,100	\$631,396	\$3,292,177
Total Revenue	\$3,410,000	\$3,434,462	\$2,929,196	\$3,562,081

Explanation of Revenues

This program generates \$606,436 in indirect revenues.

Revenue generated from laboratory services are included in the medical visit revenue posted to the health clinics and is used to offset the cost of services not collected from uninsured and underinsured clients. A small amount of general fund is utilized to support HIM services.

\$ 3,292,117 - Revenue Lab

\$ 2,297,860 - Medicaid Quality and Incentive Revenue

\$ 631,396 - FQHC Medicaid Wraparound

\$ 269,904 - Federal Primary Care 330

Significant Program Changes

Last Year this program was: FY 2021: 40032 Lab and Medical Records

The Central Laboratory has provided considerable support to primary care, public health, and corrections health on the implementation of multiple COVID-19 and influenza rapid point-of-care tests including procurement of supplies, training, validation, CLIA license maintenance, and reporting.

FTE change: no change to positions. Part of the positions and funding are in PO40096 Public Health In/Out of Scope Services and PO40050D Corrections Health In/Out of Scope Services for the continuation of support services and compliance with HRSA federal spending requirements.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Patient Access Center (PAC) is the gateway for existing patients and all new community members seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs. PAC also provides written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Patient Access Center (PAC) is the point of entry for scheduling new and established clients for the Primary Care clinics. PAC also schedules new and established dental clients seeking both urgent and routine dental services. PAC provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for MCHD medical, dental, social services and key community service partners.

PAC'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 to receive culturally competent interpretation throughout all of the MCHD programs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of calls answered	316,000	330,000	330,000	330,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	15%	12%	25%	15%

Performance Measures Descriptions

Output: Number of calls answered by PAC during the fiscal year. This number is an indicator of performance and demand for services.

Outcome: Average percent of calls that are disconnected before a PAC representative can answer. This is an indicator of performance and patient experience.

Legal / Contractual Obligation

PAC is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,874,174	\$589,638	\$1,951,377	\$581,209
Contractual Services	\$90,000	\$0	\$110,000	\$0
Materials & Supplies	\$15,215	\$0	\$14,202	\$0
Internal Services	\$767,950	\$68,988	\$766,621	\$77,417
Total GF/non-GF	\$2,747,339	\$658,626	\$2,842,200	\$658,626
Program Total:	\$3,405,965		\$3,500,826	
Program FTE	20.20	6.80	20.50	6.50

Program Revenues				
Intergovernmental	\$0	\$658,626	\$0	\$658,626
Other / Miscellaneous	\$640,000	\$0	\$640,000	\$0
Beginning Working Capital	\$100,000	\$0	\$605,786	\$0
Service Charges	\$1,639,000	\$0	\$1,596,414	\$0
Total Revenue	\$2,379,000	\$658,626	\$2,842,200	\$658,626

Explanation of Revenues

This program generates \$337,340 in indirect revenues.

The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

- \$ 1,596,414 - Medical Fees
- \$ 1,245,786 - Medicaid Quality and Incentive
- \$ 658,626 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2021: 40033 Primary Care and Dental Access and Referral

Adaptation of a new phone system (Finesse). Staff began teleworking April 2020 due to the COVID-19 pandemic. Developed individual staff key performance indicators. Nurses were assigned to PAC (4/20 - 9/20). Language Services were unable to schedule in person interpreters for the greater part of 2020.

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

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. 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 coordinating adherence to health care standards and regulations (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare), and the state based Patient-Centered Primary Care Home (PCPCH) model, which provides critical quality incentive funding.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

This program supports services within the project scope of the BPHC grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, 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. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. In addition, this also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and TJC are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the 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. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Maintain accreditation with The Joint Commission, including the patient centered medical home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC HRSA Community Health Center Program	100%	100%	100%	100%
Outcome	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

Maintain accreditation with The Joint Commission (TJC), in support of quality and safety and to bill Medicaid.
 Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Community Health Center Program. Required to continue specific service level agreements and financial benefits for patients.
 HRSA Community Health Center Program Grant renewed annually, including reporting of services provided, staffing, and patient demographics.

Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$5,507,428	\$1,722,545	\$8,165,231	\$1,117,419
Contractual Services	\$159,970	\$0	\$119,000	\$0
Materials & Supplies	\$231,702	\$315	\$197,733	\$2,492
Internal Services	\$1,523,785	\$201,538	\$2,503,518	\$148,754
Total GF/non-GF	\$7,422,885	\$1,924,398	\$10,985,482	\$1,268,665
Program Total:	\$9,347,283		\$12,254,147	
Program FTE	39.17	15.57	53.75	9.35

Program Revenues				
Intergovernmental	\$0	\$1,233,448	\$0	\$1,051,965
Other / Miscellaneous	\$3,412,030	\$690,950	\$3,886,574	\$216,700
Beginning Working Capital	\$837,780	\$0	\$2,050,000	\$0
Service Charges	\$2,393,463	\$0	\$5,048,908	\$0
Total Revenue	\$6,643,273	\$1,924,398	\$10,985,482	\$1,268,665

Explanation of Revenues

This program generates \$1,236,364 in indirect 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.

\$ 4,519,323 - FQHC Medicaid Wraparound

\$ 1,051,965 - Federal Primary Care (330) grant

\$ 6,466,159 - Medicaid Quality and Incentives

\$ 216,700 - Medicare Annual Wellness Visit Program

Significant Program Changes

Last Year this program was: FY 2021: 40034 ICS Administration, Operations, and Quality Assurance

As part of the wider community health center program's response to COVID19, staff in the quality and operational teams have developed specific workflows to support testing and vaccination during the pandemic. The program will continue to support these efforts as part of the community health center's response to COVID19.

FTE change: 7.36 positions to support ICS Finance and Business Intelligence.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy

Program Offer Type: Administration **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care.

The Community Health Center Board (CHCB) is the federally mandated consumer-majority governing board that oversees the County's Community Health Center (also known as a public entity Federally Qualified Health Center-FQHC).

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Community Health Center Board (CHCB) members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations. The CHCB must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. Meeting the federal mandated program requirements allows the Health Center retain the federal grant and all benefits associated with the FQHC status. The CHCB works closely with the Community Health Center Executive Director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Community Health Center (FQHC services).

The CHCB has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county persons who use the Health Department's FQHC clinical services. The Council is currently comprised of 12 members and is a fair representation of the communities served by the Health Department's Health Center services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of CHCB Meetings	12	12	12	12
Outcome	Percentage of consumers involved on the CHCB	51%	51%	51%	51%

Performance Measures Descriptions

Output: The Community Health Center Board must meet at least monthly, as required by Bureau of Primary Care FQHC requirements to perform board responsibilities.

Outcome: The Community Health Center Board must ensure 51% patient majority per federal requirements.

Legal / Contractual Obligation

HRSA's 19 mandatory program requirements include Board Governance for the Community Health Center Board and oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$128,429	\$0	\$136,242	\$0
Contractual Services	\$104,670	\$0	\$16,000	\$0
Materials & Supplies	\$9,450	\$0	\$5,028	\$0
Internal Services	\$17,390	\$0	\$43,830	\$0
Total GF/non-GF	\$259,939	\$0	\$201,100	\$0
Program Total:	\$259,939		\$201,100	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$201,100	\$0
Total Revenue	\$0	\$0	\$201,100	\$0

Explanation of Revenues

This program generates \$18,147 in indirect revenues.
\$ 201,100 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2021: 40036 Community Health Council and Civic Governance

Due to COVID 19, the CHCB meetings transitioned to a virtual platform.

Department: Health Department **Program Contact:** Andrea Hamberg
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053, 40008
Program Characteristics:

Executive Summary

Environmental Health Community Programs (EHCP) impact a wide range of well-documented, upstream, and emerging environmental health issues, with the goal to eliminate environmental hazards that contribute to racial and ethnic health disparities. 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; communications; and direct services.

Program Summary

EHCP is a continuum of services that 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: works closely with the REACH program to ensure safe and healthy neighborhoods through participation in local planning efforts, data analysis, and technical assistance to help community understand environmental risks. Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public as part of empowering communities to advocate on their own behalf. Climate Change: works to understand upstream, emerging health issues related to climate change and protect the public's health from their impacts.

With communities of color experiencing disproportionate burdens of the above environmental health issues, EHCP monitors racial disparities in exposures as well as outcomes as part of its environmental justice approach. Exposure measure examples include proximity to sources of air pollution, presence of lead, toxic fish consumption, urban heat, and access to physical activity. Outcome measures are drawn from data on deaths and illnesses linked to environmental hazards, such as cancer, asthma, heart disease, diabetes, dementia, lead poisoning, traffic crash injuries, heat illness, and vector-borne disease. These data then guide programming to focus on communities experiencing disparities through multilingual services, culturally specific education and communications, and partnerships with community-based organizations and culturally specific County programs. Input from these communities is solicited through engagement with community coalitions, feedback from City agencies, focus groups, and interagency work groups.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of community members receiving information on environmental threats	241,507	200,000	658,500	200,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	77	40	36	40
Outcome	Number of policies adopted that include health- and health justice-based recommendations	9	10	8	10
Outcome	Number of activities that support health-based policy development	34	30	30	30

Performance Measures Descriptions

1) Includes all program areas, counting community members receiving mailings, attending events, direct contact with staff, visiting web sites, and exposure to media campaigns. Increase in FY21 estimate is due to the September forest fire / woodsmoke event. 3) Policy recommendations are developed with an environmental justice lens. 4) Measure includes work products (memos/SBEARRs, reports, bill analyses) that all include equity assessments.

Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210, 8.20.200, 29.30.110, 29.30.060, and Multnomah County Housing Code 21.800 (shared with Vector Control); Multnomah County Code Chapter 21.450 Air Quality Regulation of wood burning devices and recreational burning. Contract with State of Oregon, Port of Portland and Portland Bureau of Environmental Services to provide outreach and education related to consuming fish from Portland Harbor Superfund site. Contract with Portland Water Bureau to provide information, education and access to water testing for lead. Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$167,382	\$305,258	\$254,622	\$372,286
Contractual Services	\$21,838	\$22,299	\$3,138	\$81,979
Materials & Supplies	\$4,480	\$68,709	\$3,599	\$17,654
Internal Services	\$29,185	\$64,699	\$26,243	\$72,194
Total GF/non-GF	\$222,885	\$460,965	\$287,602	\$544,113
Program Total:	\$683,850		\$831,715	
Program FTE	1.18	2.30	1.69	2.74

Program Revenues				
Intergovernmental	\$0	\$288,965	\$0	\$225,000
Service Charges	\$0	\$172,000	\$0	\$319,113
Total Revenue	\$0	\$460,965	\$0	\$544,113

Explanation of Revenues

This program generates \$49,589 in indirect revenues.
 \$ 225,000 - The City of Portland
 \$ 319,113 - Fish Advisory Outreach funding

Significant Program Changes

Last Year this program was: FY 2021: 40037 Environmental Health Community Programs

Significant Changes: In FY22, EHCP will lose State of Oregon Lead funding. The program also will have increased County General Fund Support.

COVID-19-Related Impacts: In FY21, Toxics Reduction lead screening clinics and in-person lead inspections were paused and contracts with community organizations were delayed for fish safety programming. Staff in these areas were partially deployed into COVID-19 response, resulting in their associated work progressing slowly and fewer public health communications on these topics. EHCP also revamped public health communications in other areas to include COVID-19 considerations, including home-based health risks such as drowning, lead exposure, air quality, etc.

Department: Health Department **Program Contact:** Andrea Hamberg

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

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

Executive Summary

Environmental Health Community Programs (EHCP) impact a wide range of well-documented, upstream, and emerging environmental health issues, with the goal to eliminate environmental hazards that contribute to racial and ethnic health disparities. The part of this work supported by this program offer is the woodsmoke program.

Program Summary

Environmental Health Community Programs (EHCP) is a continuum of services that 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.

The woodsmoke program implements county ordinance 1253 curtailing wood burning on winter days with high air pollution. Implementation includes issuing daily air quality forecasts, fielding complaints, investigations and enforcement, and conducting outreach campaigns. The program also monitors health burdens from air pollution and works with governmental and community stakeholders to reduce impacts among the populations most affected. Environmental justice is foundational to the approach of the team, emphasizing the protection of groups who have historically been disproportionately burdened by pollution. New funding in FY22 will support an additional Program Specialist to conduct outreach focusing on behavior change, increase enforcement capacity, and provide support for air quality monitoring. New funds also provide resources for expanding the reach of educational campaigns in multiple languages and formats.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of community members receiving information on environmental threats	N/A	N/A	N/A	100,000
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	N/A	N/A	N/A	50%

Performance Measures Descriptions

1) Measured by social media captures, mailing numbers, email group contacts, and public meetings. Output in 40037A includes woodsmoke in FY20, FY21, and FY22 numbers. The 100,000 listed here is only reflects new program capacity for this FY22 program offer. 2) Survey for this measure will be new for FY22 (no comparable estimates for previous years) and calculated by proportion of survey respondents indicating they burn only on green days or not at all.

Legal / Contractual Obligation

Multnomah County Code Chapter 21.450 Air Quality Regulation of wood burning devices and recreational burning.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$110,183	\$0
Contractual Services	\$0	\$0	\$15,000	\$0
Materials & Supplies	\$0	\$0	\$34,817	\$0
Total GF/non-GF	\$0	\$0	\$160,000	\$0
Program Total:	\$0		\$160,000	
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:

New resources in FY22 will greatly expand EHCP outreach and enforcement capacity during the woodsmoke season, including pollution reduction efforts with community partners and wildfire smoke response. The balance between key program functions of outreach, enforcement, and monitoring could be influenced by input from a woodsmoke workgroup anticipated to convene in summer 2021. However, EHCP will reach at least a minimum of 100,000 more community members through outreach and implement a new survey to better measure how many people are aware of and complying with the woodsmoke curtailment ordinance. In previous years, surveys had limited reach and only focused on burning behavior during a single season (around 75% of respondents indicated they changed their behavior). The FY22 survey will have a significantly larger reach as a result of increased outreach and focus on burning behavior change in current and future seasons to better reflect long-term programmatic outcomes. The larger sample size and focus on long-term behavior is why the measure for the FY22 offer has been set at 50%.

Department: Health Department

Program Contact: Debi Smith

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Health Department's Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

Program Summary

The program consists of critical functions that support the Health Department's Human Resources objectives. Those functions are:

Recruitment and Hiring - The Human Resources recruitment and hiring efforts continue to be at a high level due to the workforce size and the complexity of programs and services. Recruitment and hiring needs are, in general, due to normal attrition and other leadership and staffing changes throughout the year. Our recruitment strategies continue to reflect the county's core values for workplace diversity and inclusion and practices are in place to reduce unintended barriers that impact those values. Practices include ensuring sourcing and outreach efforts attract diverse applicants, ensuring announcements clearly state our commitment to diversity, equity and inclusion, ensuring the interview panels are made up of diverse participants and ensuring managers are making hiring decisions that align with diversity targets and goals. The Workforce Equity Strategic Plan (WESP) also drives our commitments to ensuring workforce equity related to professional development, promotion and retention are prioritized. In addition to the general recruitment and hiring needs, the COVID-19 pandemic emergency required the recruitment team to pivot and urgently hire a large number of staff, with intentional cultural competency and language knowledge, skills and abilities, within a relatively short period of time. This proved to be a heavy lift and additional resources were required to ensure efficiency, quality and intended results. Our objective is to continue to provide a high-level of responsiveness and quality hiring outcomes for general and particularly emergency response staffing. Strategic staffing practices that encourage internal development and continuity are planned as well as efforts to continue to build and retain a workforce that is culturally diverse with inclusive and equitable practices embedded in it.

Organizational Effectiveness - Critical areas related to our organizational effectiveness is our ability to provide Workday support, Class Comp administration and ADA process facilitation. These functions are required to ensure efficiency and quality support for division operations and workforce resources including WESP focus area commitments. The objective is to continue to plan and provide quality resources including audit completion, training staff and leadership on expectations and application, and real-time support to ensure program and performance standards are achieved.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% increase in diversity of workforce	1	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	3.5	7	4	4
Output	% Completion of Annual Performance Planning and Review	78	100	85	90

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,750,112	\$0	\$2,752,256	\$0
Contractual Services	\$40,000	\$0	\$37,000	\$0
Materials & Supplies	\$114,904	\$0	\$33,826	\$0
Internal Services	\$610,196	\$0	\$633,334	\$0
Total GF/non-GF	\$3,515,212	\$0	\$3,456,416	\$0
Program Total:	\$3,515,212		\$3,456,416	
Program FTE	19.75	0.00	17.88	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40039 Human Resources

COVID-19 presented an immediate need to create, build, and hire two new, unique work units to address contact tracing and case investigation requirements as well as Community Testing and Vaccination roll out. This responsibility was tasked to the Health Department recruitment team, in addition to their regular recruitment responsibilities.

Department: Health Department

Program Contact: Debi Smith

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

The Health Department's Human Resources division is responsible for providing resources and leadership to Health Department employees in a way that fosters a supportive, compassionate, safe, trustworthy, respectful and motivating work environment for all staff. Human Resources supports a workforce of over 1400 staff at various work sites where Public Health, Behavioral Health, Corrections Health, Integrated Clinical Services, and Finance/Business Services operate.

Program Summary

Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

The key function areas that drive Human Resources operations are Recruitment and Staffing that include onboarding new staff, strategic partnering with leadership on critical staffing priorities while driving diversity targets and strategies, also includes career counseling for staff seeking skill development and promotion and strategies for building networks and partnership with community organizations to foster pipelines for County employment. Employee Relations that involves working with management and staff on matters related to employee satisfaction and recognition, team development, employee and supervisor performance management and coaching, and correction action and discipline. Labor Relations that involve leading and managing complaint investigations, providing conflict resolution and mediation, partnering with County Labor Relations and Legal teams on union contract interpretation, compliance and negotiations, and interpretation and compliance of local state federal law requirements. This work also involves partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements. Other Human Resources Operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA, Privacy Compliance, Class Comp, Data Management and Employee File Maintenance.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% increase in diversity of workforce	1	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	3.5	7	4	4
Output	% Completion of Annual Performance Planning and Review	78	100	85	90

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$270,427	\$0
Total GF/non-GF	\$0	\$0	\$270,427	\$0
Program Total:	\$0		\$270,427	
Program FTE	0.00	0.00	2.80	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:** Wendy Lear
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40041, 40042
Program Characteristics:

Executive Summary

This program offer supports the essential programs and services of the Health Department. The goal of this program and of the division is to provide expert business and financial management, consultation and support to all our divisions, programs, and business partners. Equity is incorporated into all the planning, operational and decision-making processes of the division.

Program Summary

This program is responsible for providing all financial reporting and forecasting, grant accounting, budget development, and accounts payable services for the Health Department. These teams serve as liaisons for the Health Department with the Department of County Management (e.g. Budget Office, Central Finance). They are responsible for adhering to County budget, financial and administrative procedures, policies and practices. Compliance with a multitude of federal, state and county financial policies and procedures is a key responsibility of this division.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of invoices processed	17,000	14,000	17,000	17,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	7	8	10	8
Quality	Number of audit findings in County's annual financial audit.	1 finding	No findings	No findings	No Findings

Performance Measures Descriptions

'# of invoices processed' measures output for the accounts payable unit.

The average number of days from receipt to recording revenue measures the cash management's unit's performance to process revenue.

The division aims to avoid auditing findings for the department by prioritizing compliance and ensuring accurate and accessible documentation.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$5,243,801	\$0	\$5,140,777	\$0
Contractual Services	\$116,096	\$0	\$56,500	\$0
Materials & Supplies	\$127,799	\$0	\$78,090	\$0
Internal Services	\$2,686,395	\$0	\$2,739,070	\$0
Total GF/non-GF	\$8,174,091	\$0	\$8,014,437	\$0
Program Total:	\$8,174,091		\$8,014,437	
Program FTE	36.80	0.00	33.80	0.00

Program Revenues				
Other / Miscellaneous	\$10,946,248	\$0	\$12,285,467	\$0
Total Revenue	\$10,946,248	\$0	\$12,285,467	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40040 Financial and Business Management Services

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The accounts payable unit processed more than \$88 million dollars in invoices in 2020 and entered more than 21,000 invoices, ensuring that our vendors were paid on time and that our partners had the cash flow they needed to respond to COVID-19. From December 30th, 2020 to January 27th, 2021 the team also distributed more than 2,700 restaurant relief payments totaling more than \$5 million dollars to restaurants and food cart vendors in just four weeks.

The cash management team handled more than \$240 million dollars in funds in 2020 and issued approximately 200 refunds. The team recorded more than 90 million dollars in health center fee revenue in 2020.

Two vacancies FTE were cut to meet budgetary constraints.

Department: Health Department **Program Contact:** Virgil Gillespie
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40040, 40042
Program Characteristics:

Executive Summary

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

Program Summary

The Medical Accounts Receivable Team is responsible for billing and collecting nearly \$80 million a year in medical revenue. This includes billing, collection, cash handling and patient account services for clinics (primary care, school based health clinics, specialty public health and dental) as well as ancillary (lab, pharmacy), community based care (early childhood, healthy homes) and behavioral health services. The medical billing team maintains, bills and reconciles claims submitted to more than 200 different insurance carriers including Health Share of Oregon, Family Care and other Medicaid, Medicare, and commercial medical and dental insurance plans.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of encounters processed for payment	250,458	256,338	260,000	260,000
Outcome	Percent of Receivables aged (older than 90 days)	18%	20%	20%	20%
Quality	Avg Days In Accounts Receivable	60+	40	38	40

Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,092,242	\$0	\$1,316,535	\$0
Contractual Services	\$10,121	\$0	\$13,015	\$0
Materials & Supplies	\$36,112	\$0	\$226,929	\$0
Internal Services	\$272,780	\$0	\$193,577	\$0
Total GF/non-GF	\$1,411,255	\$0	\$1,750,056	\$0
Program Total:	\$1,411,255		\$1,750,056	
Program FTE	9.00	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 2021: 40041 Medical Accounts Receivable

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The Medical Accounts Receivable team identified changes in billing requirements and updates processes as payors updated reimbursement models for telemedicine and clinics adjusted their services.

Department:	Health Department	Program Contact:	Darren Chilton
Program Offer Type:	Support	Program Offer Stage:	As Adopted
Related Programs:	40040		

Program Characteristics:

Executive Summary

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

Program Summary

Health Department Contracts and Procurement processes more than 1,000 contracts, intergovernmental and professional service agreements or amendments for the department. They also provide purchasing support for the procurement of a wide array of products, goods and services, totaling more than \$30 million per year. They safeguard the department from risk; ensure compliance with federal and state public procurement laws and regulations; seek out cost effective high quality goods and services for the Health Department clinics, programs and activities.

Budgetary constraints will put some of these activities at risk, resulting in delays in order placement, contract execution and timely contract amendments.

This program also manages the vaccine depot where vaccines are received, stored and distributed, in the safest manner possible, using cold-chain management strategies which follow State and Federal guidelines. The depot processes on average 80 orders per month. This is the primary point of contact for routine vaccine services management and has had a key role in emergency public health responses that requires vaccine prophylaxis.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of contracts or amendments processed	900	1,050	1,150	1,075
Outcome	Percent of contracts executed by start of contract	90%	90%	85%	90%

Performance Measures Descriptions

The number of contracts or amendments processed signals workload for the unit. Some contracts have retroactive start dates. The percentage of contracts executed prior to their effective dates is a measure of how efficiently the team completes its work.

Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,597,203	\$0	\$1,787,181	\$0
Contractual Services	\$60,085	\$0	\$0	\$0
Materials & Supplies	\$21,339	\$0	\$0	\$0
Internal Services	\$266,839	\$0	\$272,262	\$0
Total GF/non-GF	\$1,945,466	\$0	\$2,059,443	\$0
Program Total:	\$1,945,466		\$2,059,443	
Program FTE	12.50	0.00	12.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40042 Contracts & Procurement

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The team completed a significant number of emergency procurement requests in response to emergency COVID-19 response needs for the department and the County's emergency operations center. The team helped the department distribute more than 3.5 Million in Cares Act funding to community partners for COVID-19 response. In addition to contracting and procurement, the vaccine depot successfully distributed COVID-19 vaccinations in December for medical professionals and first responders.

Department: Health Department **Program Contact:** Elizabeth O'Neill
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer includes a team of developers, analysts and a project manager who provide report development and analytic services to the department. In addition, the annual cost of the EPIC practice management, and the Electronic Health Record (EHR) system used by the Health Department is budgeted here.

Program Summary

The Health Data and Analytic Team (HDAT) provides business intelligence, analytics, data visualization, and data governance services for the entire department to support decision making. The team leads federal, state and local reporting processes to ensure compliance with funding requirements. They create and maintain hundreds of operational reports for on-going business intelligence needs.

A portion of 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). All of the medical services provided by the Health department use this electronic healthcare 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.

The Health Data and Analytic Team is committed to centering equity in policy and practice. The team will support the disaggregation of data and advocate for reports and dashboards that allow for a more complete and comprehensive analysis of disparities in health outcomes, recruiting, hiring and retention and help identify operational metrics that evaluate the equity impacts of department policies and practices. The department initiatives focused on IT prioritization and data governance center activities that advance racial equity and help to dismantle white supremacy.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of reports and/or requests created*	246	125	377	350
Outcome	% of repeat customers for data & business intelligence**	N/A	N/A	43%	42%

Performance Measures Descriptions

*Metric change: FY21 was "Number of reports created." FY20 Actual was 220; FY20 Budget was 125. Changed to capture the other business intelligence products created for internal customers

**New outcome measure.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$806,235	\$0	\$847,573	\$0
Contractual Services	\$428,529	\$0	\$810,838	\$0
Materials & Supplies	\$1,824,075	\$0	\$1,401,235	\$0
Internal Services	\$92,243	\$0	\$134,429	\$0
Total GF/non-GF	\$3,151,082	\$0	\$3,194,075	\$0
Program Total:	\$3,151,082		\$3,194,075	
Program FTE	5.75	0.00	5.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$262,978	\$0
Total Revenue	\$0	\$0	\$262,978	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40044 Health Clinical Data and Reporting

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The Health Data and Analytic Team implemented a new request form and project tracking system. The team has responded to more than 220 requests since July 2020 and begun more than 24 projects including automating the roll-up of the budget tool and using virtual machines to boost processing power, Behavioral Health Emergency Dashboard, APM data automation, and a Medical Examiner staff analysis. The team's most notable success is a redesign of the federal compliance reporting process for our Health Center called the UDS. The HDAT team also serves as key strategists and contributors to the county-wide Financial Data Mart. Through strengthened partnerships with IT, this team has launched three efforts to create cohesive IT prioritization for the Health Department using our department's mission and values.

Department: Health Department **Program Contact:** Maria Lisa Johnson
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Organizational Development supports the Health Department’s effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. Our scope of services includes organizational assessment, change management, strategic planning, executive coaching, leadership and team development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change.

Program Summary

The division oversees the following three teams:

The Office of Equity and Inclusion is responsible for guiding, supporting and promoting a culture of safety, trust and belonging that starts with racial justice. OEI supports the Health Department in growing leaders to advance equity and inclusion through policy, structural and cultural change. The team supports the Health Department to meet the WESP performance measures. This includes staffing the Health Department Workforce Equity Committee.

Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development. As part of this team’s organizational development work, Learning and Development provides facilitation and consultation on team building, change management, succession planning, and positive workplace culture. This program is also responsible for the Workday Learning platform functions, including the creation and maintenance of courses and offerings, Learning Partner administration, and departmental and division-specific online training coordination.

Communications and Marketing develops internal communications strategies to promote shared understanding and organizational cohesion. It also works to promote essential health services and disseminate timely health information to our diverse communities. Specific services include development of communication plans, graphic design, web content creation and maintenance, media campaigns and department-wide messaging to promote shared understanding and organizational cohesion.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of managers participating in coaching/learning to integrate Racially Just core competency	40	59	60	60
Outcome	Number of people reached through social media posts	1,157,300	134,000	134,000	500,000
Output	Number of employees completing leadership development training	n/a	80	65	80
Outcome	% of employees reporting they’ve applied leadership development content in their day to day work	n/a	70	90	75

Performance Measures Descriptions

Performance measures that report on the number of managers participating in leadership programs and coaching to integrate racial justice competencies speak to WESP commitments and culture change.

Individuals reached through social media posts speak to a strong communications infrastructure, compelling messages, and more robust presence on social media platforms.

Legal / Contractual Obligation

n/a

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,893,867	\$0	\$2,253,723	\$0
Contractual Services	\$106,222	\$0	\$25,000	\$0
Materials & Supplies	\$79,091	\$0	\$226,781	\$0
Internal Services	\$296,667	\$0	\$290,867	\$0
Total GF/non-GF	\$2,375,847	\$0	\$2,796,371	\$0
Program Total:	\$2,375,847		\$2,796,371	
Program FTE	11.80	0.00	14.80	0.00

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

Explanation of Revenues

County General Fund

Significant Program Changes**Last Year this program was:** FY 2021: 40046 Organizational Development

When COVID emerged in our community, Public Health leaders requested additional capacity to support the response. All members of the Communications and Marketing Team were fully deployed to develop communications in over 20 languages and staff a robust web and social media presence. The team did not have the capacity to develop internal messaging on culture change. Internal communications were significantly curtailed.

Both the Learning and Development Team and the Office of Equity and Inclusion pivoted to support our new contact tracing workforce with anti-racism coaching, onboarding, and training. Training shifted to remote platforms with updated and adapted curricula and incorporation of additional training modalities. Departmental strategic planning shifted in support of more immediate (3 months) strategic frameworks highlighting the department's role in the COVID response.

For FY22, we are creating 3 new positions by redirecting existing resources. An HR Analyst Senior shall oversee the implementation of the WESP across the department. An HR Analyst 2 shall implement the Mentoring Matters and Peer2Peer programs. A third position, yet to be classified, shall oversee Manager Onboarding. All 3 positions respond to recommendations prioritized by the Equity Leadership Program for the implementation of the WESP.

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 60 detained youth at any one time (+3,000 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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 hours/day, seven days a week providing care for 60 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. 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. In partnership with the Health Department's Clinical Systems Information program, an electronic medical record program implementation is in process. The program will include electronic medication prescription and administration. The electronic medical record will improve staff efficiency and promote client safety.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of client visits conducted by a CH nurse per year	2,500	2,500	2,000	2,000
Outcome	% of detained youth receiving mental health medications monthly	45%	43%	43%	40%

Performance Measures Descriptions

Measure 1: Tracking the number of visits per year helps to assess client access to care and resource utilization
Measure 2: Tracking percentage of youth receiving psychotropic medication 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,034,914	\$0	\$881,200	\$0
Contractual Services	\$0	\$0	\$7,502	\$0
Materials & Supplies	\$65,452	\$0	\$34,643	\$0
Internal Services	\$264,410	\$0	\$285,042	\$0
Total GF/non-GF	\$1,364,776	\$0	\$1,208,387	\$0
Program Total:	\$1,364,776		\$1,208,387	
Program FTE	5.40	0.00	4.40	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40049 Corrections Health Juvenile Detention

Given a general reduction in client population as well as general efficiencies achieved with cross-coverage of providers, a reduction in personnel could be attained in FY 2022 without impacting clinical quantity or quality provided to the youth at the Juvenile Detention Home. This offer was changed to reduce one 0.6 FTE Nurse Practitioner position and one 0.8 FTE Community Health Nurse position.

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 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs. MCDC averages 40+ newly booked individuals each day. Nurses (24 hours/7 days a week) 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. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues are appropriately addressed in a hospital setting before booking. 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # of Reception Screening ("EPF"--Entry Progress Form) completed in one month	1,900	1,820	1,820	1,200
Outcome	% of positive screenings resulting in a referral to the mental health team per year	30%	35%	35%	35%

Performance Measures Descriptions

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with the static jail population and more accurately reflects incoming patient volume.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$3,304,337	\$0	\$3,696,394	\$0
Contractual Services	\$156,683	\$0	\$180,000	\$0
Materials & Supplies	\$317,053	\$0	\$9,394	\$0
Internal Services	\$269,488	\$0	\$305,779	\$0
Total GF/non-GF	\$4,047,561	\$0	\$4,191,567	\$0
Program Total:	\$4,047,561		\$4,191,567	
Program FTE	22.10	0.00	19.20	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. Corrections Health no longer receives revenue through a co-pay system. Adults in custody are not charged a fee for health care services.

Significant Program Changes

Last Year this program was: FY 2021: 40050A Corrections Health Multnomah County Detention Center (MCDC)

Significant changes for FY22 in Program Offers 40050A, 40050B & 40050C:

This offer reduces the FTE of the current Deputy Medical Director who is also concurrently serving as the Director of Corrections Health, so that administrative and leadership adjustments can be made within the Division to allow for greater leadership opportunities within the Division, to enhance opportunities for greater leadership equity and to promote adequate succession planning. The Deputy Director FTE is reduced from 1.0 FTE to 0.80 FTE.

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 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, 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, IV therapy, and post-surgical care are provided in the jail instead of a high cost hospital. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. The fourth floor housing unit 4D is acute mental health with 10 beds. Both medical and mental health services are provided to these chronically ill clients. Mental health is managed by a team of mental health nurses, consultants and providers. A mental health Manager and mental health consultants provide support for forensic diversion and other programs, testify in court when appropriate and participate in multidisciplinary team processes to ensure the most appropriate and least restrictive housing is utilized, and that efforts to divert detainees from jail are expedited.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,000	1,000	700	700
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.

Measure 2: 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,183,984	\$0	\$1,504,089	\$0
Contractual Services	\$457,410	\$0	\$565,000	\$0
Materials & Supplies	\$464,088	\$0	\$695,056	\$0
Internal Services	\$376,797	\$0	\$401,192	\$0
Total GF/non-GF	\$3,482,279	\$0	\$3,165,337	\$0
Program Total:	\$3,482,279		\$3,165,337	
Program FTE	10.50	0.00	9.40	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40050B Corrections Health MCDL Clinical Services and 4th Floor Housing

Significant changes for FY22 in Program Offers 40050A, 40050B & 40050C:

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 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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. Expansion of the use of Medication Assisted Treatment using buprenorphine has allowed for more effective, efficient and humane management of withdrawal from opiates. Per protocols, buprenorphine is provided to all opiate-involved pregnant women, detainees with documented use of buprenorphine in a community program and detainees undergoing severe opiate withdrawal.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,000	1,000	700	700
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.
 Measure 2: 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,730,766	\$0	\$2,404,987	\$0
Contractual Services	\$332,790	\$0	\$376,748	\$0
Materials & Supplies	\$3,694	\$0	\$7,681	\$0
Internal Services	\$251,199	\$0	\$267,461	\$0
Total GF/non-GF	\$3,318,449	\$0	\$3,056,877	\$0
Program Total:	\$3,318,449		\$3,056,877	
Program FTE	17.50	0.00	13.60	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40050C Corrections Health MDCDC Housing Floors 5, 6, 7 & 8

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

In FY 2021, ICS received technical assistance from HRSA regarding financial and governance requirements related to FQHCs. This included clarification of how FQHC funds could be applied to services of the health center and staff roles which also supported non-health center services in Corrections Health and Public Health Programs. After review, HRSA clarified that funds from the FQHC cannot be spent on these out-of-scope programs or for staff who support out-of-scope activities. In response, MC removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services to support out of scope activities. MC will use the County General Fund to support these services in FY 2022 and going forward.

Program Summary

This program offer will provide funding for Corrections Health to continue to provide essential services previously provided by Integrated Clinical Services. The program offer focuses on areas such as credentialing, laboratory management, infection control, and coordination of language services and health records.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the services to maintain those functions previously supplied by Integrated Clinical Services. Positions added would support infection control efforts in all three facilities, managing fit testing for respirator use and training CH personnel, laboratory support at both adult facilities to support CLIA activities and administrative support for staff credentialing, organization of language services and coordination of health record transfers and requests. For the services remaining in ICS, ICS Electronic Health Record support provides day to day EPIC support for Corrections Health, supports program planning and implementation of programs and is the liaison to OCHIN. The team also performs monthly maintenance and provides updates. The Health Information Services (HIS) team provides support by responding to and processing information requests, referrals and HIPAA investigations. HIS along with the County Attorney provide privacy guidance and support, and HIS provides retention guidance as needed.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Electronic Health Record on site hours per year	N/A	N/A	N/A	9
Outcome	Successfully completed HIPAA investigations involving Corrections Health per year	N/A	N/A	N/A	14
Output	Electronic Health Record user requests addressed per year	N/A	N/A	N/A	51

Performance Measures Descriptions

- Measure 1: EHR support provided on site at one of the CH facilities
- Measure 2: Resolved HIPAA investigations involving Corrections Health medical records
- Measure 3: Number of resolved requests submitted by CH staff regarding the Electronic Health Record

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$802,524	\$0
Total GF/non-GF	\$0	\$0	\$802,524	\$0
Program Total:	\$0		\$802,524	
Program FTE	0.00	0.00	6.63	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

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

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

Related Programs:
Program Characteristics:
Executive Summary

This program offer will provide funding for Corrections Health to continue to provide essential services to the population of the adult detention facilities and the Donald E. Long Detention Center, particularly should they continue to increase from the lower levels achieved in 2020 during the COVID-19 pandemic.

Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the clinical activities required to continue to provide essential services to the individuals in custody under the responsibility of Corrections Health. Nurses (24 hours/7 days a week) 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. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues (trauma, drug ingestion, pregnancy complications, serious wounds and infections) are appropriately addressed in a hospital setting before booking. In addition, significant resources are utilized to perform case management of the USM detainees, including coordination of specialist services, screening for communicable diseases and coordinating transfer of care to other facilities. Eligibility specialists sign adults up for the Oregon Health Plan so they are able to access health care when released from custody, including accessing treatment programs for early release. Additionally, staff assess and treat acute and chronic medical, dental and mental health issues as appropriate during each individual's incarceration. The mental health team is composed of PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average number of Reception Screenings ("EPF"--Entry Progress Form) completed in a month	1,815	1,820	1,090	1,800
Outcome	Percentage of positive screenings resulting in referral to mental health team per year	35%	35%	33%	33%

Performance Measures Descriptions

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with static jail population and more accurately reflects incoming patient volume. 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$623,639	\$0
Materials & Supplies	\$0	\$0	\$22,059	\$0
Total GF/non-GF	\$0	\$0	\$645,698	\$0
Program Total:	\$0		\$645,698	
Program FTE	0.00	0.00	4.00	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

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

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

Related Programs:
Program Characteristics:

Executive Summary

This program offer will provide funding to allow Corrections Health to add a Division Director position. The addition will promote equity in leadership, develop adequate infrastructure to support proactive equity efforts in the Division, allow for enhanced quality improvement, supervision and review efforts and create a structure supporting succession planning. The enhanced infrastructure will allow Corrections Health to more effectively lead a staff of increasing diversity and to provide essential services to the population disproportionately involved in the criminal justice system.

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.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents enhancement of the leadership structure of Corrections Health to more closely reflect that found in other Divisions, where a Director oversees overall operations. The current Deputy Medical Director position will become more closely aligned with clinical operations and will work in conjunction with the new positions. Overall, the new structure will facilitate future hiring of leadership positions, enhance succession planning and allow for increased quality improvement and oversight efforts. Future assessment of provision of equity-based healthcare services to the diverse client population in the adult and juvenile facilities and implementation of enhancements will be more easily accomplished with an achievable scope of responsibility for leadership

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Restructuring of Corrections Health Leadership to better reflect administrative demands and to enhance oversight	N/A	N/A	N/A	Achieved
Outcome	Development of formalized succession plan for Corrections Health Leadership	N/A	N/A	N/A	Achieved
Outcome	Enhanced diversity of Corrections Health Leadership	N/A	N/A	N/A	Achieved

Performance Measures Descriptions

Measure 1: Formal restructuring of leadership roles with defined areas of responsibility and oversight
 Measure 2: Formal succession plan for each leadership role with opportunities for advancement of current Corrections Health employees
 Measure 3: Progress toward developing leadership which better reflects the diversity of the employees of Corrections Health and the population served by Corrections Health

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$196,246	\$0
Total GF/non-GF	\$0	\$0	\$196,246	\$0
Program Total:	\$0		\$196,246	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

Department: 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 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. 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. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,540,709	\$0	\$3,447,188	\$0
Contractual Services	\$166,623	\$0	\$0	\$0
Materials & Supplies	\$891,154	\$0	\$4,993	\$0
Internal Services	\$346,889	\$0	\$460,172	\$0
Total GF/non-GF	\$3,945,375	\$0	\$3,912,353	\$0
Program Total:	\$3,945,375		\$3,912,353	
Program FTE	20.20	0.00	20.15	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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 allowing 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,798,791	\$0	\$1,261,369	\$0
Contractual Services	\$186,885	\$0	\$1,121,748	\$0
Materials & Supplies	\$161,432	\$0	\$615,989	\$0
Internal Services	\$109,545	\$0	\$135,079	\$0
Total GF/non-GF	\$2,256,653	\$0	\$3,134,185	\$0
Program Total:	\$2,256,653		\$3,134,185	
Program FTE	7.95	0.00	7.70	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,211,309	\$0	\$2,123,130	\$0
Contractual Services	\$186,885	\$0	\$0	\$0
Materials & Supplies	\$0	\$0	\$87,195	\$0
Total GF/non-GF	\$2,398,194	\$0	\$2,210,325	\$0
Program Total:	\$2,398,194		\$2,210,325	
Program FTE	9.30	0.00	8.50	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Given a general reduction in adult in custody population, opportunities were created to reduce one Medical Assistant position at Inverness Jail without impacting clinical quantity or quality provided to the adults in custody should jail populations not increase significantly. This offer was changed to reduce one 1.0 FTE Medical Assistant position.

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

Executive Summary

The County Medical Examiner's Office (MEO) operates 24/7/365 under ORS Chapter 146 to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year. The MEO contribute directly to the County's understanding of specific types of death, helping to inform county level responses related to suicide, violent deaths, COVID-19, overdoses and other leading causes of death. The MEO staff's ability to arrive on scene quickly directly affects the experience of loved ones who are otherwise alone with the deceased and law enforcement. This is a core public service that contributes to our fundamental understanding of disparities in morbidity and mortality among Multnomah County residents.

Program Summary

The MEO is involved in all deaths, with the exception of natural deaths occurring directly under physician care within certain timeframes and settings. As the majority of deaths investigated by the MEO are sudden and unexpected, they are uniquely positioned to help identify unusual and emerging causes of death and injury.

With a 25% increase in scene investigations in 2020, the MEO works directly and compassionately with loved ones to provide timely information regarding the cause and manner of death. Their work directly informs public health data used by the County and external partners to better serve, for example, the LGBTQ community, those experiencing homelessness and those facing mental health crisis and addiction.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of deaths requiring investigation	2,631	2,500	2,700	2,750
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	63%	80%	63%	75%
Outcome	Increase the number of in-person scene responses with a death investigator on scene	771	850	1009	1200

Performance Measures Descriptions

Output: Number of deaths in the County that require investigations. Census data regarding deaths is 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 to support public safety, law enforcement, and affected members of the public. Optional Outcome: A death investigator will respond in-person to scene calls to investigate deaths (versus investigation via phone). Provides support to community. ensures deaths are investigated. reduces involvement of law enforcement.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,464,418	\$15,993	\$1,525,186	\$0
Contractual Services	\$62,555	\$0	\$96,814	\$0
Materials & Supplies	\$60,487	\$7	\$31,390	\$0
Internal Services	\$266,827	\$1,872	\$219,351	\$0
Total GF/non-GF	\$1,854,287	\$17,872	\$1,872,741	\$0
Program Total:	\$1,872,159		\$1,872,741	
Program FTE	11.00	0.00	11.50	0.00

Program Revenues				
Intergovernmental	\$0	\$17,872	\$0	\$0
Total Revenue	\$0	\$17,872	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40052 Medical Examiner

COVID-19: The MEO has expanded families' and the County's understanding of COVID-19 related deaths and individuals' health-seeking behavior during the pandemic. The COVID-19 pandemic has also increased costs associated with providing all staff appropriate PPE to conduct scene investigations and meetings with families.

Contractual Changes: Until Dec 2019, the MEO had been housed for decades with the State Medical Examiner's Office located in Clackamas County. The move to the new McCoy building shortened response times but has increased budget needs related to employee travel for daily intake at the State facility, overnight storage with our transportation company and overall increased transportation costs. Work is ongoing to minimize staff conducting intake and update a contract with the State Medical Examiner that accurately reflects each agency's contribution to this vital service.

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

Executive Summary

The County Medical Examiner's Office (MEO) operates 24/7/365 under ORS Chapter 146 to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year. The MEO contribute directly to the County's understanding of specific types of death, helping to inform county level responses related to suicide, violent deaths, COVID-19, overdoses and other leading causes of death. The MEO staff's ability to arrive on scene quickly directly affects the experience of loved ones who are otherwise alone with the deceased and law enforcement. This is a core public service that contributes to our fundamental understanding of disparities in morbidity and mortality among Multnomah County residents.

Program Summary

The MEO is involved in all deaths, with the exception of natural deaths occurring directly under physician care within certain timeframes and settings. As the majority of deaths investigated by the MEO are sudden and unexpected, they are uniquely positioned to help identify unusual and emerging causes of death and injury.

With a 25% increase in scene investigations in 2020, the MEO works directly and compassionately with loved ones to provide timely information regarding the cause and manner of death. Their work directly informs public health data used by the County and external partners to better serve, for example, the LGBTQ community, those experiencing homelessness and those facing mental health crisis and addiction.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Increase in overall number of deaths requiring investigation	N/A	N/A	N/A	N/A
Outcome	Increase in-person investigations for deaths in Multnomah County	N/A	N/A	N/A	N/A
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls-improvement in outcome	N/A	N/A	N/A	N/A

Performance Measures Descriptions

This out of target offer for an additional investigator will help the program manage the increase in deaths requiring investigation and the percentage of deaths where a Deputy Medical Examiner is able to respond in-person.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$107,175	\$0
Materials & Supplies	\$0	\$0	\$76	\$0
Internal Services	\$0	\$0	\$18,933	\$0
Total GF/non-GF	\$0	\$0	\$126,184	\$0
Program Total:	\$0		\$126,184	
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 eight full-time Deputy Medical Examiners (aka Death Investigators) and one Chief Deputy Medical Examiner to cover an ORS-required 24/7/365 operation. Medical Examiner offices nationally, with comparable populations and caseload, employ between 10-13 investigative staff to respond to calls and manage caseload. Medical Examiner caseload steadily increases each year due to increases in overall population and increases in deaths requiring investigation (overdoses, accidents, homicides).

In FY21, the MEO managed a total of 2,631 cases, assuming jurisdiction in 1,753 cases. The MEO provided an in-person scene response in 1005 of the 2,631 cases. Of the 2,631 cases, approximately 400 are hospital deaths that do not require in-person investigation. The MEO experienced a 25% increase in jurisdiction cases due to increased cases involving overdoses, accidents, homicides, suicides and COVID-19. Additionally, there was a 35% increase in calls providing in-person investigation from FY20. The MEO was unable to respond in-person to approximately 40% of our overall cases due to staffing insufficiencies.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40060, 40037
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end chronic disease and related racial/ethnic health disparities within the Black/African American/African immigrant and refugee communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture- and strength-based approach, relying on community wisdom to implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors through communications, 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 the community-identified priorities and CDC-funded communication, policy, system, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. REACH has three current areas of focus: nutrition, physical activity, and community-clinical linkages. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number people with access to them. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinant of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinant, health behavior, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by the Black/African American/African communities and plan responsive strategies. Community-voiced data on lived experience is especially valued and incorporated into planning, especially given the limitations of institutional data, such as not disaggregating data for Black immigrants/refugees. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars, and events to gather community concerns.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of policy, systems and environment strategies implemented	15	25	25	25
Outcome	# of Black/African American/African Immigrants reached through policy, systems and environment changes	2,500	4,000	5,000	4,000
Output	# of settings implementing policy, systems and environment strategies	10	20	25	20

Performance Measures Descriptions

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$343,598	\$381,566	\$304,671	\$425,010
Contractual Services	\$76,720	\$317,345	\$140,000	\$347,195
Materials & Supplies	\$24,171	\$48,445	\$0	\$1,162
Internal Services	\$83,746	\$44,644	\$83,746	\$94,968
Total GF/non-GF	\$528,235	\$792,000	\$528,417	\$868,335
Program Total:	\$1,320,235		\$1,396,752	
Program FTE	2.50	3.00	2.10	3.40

Program Revenues				
Intergovernmental	\$0	\$792,000	\$0	\$868,335
Total Revenue	\$0	\$792,000	\$0	\$868,335

Explanation of Revenues

This program generates \$56,612 in indirect revenues.
 \$ 868,335 - REACH Federal fund

Significant Program Changes

Last Year this program was: FY 2021: 40053 Racial and Ethnic Approaches to Community Health

COVID-19-Related Impacts: In FY21, REACH/ACHIEVE community partners (both formal and informal) were delayed or unable to complete original work plan deliverables and activities due to supporting COVID-19 response and/or COVID-19 restrictions. Some original scopes of work in work plans and contracts were redirected to provide COVID-19 support, response, and recovery to address the immediate needs and concerns of the community.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40055, 40056, 40058, 40097
Program Characteristics:

Executive Summary

Public Health's Maternal Child Family Health (MCFH) 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. This partnership and the tools mothers receive, enable families to build confidence and work towards a life of stability and success for both mother and child.

Program Summary

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. The goals of NFP are to improve pregnancy outcomes by promoting health-related behaviors; and improve child health, development, and safety by promoting competent care-giving. 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.

MCFH has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Board, and rigorous evaluation support through the NFP National Service Office and State Nurse Consultant. Long-term benefits to the county include healthy children ready to learn; decreased costs related to child welfare and juvenile justice; and over the long-term, families less affected by chronic disease. MCFH has connected the NFP model 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. African American families served through HBI are reflected in the HBI Program Offer (40058).

MCFH programs review and monitor local and national maternal and infant health data, as well as program specific data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. MCHF programs reach populations most disparately impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through boards/collaboratives. NFP's Community Advisory Board enables clients to influence and guide how they engage in MCFH services and provide input in other collaborative settings to influence program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families served	233	240	183	200
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	88%	65%	65%	65%
Quality	Participants who remain in program until child is two years old	N/A	N/A	N/A	80%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	N/A	N/A	N/A	95%

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, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$100,405	\$1,495,486	\$153,893	\$1,073,763
Contractual Services	\$676,647	\$0	\$430,423	\$0
Materials & Supplies	\$59,447	\$3,361	\$38,140	\$4,666
Internal Services	\$202,247	\$174,972	\$169,461	\$143,025
Total GF/non-GF	\$1,038,746	\$1,673,819	\$791,917	\$1,221,454
Program Total:	\$2,712,565		\$2,013,371	
Program FTE	0.45	8.65	0.81	5.89

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$15,974	\$0	\$33,312
Service Charges	\$0	\$1,569,043	\$0	\$1,099,340
Total Revenue	\$0	\$1,673,819	\$0	\$1,221,454

Explanation of Revenues

This program generates \$143,025 in indirect revenues.

- \$ 33,312 - Miscellaneous Revenues
- \$ 88,802 - State MCH Babies first grant
- \$ 1,132,651 - NFP Medicaid Babies First

Significant Program Changes

Last Year this program was: FY 2021: 40054 Nurse Family Partnership

COVID-19-Related Impacts - In FY22, there is a reduction in required County General Fund Target Case Management match due to reduced visit revenue for the first six months of the fiscal year. In FY21, MCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers. FY22 projects a return to some in-person services and an associated increase in number of families served. Staff will also continue to support COVID-19 response for MCFH clients.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40056, 40058, 40097
Program Characteristics:

Executive Summary

This program includes Healthy Homes Asthma Home Visiting 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. Services include health assessments in the home; care coordination; technical assistance for providers who serve children with special healthcare needs; advocacy for children and families in the health care, social service, and education systems; building a family's capacity to work with health/social services systems; reducing environmental toxins in the home; 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.

The Healthy Homes Asthma Home Visiting program addresses health inequities by improving the livability of the home environment. Healthy Homes goals are to improve adherence to the child's asthma action plan and the livability of the home environment while reducing asthma triggers for children and families. 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 (OCDC), and Multnomah Early Childhood Program (MECP).

MCFH Consulting services utilize demographic data from Mt. Hood Head Start, OCDC, and MECP programming to tailor services to address racial health inequities and reach families most disparately impacted. MECP, Mt Hood, and OCDC have advisory boards with parents and community members on them to influence programming. Healthy Homes uses data on housing conditions, demographics, and health indicators to inform services. Referrals are received from parents, teachers, providers, and other community agencies to reach families most disparately impacted.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of families receiving an environmental home inspection	33	45	25	30
Outcome	% completion of final Asthma Home assessments	85%	80%	50%	80%
Output	# of technical assistance consults to service providers who work with children with special health care needs	300	300	300	300

Performance Measures Descriptions

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$213,236	\$491,012	\$216,395	\$680,326
Contractual Services	\$103,256	\$0	\$102,844	\$3,000
Materials & Supplies	\$12,418	\$5,437	\$12,466	\$19,016
Internal Services	\$0	\$53,342	\$120,970	\$90,622
Total GF/non-GF	\$328,910	\$549,791	\$452,675	\$792,964
Program Total:	\$878,701		\$1,245,639	
Program FTE	1.47	3.43	1.20	5.60

Program Revenues				
Intergovernmental	\$0	\$34,000	\$0	\$34,000
Other / Miscellaneous	\$0	\$272,431	\$0	\$515,605
Service Charges	\$0	\$243,360	\$0	\$243,359
Total Revenue	\$0	\$549,791	\$0	\$792,964

Explanation of Revenues

This program generates \$90,622 in indirect revenues.

- \$ 515,605 - DDSD CHN
- \$ 17,000 - MHCC Head Start CHN
- \$ 17,000 - OCDC CHN
- \$ 243,359 - Healthy Homes TCM

Significant Program Changes

Last Year this program was: FY 2021: 40055 Home and Community Based Health Consulting Restoration

Significant Changes - In FY22, there is increased funding from David Douglas School District which will add a total of 1.9 FTE.

COVID-19-Related Impacts: In FY21, MCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers and assessments. FY22 projects a return to some in-person services and an associated increases in performance. Staff will continue to support COVID-19 response for MCFH clients.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058, 40097
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, culturally adapted, evidence-based, early childhood home visiting (ECHV) program, part of the state-wide HF Oregon network. HFMC serves children and families where screening has detected high parent stress, with the goal to improve infant bonding and early development. 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.

Program Summary

The goal of HFMC is to promote child and family wellbeing and prevent the abuse and neglect of children through family-centered, culturally responsive, and strengths-based support. Families who qualify for services are offered voluntary home (or tele) 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, which are critical to kindergarten readiness.

HFMC has 2 components: 1) Welcome Baby Screening for eligibility to link families to services based on choice and fit, including to multiple culturally specific programs throughout the county. 2) HFMC home visiting (currently televisiting), which delivers the accredited, culturally adapted, evidence-based Healthy Families America model via four community based organizations. These contractors deliver culturally and/or population-specific focus, including African American, Immigrant/Refugee, Latinx, teens, and parents with significant substance abuse or trauma histories. Supportive services, including mental health and housing/utility assistance, are also provided. Approximately 78% of HFMC families are BIPOC and 95% are low income.

HFMC takes a data-driven approach to program screening to prioritize program availability for BIPOC families. Annual births by race, OHP status, and hospital identify where to focus hospital screening services to ensure the most disparately impacted populations are engaged in services. Screening collects race/ethnicity and language. A regular CQI process examines rates of engagement and retention by race/ethnicity and language. HFMC also reviews community data to determine if there are service gaps or the need to add new culturally specific teams. HFMC has an advisory group with consumer and BIPOC majority membership to evaluate data and guide program practices. In addition, co-participation in Healthy Birth Initiative Community Action Network supports ongoing program development. HFMC evaluates programming annually through both staff and family satisfaction surveys/measures, which include cultural sensitivity measures.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of families served with home visiting	465	480	450	480
Outcome	% of participating parents who report reading to/with a child at least 3 times/week	95%	95%	95%	95%
Outcome	% of families remaining in intensive services for 12 months or longer	65%	75%	70%	70%
Outcome	% of families served are BIPOC and/or low income	95%	95%	95%	95%

Performance Measures Descriptions

Performance Measure 1: Number of families enrolled in long-term home visiting; total individuals served is much larger.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$144,342	\$582,789	\$135,506	\$619,963
Contractual Services	\$367,058	\$1,695,059	\$584,362	\$1,561,869
Materials & Supplies	\$32,720	\$9,616	\$0	\$30,516
Internal Services	\$108,675	\$67,463	\$118,986	\$82,579
Total GF/non-GF	\$652,795	\$2,354,927	\$838,854	\$2,294,927
Program Total:	\$3,007,722		\$3,133,781	
Program FTE	1.13	4.74	0.87	5.00

Program Revenues				
Intergovernmental	\$0	\$2,294,927	\$0	\$2,294,927
Other / Miscellaneous	\$0	\$60,000	\$0	\$0
Total Revenue	\$0	\$2,354,927	\$0	\$2,294,927

Explanation of Revenues

This program generates \$82,579 in indirect 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 a 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.

\$ 2,154,927 - Healthy Families Grant

\$ 140,000 - State Healthy Start MAC

Significant Program Changes

Last Year this program was: FY 2021: 40056 Healthy Families

COVID-19-Related Impacts - In FY21, HFMC had to stop hospital screening, which, compounded with stressed health systems, impacted referrals and program entry. MCHF also shifted to telehealth visits in March 2020, which limited contractor capacity for various reasons. FY22 projects a return to some in-person screening and services and an associated increase in families served.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics:

Executive Summary

The Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 20 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. HBI also focuses on the importance of father involvement in achieving better outcomes.

Program Summary

The Black/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. HBI's core goal is to eliminate these disparities. Long-term benefits of the program include healthy children who ready to learn; a healthier work force; increased parent advocacy skills; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

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 nurses utilize the Nurse Family Partnership (NFP) program as a key component of home visiting services, as well as numerous other evidence-based models. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI nurses also participate on committees to help NFP gain a better understanding of leading with race and implementing racial equity change throughout their system.

HBI uses program data, as well as local, state, and national data to guide programmatic focus. HBI reaches the Black/African American community through targeted marketing and outreach both to community members and providers who serve the community, as well as by engaging clients in a Community Action Network (CAN). 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. The CAN offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation. HBI staff also present to a variety of health systems to educate providers on ways to provide better care to HBI clients.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families served	191	450	300	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	65%	95%	95%
Quality	Percent of participants who remain in program until child is two years old	76F%	80%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	100%	95%	100%	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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$981,786	\$1,121,337	\$958,622	\$1,238,363
Contractual Services	\$7,013	\$376,708	\$235,684	\$103,072
Materials & Supplies	\$59,489	\$43,762	\$39,251	\$42,585
Internal Services	\$306,321	\$131,196	\$163,373	\$286,440
Total GF/non-GF	\$1,354,609	\$1,673,003	\$1,396,930	\$1,670,460
Program Total:	\$3,027,612		\$3,067,390	
Program FTE	7.50	8.30	7.05	8.75

Program Revenues				
Intergovernmental	\$0	\$980,000	\$0	\$980,000
Other / Miscellaneous	\$0	\$7,987	\$0	\$16,493
Service Charges	\$0	\$685,016	\$0	\$673,967
Total Revenue	\$0	\$1,673,003	\$0	\$1,670,460

Explanation of Revenues

This program generates \$164,949 in indirect revenues.
Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

\$ 980,000 - Health Resources Services Administration grant

\$ 673,967 - Targeted Case Management

\$ 16,493 - HBI recoveries

Significant Program Changes

Last Year this program was: FY 2021: 40058 Healthy Birth Initiative

COVID-19-Related Impacts - In FY21, MCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers. FY22 projects a return to some in-person services and an associated increase in number of families served. Staff will continue to support COVID-19 response for HBI clients.

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, 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 3,500+ 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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. Mental health services are also provided to inmates at MCIJ, both individually and in groups. Inmates are typically 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 hours/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. In addition to the services provided by mental health professionals, 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # mental health evaluations for suicide watch per month	250	250	250	250
Outcome	Average of total number of active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month	1,000	1,000	1,000	1,000
Outcome	% of detained youth receiving mental health medications monthly	45%	43%	43%	40%

Performance Measures Descriptions

Measure 1: Tracking MHC evaluations help to assess client access to care and resource utilization.
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, capture management of detainees felt to be at risk, better-reflecting resource needs Outcome Measure: Tracking percentage of youth receiving psychotropic medication 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$3,687,914	\$0	\$3,687,250	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$75,457	\$0	\$407,117	\$0
Internal Services	\$434,443	\$0	\$457,642	\$0
Total GF/non-GF	\$4,237,814	\$0	\$4,592,009	\$0
Program Total:	\$4,237,814		\$4,592,009	
Program FTE	24.70	0.00	23.25	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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided 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 2021: 40059 Corrections Health Mental Health Services

Given a general reduction in client population as well as a recent change in management of the Mental Health Services program in Corrections Health, opportunities were created to reduce one Mental Health Manager position to a Supervisor position while the remaining Mental Health Manager assumed the responsibilities for both adult jail facilities. In addition, a reduction in Mental Health Nurse Practitioner FTE could be attained in FY 2022 without impacting clinical quantity or quality provided to the adults in custody should jail population levels not increase significantly. This offer was changed to modify one Mental Health Manager position to a Program Supervisor position and to reduce one 0.8 FTE Nurse Practitioner position.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40053
Program Characteristics: Measure 5 Education

Executive Summary

Community & Adolescent Health (CAH) programs aim to reduce the leading preventable causes of death, namely chronic disease (e.g., heart disease, stroke, diabetes) and injuries (e.g., drug overdose, traffic accidents, homicide, suicide). CAH employs place-based strategies that address the shared risk factors for chronic disease and injury and a focus on the particularly formative adolescent stage of the life course, including laying the groundwork for sexual and relationship health. CAH programs focus on the social determinants, neighborhood conditions, trauma, and toxic stress at the root of these adverse health outcomes. CAH leads with the goal of eliminating racial and ethnic health disparities by addressing systemic racism's role in driving socioeconomic and other inequities.

Program Summary

Research shows zip code is a key determinant of health. Neighborhoods with socioeconomic disparities (higher poverty, lower educational attainment, disinvestment/gentrification) also have significant health disparities (chronic disease, exposure to violence and trauma, sexual/reproductive health). These geographic patterns also align with racial demographic distribution, highlighting the impact of system racism and de facto segregation. CAH works alongside community and school partners to prevent and improve these inequities through community-informed planning; training and technical assistance to build partner capacity; community health worker initiatives; communications; and policy, systems, and environmental improvements.

Programs include: Violence prevention – a public health approach including community-led projects to improve neighborhood livability, youth employment programs, and health education and teen dating violence prevention education in school and community settings. Sexual/relationship health - supporting schools to meet Oregon statutory requirements for comprehensive sexuality and healthy relationship education, child sexual abuse prevention programs, access to preventive reproductive health services, and technical support to culturally specific partners. Chronic diseases prevention - complementing other public health strategies by leveraging shared risk and protective factors for sexual health outcomes and violence that also increase access to healthy eating, active living, and smoke/nicotine-free environments.

CAH analyzes and maps local data on the leading causes of death, sexual health outcomes, incidents and exposure to violence, and other related indicators to identify the subpopulations and neighborhoods experiencing disparities. Analysis reveals stark racial disparities, informing CAH's strategic prioritization of racism's role in chronic disease, sexual health, and violence inequities. CAH centers community involvement and voice through cultivated partnerships, focus groups, needs assessments, and feedback loops to inform and guide program design.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	5,294	4,250	5,500	5,500
Outcome	# of policies, practices, health education, and technical assistance activities	211	55	85	85
Outcome	# of community and school sites involved in health promotion and prevention activities	61	50	50	55
Quality	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention curriculum	90%	85%	85%	85%

Performance Measures Descriptions

Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: support school districts who are legally obligated to meet this statute. Contractual obligation(s) include those outlined by our Grantor, Federal Office of Population Affairs (OPA) for our Teen Pregnancy Prevention (TPP) funding. Since CAH works to build capacity in community settings, we also follow COVID19 precautions related to in-person gatherings, service closures/ limitations etc.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,052,374	\$479,926	\$1,487,573	\$711,127
Contractual Services	\$230,441	\$133,800	\$154,473	\$954,316
Materials & Supplies	\$73,381	\$41,319	\$3,445	\$46,815
Internal Services	\$194,001	\$86,326	\$235,605	\$138,970
Total GF/non-GF	\$1,550,197	\$741,371	\$1,881,096	\$1,851,228
Program Total:	\$2,291,568		\$3,732,324	
Program FTE	8.45	4.25	11.18	5.27

Program Revenues				
Intergovernmental	\$0	\$741,371	\$0	\$1,851,228
Total Revenue	\$0	\$741,371	\$0	\$1,851,228

Explanation of Revenues

This program generates \$94,261 in indirect revenues.

- \$ 259,322 - 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
- \$ 106,906 - Public Health Modernization Local (HPCDP)
- \$ 30,000 - DHS My future My Choice fund
- \$ 1,455,000 - Adolescents and Communities

Significant Program Changes

Last Year this program was: FY 2021: 40060 Community & Adolescent Health

Significant Changes: In FY21, CAH received a new round of Office of Population Affairs Teen Pregnancy Prevention (TPP) at \$1,455,000 per year. Funding supports 3.11 FTE and community partner contracts. In FY22, the Centers for Disease Control and Prevention Teen Dating Violence/Youth Violence Prevention grant will end. Some service level will continue through a no cost extension and CAH's ongoing County General Funds. CAH plans to apply for a new round of youth violence prevention funding in the fall of 2021.

COVID-19-Related Impacts: In FY21, CAH had to move from in person to remote services for settings such as schools, CBOs, and other areas where youth gather and are supported by mentors. This shift decreased the total number of youth the program could serve (FY21 estimate is above FY21 offer since the new TPP grant and associated youth reach was not part of the FY21 offer). FY22 measures assume remote services with some ramp up of in-person services. CAH program leadership continues to advocate for flexibility in TPP grant performance metrics while COVID-19 precautions are in place because reach numbers cannot be met without broad in-person interventions.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B, 40012B
Program Characteristics:

Executive Summary

Harm Reduction provides access to sterile injection supplies to reduce transmission of HIV, HCV, and bacterial infections. The opioid epidemic, rising methamphetamine use, and COVID-19 have led to increased injection drug use and, in turn, the need for sterile syringe access and harm reduction services. The program provides syringe access and disposal, naloxone distribution, resources and linkage to culturally specific services, and health education. It also provides technical assistance to counties throughout Oregon to improve service availability outside of Portland-metro area.

Program Summary

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from injection drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. 69% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. Strategies include education, engagement, and promoting one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program offers services at field-based and clinical sites in targeted locations. The Harm Reduction Clinic provides low barrier wound/abscess care and sexual health services for people not typically engaged in health care. The program optimizes ability to engage clients in HCV and HIV testing, including field-based testing, and linkage to treatment. Opioid OD prevention and naloxone distribution help clients, first responders, and community members reduce fatal OD occurrence, which was 32% higher in 2020 compared to the same period during 2019. The program continues to expand naloxone distribution at sites and trains community partners to carry and distribute naloxone. Staff provide statewide technical assistance and capacity building, allowing local organizations to buy naloxone through the program.

Health Equity: Across services, staff build trusting relationships with clients to overcome barriers to care associated with multiple intersecting experiences of marginalization. Most clients face the stigma of drug use. 69% of clients report homelessness/unstable housing. With several populations of color disproportionately impacted by homelessness in Multnomah County, as well as racialized perceptions of drug use in the country, a leading-with-race equity approach to Harm Reduction's work amplifies the program's impact on systems-level changes that reduce health disparities. The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and service delivery. The program facilitates monthly peer advisory groups to guide program decisions and services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique clients served	6,820	N/A	6,931	7,028
Outcome	Number of overdose rescues reported	1,136	1,508	1,365	1,517
Outcome	Percentage of clients served that identify as BIPOC	22%	N/A	22%	23%
Output	Number of syringes distributed	9,462,556	N/A	10,356,190	11,775,446

Performance Measures Descriptions

Measures include individuals accessing services at Multnomah County and Outside In sites.

Legal / Contractual Obligation

Federal funds cannot be used to purchase syringes. Overdose prevention technical assistance is required by SAMHSA SOR grant. HIV outreach, education and testing is required under HIV Prevention Block Grant funding. The program is responsible for sub-contracting and monitoring HIV Prevention Block grant funds to community partners in Multnomah County.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$378,241	\$716,736	\$217,954	\$814,740
Contractual Services	\$286,187	\$156,019	\$313,034	\$96,280
Materials & Supplies	\$692,501	\$96,830	\$1,392,173	\$238,482
Internal Services	\$273,244	\$83,858	\$0	\$375,969
Total GF/non-GF	\$1,630,173	\$1,053,443	\$1,923,161	\$1,525,471
Program Total:	\$2,683,616		\$3,448,632	
Program FTE	3.49	6.31	1.99	7.13

Program Revenues				
Intergovernmental	\$0	\$1,023,013	\$0	\$1,119,618
Other / Miscellaneous	\$100,000	\$0	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$30,430
Total Revenue	\$100,000	\$1,053,443	\$0	\$1,525,471

Explanation of Revenues

This program generates \$104,767 in indirect revenues.

- \$ 462,492 - HIV Prevention Block Grant
- \$ 30,430 - Medicaid Reduction Clinic FFS
- \$ 359,449 - OHA HIV Harm Reduction
- \$ 297,677 - SAMHSA Naloxone Project (SOR)

Significant Program Changes

Last Year this program was: FY 2021: 40061 Harm Reduction

Significant Changes: In FY22, there is an increase in County General Fund to meet current demand for services and increased supply costs.

COVID-19-Related Impacts: In March 2020, Harm Reduction was deemed an essential health service and has remained open through the pandemic. At that time, the program replaced the 1-for-1 syringe exchange policy with a need-based syringe access policy that reduces COVID-19 transmission risk at service sites and in the community. This change increased syringe distribution by 178% and ensures syringes and other new supplies remain available in the community. OHA has provided over \$300,000 in supplies to support the change. Other impacts include not holding Peer Advisory Group meetings; reduction in volunteers; and reduction in overdose reports by clients since visits are less frequent (multiple naloxone kits are distributed at a visit and data show overdose events and mortality increased). At Harm Reduction clinic, services were paused from March-October 2020, and telemedicine visits began and will continue in some capacity in FY22.

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40067, 40068
Program Characteristics:

Executive Summary

Multnomah County's Behavioral Health Division (BHD) 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, BHD serves low-income, uninsured, and individuals who are homeless, as well as any of the over 800,000 county residents experiencing a behavioral health crisis. BHD provides a continuum of services directly and through a provider network. These programs serve approximately 53,000 annually.

Program Summary

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, BHD Administration oversees and manages all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. BHD is organized into 5 units: 1) The Community Mental Health Program (CMHP) which provides safety net and basic services to the entire county that include involuntary commitment, crisis services, and addiction services (under the Addictions Unit). 2) Direct Clinical Services (DCS), which encompasses all programs for children, youth, and families delivered directly by DCS staff. These services may be reimbursed by the local Coordinated Care Organization (CCO), by the state, or by another funding source. 3) Care Coordination for adults and children who are Medicaid members - funded by federal dollars through the local CCO as well as Choice, funded by the state. 4) Addictions, which includes a benefits coordination team, prevention, and technical assistance funded through the CCO, grants, and the state. 5) Quality Management which includes compliance, quality improvement, reporting, billing and Evolv. 6) Office of Consumer Engagement (OCE).

BHD 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. The Division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings. BHD Administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. BHD monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, BHD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. BHD management participates in planning at the state level to influence the policy decisions that affect the community we serve. BHD 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Behavioral Health Advisory Meetings ¹	23	23	19	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	77	80	94.4	80

Performance Measures Descriptions

¹Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings, This performance measure was impacted by COVID due to initial challenges with consumer access to technology.

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 Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$946,293	\$890,392	\$867,862	\$1,031,879
Contractual Services	\$0	\$395,000	\$24,609	\$57,774
Materials & Supplies	\$11,056	\$75,460	\$41,056	\$3,036
Internal Services	\$0	\$328,080	\$30,766	\$282,269
Total GF/non-GF	\$957,349	\$1,688,932	\$964,293	\$1,374,958
Program Total:	\$2,646,281		\$2,339,251	
Program FTE	5.99	4.49	5.99	5.49

Program Revenues				
Intergovernmental	\$0	\$738,046	\$0	\$790,163
Beginning Working Capital	\$0	\$950,886	\$0	\$584,795
Total Revenue	\$0	\$1,688,932	\$0	\$1,374,958

Explanation of Revenues

This program generates \$90,579 in indirect revenues.

\$ 180,000 - Behavioral Health Managed Care Fund

\$ 363,347 - State Mental Health Grant Local Admin

\$ 220,000 - Beginning Working Capital

\$ 426,816 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2021: 40065 Behavioral Health Division Administration

The COVID-19 pandemic meant that the BHD had to quickly pivot to virtual services, including telehealth and working from home. Additionally, the BHD worked closely with the Office of Emergency Management to provide Disaster Behavioral Health subject matter expertise and support to the Emergency Operations Center.

The CARES (Coronavirus Aid, Relief, and Economic Security) Act provided funding through the BHD for culturally specific behavioral health counseling and financial assistance to the community, with a focus on BIPOC and elder adults.

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year.

Department: Health Department **Program Contact:** Jennifer Gulzow
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 Behavioral Health Division's (BHD) clinical records required by Oregon Revised Statutes, Oregon Administrative Rules and Coordinated Care Organizations.

Program Summary

The Behavioral Health Division's Medical Records Unit ensures that mental health, care coordination, protective services and alcohol and drug medical 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; archiving and retrieval; forms design and management; authorization/release of information; legal requests for records; notary services; and health information management expertise.

As the Local Mental Health Authority, BHD is also responsible for programs such as involuntary commitment, commitment monitoring, trial visit and residential services which require maintenance of an individual's medical records. BHD direct service programs are expected to serve more than 27,000 individuals, each requiring a medical record.

In response to COVID, Medical Records, QM and IT implemented the use of electronic signatures for our Consent for Services, Email Permission, Text Permission and Release of Information forms this year. The Division is using the Google Suite with add-ons to accomplish this at no additional technology cost. It does require a staff to maintain the forms and the process. All forms and process documents were translated to the top 7 languages used by Multnomah County clients. The translation of documents will ensure the same access and customer experience for all clients.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Count of record items processed annually plus scanned document count ²	55,624	135,000	55,000	55,000
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules ¹	100	100	100	100

Performance Measures Descriptions

¹ Health Information Techs 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 BHD audit plans.
²The methodology for counting scanned documents has changed to more accurately reflect the workload. This is detailed in the significant changes section of the Program Offer.

Legal / Contractual Obligation

The following guidelines are utilized in monitoring the BHDs 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 OARs, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Ch. 1 Pt. 2, Public Laws 94-142 & 99-57, State of Oregon Mandatory Child Abuse Reporting Laws. Oregon Health Plan. Mental Health Organization Contract.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$190,640	\$362,737	\$200,453	\$389,735
Materials & Supplies	\$0	\$5,000	\$0	\$5,000
Internal Services	\$24,744	\$151,265	\$8,910	\$137,593
Total GF/non-GF	\$215,384	\$519,002	\$209,363	\$532,328
Program Total:	\$734,386		\$741,691	
Program FTE	2.00	4.00	2.00	4.00

Program Revenues				
Intergovernmental	\$0	\$255,537	\$0	\$427,967
Beginning Working Capital	\$0	\$263,465	\$0	\$104,361
Total Revenue	\$0	\$519,002	\$0	\$532,328

Explanation of Revenues

This program generates \$39,040 in indirect revenues.
 \$ 135,808 - State Mental Health Grant: LA 01 System Management and Coordination
 \$ 292,159 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2021: 40067 Medical Records for Behavioral Health Division

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year. In previous years, the data for this program offer was gathered by a report in Evolv that pulled rows of scanned documents and multiplied that number by 10 to indicate the average number of images for a scanned document. This method would have reported the number for this year to be 170,720. To accurately reflect the workload, the team tracks the number of documents they upload daily and 55,624 is a true representation. The team has clear methods for determining what constitutes a "document" for uploading. The previous method has been discontinued.

Department: Health Department **Program Contact:** Jennifer Gulzow
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40065, 40067
Program Characteristics:

Executive Summary

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work in conjunction to assure the Division has access to infrastructure supports and services. The teams provide technical assistance and support to all Division staff as well as contracted agencies who have access to the Evolv Electronic Health Record (EHR). These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

Program Summary

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures. In addition, they monitor Fraud, Waste and Abuse and manage audits from external parties.

There is one dedicated QM staff for Residential Services. This position is responsible for coordinating residential quality and tracking reportable residential adverse incidents annually; facilitating Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, IT and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best-practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level in the role of Board President, helping to support big improvements in Netsmart’s approach to our experience as an Evolv customer.

The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of CIM and MMIS data platforms, ensuring access controls. This year they optimized workflows to prevent and quickly respond to authorization related denials and monitoring of insurance coverage for BHD clients. They developed and delivered training materials to BHD staff on level of care forms, Care Oregon billing requirements, CIM usage and Fraud, Waste and Abuse.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of clinical reviews and incident reports reviewed	14,307	12,000	13,000	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	97	3	97	97
Output	Number of requests managed by Decision Support ²	3,300	4,900	4,100	4,000

Performance Measures Descriptions

¹This was changed to reflect the number of incidents that do not require a review by Critical Incident Review team, demonstrating increases or decreases in safe residential environments over time.

²Includes billing support tickets, Evolv project, support and reporting requests. CCO 2.0 changed the work/workload of the DSU team. 4,900 is a best guess estimate. Workload was down in FY20 as teams adjusted to changes in duties.

Legal / Contractual Obligation

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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$872,778	\$1,753,918	\$904,329	\$1,855,187
Contractual Services	\$0	\$210,676	\$0	\$236,536
Materials & Supplies	\$7,206	\$72,246	\$15,315	\$81,927
Internal Services	\$176,583	\$451,446	\$184,686	\$356,033
Total GF/non-GF	\$1,056,567	\$2,488,286	\$1,104,330	\$2,529,683
Program Total:	\$3,544,853		\$3,634,013	
Program FTE	6.31	12.59	5.96	12.94

Program Revenues				
Intergovernmental	\$0	\$1,299,251	\$0	\$1,518,272
Beginning Working Capital	\$0	\$1,189,035	\$0	\$1,011,411
Total Revenue	\$0	\$2,488,286	\$0	\$2,529,683

Explanation of Revenues

This program generates \$148,260 in indirect revenues.

- \$ 1,011,411 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates
- \$ 267,294 - Health Share Unrestricted Medicaid (Off the top) funding
- \$ 737,142 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 433,836 - Unrestricted Medicaid fund through CareOregon
- \$ 80,000 - State Mental Health Grant: A&D 66 Decision Support

Significant Program Changes

Last Year this program was: FY 2021: 40068 Behavioral Health Quality Management

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year.

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

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that services every member of Multnomah County. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for BIPOC, LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY22.

Program Summary

The behavioral health crisis system in Multnomah County consists of several interconnected services that address the acute behavioral health needs of its community members.

- 1) A primary component is the Multnomah County Call Center, which operates 24/7, 365 days/year. It is the hub for behavioral health crisis services for all county residents regardless of insurance status. The Call Center provides crisis intervention and brief solution focused therapy by phone, assesses for risk and triage to the appropriate level of care and response and assists callers with safety plan development. The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. This improves access and our clients' ability to move seamlessly through crisis levels of care. The Call Center is also responsible for assisting community members, including community providers, in understanding available resources to address behavioral health and basic needs. During COVID, the Call Center has been instrumental in connecting community members to needed financial resources and culturally specific services.
- 2) Another service is Project Respond, a mobile outreach service deployed by the Call Center or BOEC/911 to provide face-to-face crisis evaluation and triage services by local clinicians and peers as well as hospital diversion to those in crisis regardless of insurance status. Hospital Outreach Liaisons in the Project Respond program assist in diverting individuals in Emergency Departments from acute care services to appropriate treatment services in the community.
- 3) Finally, the Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. 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. It connects clients with resources that help pay for medications, housing, and transportation. Peer services are also available.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Crisis System Contacts ¹	68,944	77,300	89,390	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	89%	92%	90%	90%

Performance Measures Descriptions

¹FY20 CISCO Report: 69,810 (not including Wash County calls) Cascadia UWIC: 6,804 Project Respond/ED Liaison: 12,776 =89,390

² Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

*MITT is being removed, outside scope of program offer

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program contracts 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 Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$368,559	\$3,203,912	\$466,856	\$3,158,251
Contractual Services	\$930,581	\$6,500,885	\$1,019,145	\$6,431,313
Materials & Supplies	\$2,033	\$8,246	\$2,084	\$8,591
Internal Services	\$29,777	\$583,064	\$81,757	\$700,007
Total GF/non-GF	\$1,330,950	\$10,296,107	\$1,569,842	\$10,298,162
Program Total:	\$11,627,057		\$11,868,004	
Program FTE	2.80	19.78	3.30	19.28

Program Revenues				
Intergovernmental	\$0	\$9,857,373	\$0	\$9,988,934
Beginning Working Capital	\$0	\$438,734	\$0	\$309,228
Total Revenue	\$0	\$10,296,107	\$0	\$10,298,162

Explanation of Revenues

This program generates \$239,822 in indirect revenues.

\$ 546,953 - Washington County Crisis

\$ 5,812,870 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 05

Significant Program Changes

Last Year this program was: FY 2021: 40069A Behavioral Health Crisis Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that services every member of Multnomah County. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for BIPOC, LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY22.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services that address the acute mental health needs of its community members. These services include: the Multnomah County Call Center - a 24/7, 365 day/yr mental health crisis and resource referral line; Project Respond - a mobile outreach crisis response team; and the Urgent Walk-In Clinic (UWIC)

The Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. 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. It connects clients with resources that help pay for medications, housing, and transportation. Peer services are also available.

Program Offer 40069A reduced operations at the UWIC limiting psychiatry services offered on weekends - affecting approximately 700 clients over the course of the fiscal year. This program offer restores UWIC services to FY21 operations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Crisis System Contacts	N/A	N/A	N/A	350
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	89%	92%	90%	90%

Performance Measures Descriptions

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 contracts 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 Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$104,687	\$0
Total GF/non-GF	\$0	\$0	\$104,687	\$0
Program Total:	\$0		\$104,687	
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:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap 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 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

Program Summary

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. 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 program services adults, 18 years of age and older who have been diagnosed with a serious mental illness who are residents of Multnomah County. The individual is referred to CATC by community behavioral health outpatient providers, the walk-in crisis clinic, residential treatment providers, CMHP providers and the Portland Police, to name a few. Referrals are processed via the Multnomah County Call Center.

The target length of stay is 10 days. The individual is referred to community services as a part of their treatment which keeps them connected to the community, their length-of-stay is minimized, and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	192	175	175	175
Outcome	Number of admissions that are Non-HSO Multnomah Members	21	12	30	25
Output	Number of inpatient days for Non-HSO Multnomah Adults	9,867	8,800	9,700	9,700
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members ¹	38%	N/A	N/A	N/A

Performance Measures Descriptions

¹ This measure will be discontinued, BHD no longer operates as the Medicaid Plan Administration for Health Share of Oregon as of 12/31/2019.

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 Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$712,525	\$0	\$462,221	\$0
Total GF/non-GF	\$712,525	\$0	\$462,221	\$0
Program Total:	\$712,525		\$462,221	
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 2021: 40070A Mental Health Crisis Assessment & Treatment Center (CATC)

There is an Out of Target restoration request, PO#40700B for \$250,295. This is for individuals who do not qualify for Medicaid already have significant limitations for care and this would further reduce community access and impact those with higher acuity.

Restoration

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics:

Executive Summary

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap 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 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists. Due to CGF budget reductions in FY22, this offer will keep current service capacity whole.

Program Summary

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. 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/their mental illness. The program services adults, 18 years of age and older who have been diagnosed with a serious mental illness who are residents of Multnomah County. The individual is referred to CATC by community behavioral health outpatient providers, the walk-in crisis clinic, residential treatment providers, CMHP providers and the Portland Police, and others. Referrals are processed via the Multnomah County Call Center.

The target length of stay is 10 days. The individual is referred to community services as a part of their treatment which keeps them connected to the community, their length-of-stay is minimized, and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute 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.

A reduction in County General Funding will reduce the number of funded beds from 3 to 1 for those individuals who do not have Medicaid funding via Health Share of Oregon. This will negatively impact those uninsured or under insured Multnomah County residents that would benefit from an inpatient hospital step-down or diversion from emergency psychiatric services to a sub-acute secure setting. This will impact approximately 30 individuals annually.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	58	N/A	N/A	N/A
Outcome	N/A				
Output	# of admissions that are Non-HSO Multnomah Members	8	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

The Multnomah County Behavioral Health Division's 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$250,295	\$0
Total GF/non-GF	\$0	\$0	\$250,295	\$0
Program Total:	\$0		\$250,295	
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:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Behavioral Health Division's Adult Protective Services (APS) investigates abuse and neglect. Criteria that gives APS authority to open investigations include; individuals over age 18, receiving mental health services and/or that reside in a residential facility, and with a serious & persistent mental health diagnosis. APS offers community education/training to internal and external partners using a cultural lens and often facilitated by an African American Cultural Specialist Investigator/Screenener with the intent of opening dialogue regarding culture, race and protective services. Protective services are provided to individuals engaged in services and outreach/coordination and risk case management services to individuals not engaged in services or whose allegations don't meet our authority to open a case for investigation.

Program Summary

BHD's Adult Protective Services is a mandated program, guided by state law, to protect adults with severe and persistent mental illness from abuse and victimization. The program receives and screens abuse reports from mandatory reporters, community members and victims of abuse. Whether or not the incident qualifies for investigation, a risk assessment and protective services, including safety planning, is conducted to minimize the risk of these vulnerable individuals. The Division's APS coordinates multidisciplinary teams to develop plans to remove risk, reduce vulnerability and connect victims and potential victims to services. The program includes risk case management, which serves as an additional layer of support and connection for those who are most vulnerable due to mental illness, addiction, homelessness, and abuse. The APS program also an African American culturally specific abuse investigator position to provide screening, investigation and training services in a culturally and trauma informed manner by outreach to those BIPOC communities who historically under report to APS. This position is unique across the State of Oregon and is instrumental in addressing the historical under reporting of abuse in the African American community and tailoring interventions, supports and recommendations to be culturally specific. Finally, the Division's APS is responsible for providing mandatory abuse reporting training to our community partners and community members to increase their understanding of the rules, criteria, process and outcome of abuse reporting. The state now requires documentation through the Centralized Abuse Reporting database in addition to BHD's requirement for documentation in the official electronic health record, Evolv.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of protective services/investigations ¹	931	942	1,100	1,000
Outcome	# protective services screening referred to Risk Case Management ²	7	10	8	8
Outcome	Number of community education presentations ³	25	25	25	25

Performance Measures Descriptions

¹Protective services are offered to every alleged victim either directly or through safety planning with provider, which happens at the screening level. Not all screenings result in investigations.

²Cases referred to risk case management increased in acuity, therefore fewer cases were able to be assigned to this role (1FTE).

Legal / Contractual Obligation

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$834,168	\$267,065	\$820,578	\$267,961
Materials & Supplies	\$2,192	\$0	\$2,205	\$4
Internal Services	\$136,567	\$5,192	\$125,891	\$4,292
Total GF/non-GF	\$972,927	\$272,257	\$948,674	\$272,257
Program Total:	\$1,245,184		\$1,220,931	
Program FTE	5.90	1.90	5.90	1.90

Program Revenues				
Intergovernmental	\$0	\$272,257	\$0	\$272,257
Total Revenue	\$0	\$272,257	\$0	\$272,257

Explanation of Revenues

\$ 272,257 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2021: 40071 Behavioral Health Division Adult Protective Services

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

Executive Summary

Commitment Services include: Notices of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent NMIs and ICP staff are required to investigate to determine whether individuals on holds present a danger to themselves or others or are unable to provide for their basic personal needs, and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority (LMHA). Investigations apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as client advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of BIPOC communities.

Program Summary

Commitment Services consists of several distinct yet interconnected services: Notice of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors and The State Hospital Waitlist Program. A Notice of Mental Illness (NMI) is filed with the county and keeps an individual in a hospital so a Pre-Commitment Investigator can investigate the individual's mental health status and whether or not they meet criteria for civil commitment. If a person is found to have a mental disorder, and due to that disorder, are a danger to self/others, or are unable to meet their basic needs, a hearing report is filed with the circuit court and a civil commitment hearing is held. During the course of a civil commitment hearings, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge. A court examiner are contracted staff who are certified by the Oregon Health Authority. Their roles are required by statutes for civil commitment hearings.

Notice of Mental Illness: When an individual is appropriately placed on an NMI and cannot pay for the hospital stay, ORS 426 requires that the county pays for these services. The county is required to provide commitment monitoring services. Commitment monitors 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.

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 helps prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide a 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 by matching the client's service needs with available resources and ensuring protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total number of NMIs	2,949	2,855	2,966	2,900
Outcome	% of investigated NMIs that did not go to Court hearing ²	85	83	79	79
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment ²	91	91	90	90
Output	# of commitments monitored annually ³	419	363	394	390

Performance Measures Descriptions

¹ This measure includes both NMIs 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

ORS 426 requires that all persons placed on a notice of mental illness be investigated within one judicial day, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,115,556	\$2,632,125	\$1,132,205	\$2,401,662
Contractual Services	\$244,996	\$25,000	\$229,710	\$155,343
Materials & Supplies	\$1,899	\$41,908	\$1,899	\$43,320
Internal Services	\$292,748	\$268,920	\$198,680	\$367,628
Total GF/non-GF	\$1,655,199	\$2,967,953	\$1,562,494	\$2,967,953
Program Total:	\$4,623,152		\$4,530,447	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
Total Revenue	\$0	\$2,967,953	\$0	\$2,967,953

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40072 Mental Health Commitment Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

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

Executive Summary

Using County, federal, state, other local and SAMHSA funding, this program offer supports a peer-run supported employment program offering employment, wellness and administrative support to adults with mental illness who are seeking employment. Additional funding comes from private foundations and in-kind donations.

Program Summary

This program offer funds the operating costs and positions for the peer-run supported employment center, the Supported Employment Center, now a nationally certified clubhouse model center. Continued funding through this offer ensures that the staff and program can continue to meet the fidelity 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 program will continue to reach out to culturally specific providers to better assure that program participants reflect the diversity of Multnomah County.

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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of active members	171	155	155	155
Outcome	Percent of members in paid employment positions	25.5%	35%	35%	35%
Output	Average daily attendance	24	32	32	32

Performance Measures Descriptions

"Average daily attendance" was impacted by COVID because the agency was initially closed. As the pandemic continued, they were able to adapt to providing services virtually. When they reopened, they had to limit participants to assure safe distancing. The percentage employed was also impacted by COVID and the downturn in hiring.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$105,162	\$0	\$105,162	\$0
Total GF/non-GF	\$105,162	\$0	\$105,162	\$0
Program Total:	\$105,162		\$105,162	
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 2021: 40073 Peer-run Supported Employment Center

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

Executive Summary

This program includes Mental Health Residential Services supporting 655 residents housed in Multnomah County. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Care Homes (ACHs) and a range of semi-independent supportive/supported housing programs serving individuals residing in approximately 168 units. These units provide stability, decreasing the likelihood these individuals will need crisis & acute care services. RS hold weekly diversity, equity and inclusion discussions to better understand and take action against systemic racism, and how to support equitable outcomes for BIPOC and other disadvantaged groups. RS engages providers about resident admissions/evictions to address bias, racism, and culturally specific treatment needs.

Program Summary

The Behavioral Health Division's Residential Services (RS) program provides regulatory oversight and technical assistance to designated residential mental health programs that serve adults who have or are suspected of having mental health disorders. Primary populations served include those who are Choice Model-eligible and those who are under the jurisdiction of the Psychiatric Security Review Board. In some instances clients meet neither criteria, but the individual can benefit from the structures and supports that residential housing provides. Residential housing authorization is based on medical appropriateness and supporting clinical documentation.

The RS team oversees approximately 89 residential programs with approximately 655 clients, that include 6 Secure Residential Treatment Programs, 31 Residential Treatment Homes/Facilities, 40 Adult Care Homes, 2 Crisis/Respite Programs, and 10 Supportive Housing Programs. The program reviewed 16,878 incident reports in 2019. It also manages the development of new mental health Adult Care Homes, resulting in increase placement options for clients. In 2020, the program developed placements in 5 new Adult Care Homes. RS primarily receives referrals from the Choice Model program. RS also coordinates referrals for Non-Choice Model individuals. In 2020, the program received 16 Non-Choice Model referrals, likely due to eviction moratoriums and individuals needing to or able to transition less often due to COVID-19 considerations.

RS staff provide regulatory oversight to licensed residential treatment programs, including monitoring and supporting the treatment programs' compliance with OARs. RS staff also provide monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare in the context of: consultations; problem-solving; participation in client interdisciplinary team meetings; reviewing appropriateness of unplanned discharges; and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. As a part of oversight of safety, health and welfare, RS is responsible for review of program incident reports, referral to protective services where appropriate, and collaborating with the Division's Quality Management to complete Critical Incident Reviews with providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of New Residential Services Referrals ¹	319	350	320	*N/A
Outcome	% of County Residential Services referrals placed ²	26%	25%	22%	*N/A

Performance Measures Descriptions

In FY23 these output and outcomes will change to the following: Output will be number of individuals who receive health and safety oversight by Residential Services. The outcome will be % of non-Multnomah County Residents placed in RTH/F or SRTF housing. The performance measures are better illustrate scope of program.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$835,723	\$690,049	\$1,146,384	\$464,157
Contractual Services	\$209,805	\$7,190,116	\$213,791	\$9,410,324
Materials & Supplies	\$5,177	\$10,347	\$444	\$6,212
Internal Services	\$156,715	\$94,360	\$81,230	\$135,627
Total GF/non-GF	\$1,207,420	\$7,984,872	\$1,441,849	\$10,016,320
Program Total:	\$9,192,292		\$11,458,169	
Program FTE	6.50	5.30	8.15	3.65

Program Revenues				
Intergovernmental	\$0	\$7,500,207	\$0	\$9,907,877
Beginning Working Capital	\$0	\$484,665	\$0	\$108,443
Total Revenue	\$0	\$7,984,872	\$0	\$10,016,320

Explanation of Revenues

This program generates \$3,345 in indirect revenues.

\$ 8,959,475 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40074 Mental Health Residential Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

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

Executive Summary

The Choice Model Program, previously known as The Adult Mental Health Initiative (AMHI), diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develop supports to maximize independent living; 721 individuals were served in fiscal year 2019.

Program Summary

The Behavioral Health Division's Choice Model staff work with other Division units, OSH, OHA/Health Systems Division, Coordinated Care Organizations (CCO), and counties to coordinate the placement and transition of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by Choice 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.

In light of COVID the program has increased financial support to community placements as OSH capacity has decreased significantly for the civil population. Program has added a pilot project that provides services embedded at motel sites(s) to improve client support and outcomes. The program has also participated in significant work on workflows, policies and procedures to clarify access and promote more equitable service delivery.

The overarching goal of the Choice Model program is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH to community resources; supporting timely, 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. Program includes Exceptional Needs Care Coordination, access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, rental assistance, etc.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Clients Served in AMHI	757	700	750	700
Outcome	% of clients receiving direct client assistance to meet basic needs ¹	18%	12%	17%	15%

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.

CCO Delegation Agreements with CareOregon and Trillium.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,452,056	\$0	\$1,635,629
Contractual Services	\$0	\$3,395,394	\$0	\$2,783,019
Materials & Supplies	\$0	\$7,828	\$0	\$7,828
Internal Services	\$0	\$323,638	\$0	\$339,472
Total GF/non-GF	\$0	\$5,178,916	\$0	\$4,765,948
Program Total:	\$5,178,916		\$4,765,948	
Program FTE	0.00	10.90	0.00	11.90

Program Revenues				
Intergovernmental	\$0	\$3,817,275	\$0	\$4,054,307
Beginning Working Capital	\$0	\$1,361,641	\$0	\$711,641
Total Revenue	\$0	\$5,178,916	\$0	\$4,765,948

Explanation of Revenues

This program generates \$127,023 in indirect revenues.

\$ 1,240,220 - Unrestricted Medicaid fund through CareOregon

\$ 3,525,728 - State Mental Health Grant: CHOICE Model based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40075 Choice Model



Program #40077 - Mental Health Treatment & Medication for the Uninsured 7/6/2021

Department: Health Department **Program Contact:** Christa Jones
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. MTF provides services for over 900 uninsured individuals without financial resources that are ineligible for Oregon Health Plan (OHP) until insurance or OHP coverage is obtained. In some cases, the program creates access for individuals who, because of their immigration status, do not qualify for many public entitlements, and have limited access to behavioral health services. Contracted providers are responsible to ensure diversity training for staff, developing a diverse workforce, and incorporating social equity innovation into their policy development and service delivery.

Program Summary

The Behavioral Health Division 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, designated program staff perform chart reviews for clinical necessity, choice of intervention, and financial eligibility during a mid year audit to ensure appropriate application of funding. 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. The demand on this program has slightly decreased due to Medicaid Expansion, however limitations on Medicaid eligibility requirements and on Medicare approved services means there are still individuals who require this safety net program to receive on-going mental health case management and treatment services. For example, Medicare services are required to be provided by specifically certified/licensed professionals that are not always readily available in our community. Additionally, some services, such as intensive case management and general case management are not Medicare covered services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total # of adults who received county-funded outpatient services or medication	650	700	650	650
Outcome	Percentage of MTF clients that are hospitalized	6.21	9.5	6.21	6.21

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,376,802	\$0	\$1,347,292	\$0
Total GF/non-GF	\$1,376,802	\$0	\$1,347,292	\$0
Program Total:	\$1,376,802		\$1,347,292	
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 2021: 40077A Mental Health Treatment & Medication for the Uninsured

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Yolanda Gonzalez
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. The goal of the program is to develop a long-term recovery plan. EASA is a two year program that offers formal mental health treatment services, educational support, employment support, and involves the young person's family and other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 individuals each year.

Program Summary

EASA is an evidence-based and fidelity-based model resulting from years of research that demonstrates early intervention and immediate access to treatment can directly reduce hospitalization rates and the long term disabling consequences of psychosis. The EASA fidelity based model helps young persons impacted by psychosis develop long-term recovery plans.

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 specialists, an occupational therapist, and a nurse. The team has been formed to include linguistically and culturally specific consultants to reflect the population served.

Treatment is community-based and comprises services tailored to meet the unique needs of each client. Clients are paired with a psychiatrist and a mental health consultant based on age, personal preferences, and cultural needs. Clients can choose from any of the following services to support their unique goals and needs: medication management, case management, support for employment, nursing services, peer support, occupational therapy assessment and intervention, multi-family group, individual and/or family psychotherapy, psychoeducation, and social skills building groups.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	125	132	128	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	79%	85%	86%	85%
Output	Number of unduplicated individuals referred to the EASA program	174	200	178	200

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 Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$238,001	\$1,479,200	\$247,406	\$1,551,321
Contractual Services	\$0	\$169,460	\$0	\$169,460
Materials & Supplies	\$13	\$20,217	\$51	\$9,221
Internal Services	\$8,977	\$330,035	\$1,574	\$252,925
Total GF/non-GF	\$246,991	\$1,998,912	\$249,031	\$1,982,927
Program Total:	\$2,245,903		\$2,231,958	
Program FTE	1.16	11.69	1.15	11.70

Program Revenues				
Intergovernmental	\$0	\$1,575,412	\$0	\$1,560,812
Service Charges	\$0	\$423,500	\$0	\$422,115
Total Revenue	\$0	\$1,998,912	\$0	\$1,982,927

Explanation of Revenues

This program generates \$15,664 in indirect revenues.

- \$ 412,115 - Fee For Service Insurance Receipts
- \$ 10,124 - State Community Mental Block Grant
- \$ 10,000 - State Vocational Rehabilitation Award
- \$ 1,324,668 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon
- \$ 226,020 - SMHG MHS 38

Significant Program Changes

Last Year this program was: FY 2021: 40078 Early Assessment & Support Alliance

The EASA program has a new contract with Care Oregon that compensates the program on a case rate payment scale which more accurately reflects and compensates the program for the work they offer to clients.

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic as well as continuing to serve clients in the community who were at high acuity levels.

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

Executive Summary

Community Based Mental Health for Children, Youth and Families provide critical safety net services and operate from an equity lens to ensure children and youth who are uninsured, underinsured, and are in need of mental health services. Over 1800 youth are served by these critical safety net services each year. Evidence-based, trauma-informed practices for at risk children and their families are used to deliver: crisis response, family support, individual/group therapy, skill building and medication management.

Program Summary

Multnomah County Community Based Mental Health offers a range of safety net services from Emergency Department crisis intervention to a comprehensive continuum of mental health treatment services in clinics, homes, and community. The continuum of services for at risk children includes: child abuse mental health services at CARES NW, Crisis and Acute Transition Services (CATS) an emergency department/hospital division program for youth with intensive and acute mental health needs, and Multnomah Treatment Fund for under or uninsured children.

Multnomah Treatment Fund contracts with mental health providers in the community to provide treatment to underserved children who need treatment services but have no insurance or are under insured. The Crisis and Acute Transition Service (CATS) provides access to responsive, effective, rapidly accessible mental health care and transition support for youth and their families experiencing acute crisis. The CATS program provides intensive crisis support to keep youth in their home, with their natural support system, and in school. CARES NW is a child abuse evaluation center where mental health consultants provide trauma informed care to children and their families. CARES mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the impact of trauma on long-term health and mental health problems. Multnomah County utilizes an equity lens while providing technical assistance and support to these external providers.

In all of these programs, care is coordinated with allied partners such as Child Welfare, Juvenile Services, Wraparound, School Based Mental Health, and primary care providers to ensure systems are promoting optimal outcomes for children, youth and families.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW ¹	479	300	300	300
Outcome	% of children having a mental health crisis at an ED/Crisis Center that have a CATS team response in un	100%	95%	100%	95%

Performance Measures Descriptions

¹There were anticipated changes in the CARES NW program structure this year. The CARES Family Support team is now providing a more intensive evidence-based treatment prevention model and parent support for fewer families rather than their old model which provided less support for more families.

²This measure is collected from OHSU's REDCAP CATS Report

Legal / Contractual Obligation

CATS contract with NAMI and Catholic Community Services of Western Washington. MTF Contracts with Lifeworks and Morrison.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$202,553	\$531,769	\$117,999	\$153,303
Contractual Services	\$0	\$0	\$0	\$322,656
Materials & Supplies	\$393	\$837	\$649	\$837
Internal Services	\$40,985	\$130,657	\$78,156	\$71,021
Total GF/non-GF	\$243,931	\$663,263	\$196,804	\$547,817
Program Total:	\$907,194		\$744,621	
Program FTE	1.25	3.92	0.70	1.07

Program Revenues				
Intergovernmental	\$0	\$222,299	\$0	\$547,817
Beginning Working Capital	\$0	\$440,964	\$0	\$0
Total Revenue	\$0	\$663,263	\$0	\$547,817

Explanation of Revenues

- \$ 157,792 - Head Start Contracts
- \$ 67,367 - CAMI Grant
- \$ 172,656 - Federal Community Block Grant SE 08 Crisis & Acute transition Services
- \$ 150,000 - Community Block Grant SE 08 Crisis & Acute transition Services

Significant Program Changes

Last Year this program was: FY 2021: 40080 Community Based MH Services for Children & Families

Delivery of the CARES program was shifted to offer services virtually this year due to the COVID-19 pandemic.

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs: 40080

Program Characteristics:

Executive Summary

Multnomah County is seeing an increase in gang violence, shootings and homicides. This is predominantly affecting our African American Community. In 2020 there were 55 homicides in Portland alone. By October 2020 nearly 173 people have been struck by gunfire and there have been over 595 shootings. This is nearly twice as much as the same time period last year. Almost half of those most impacted identify as African American in spite of the fact that the overall population of the Portland area is 8 percent African American. There is an urgent need for helping to heal the African American community that has borne the brunt of violence and loss. This offer proposes the addition of a KSA African American Mental Health Consultant for the Direct Clinical Services unit to serve gang impacted young adults and their families.

Program Summary

The African American Gang Impacted Families Mental Health Consultant (MHC) provides a range of culturally relevant, evidence based mental health services, consultation, and training to the African American community. These services are provided to achieve improvements in social, emotional, familial functioning for all children and families who are impacted by community and gang violence. The MHC will utilize experience and expertise working with the African American community to provide culturally relevant mental health prevention support, mental health services, outreach and engagement. Referrals for this program will be obtained from both internal county programs and external community partners and providers.

The MHC will collaborate with community providers and internal county programs to provide consultation, education, outreach, and engagement and connection to mental health services. They will assist with outreach to schools, colleges, emergency rooms, community services, providers, community meetings, to share referral information and general education as it relates to community gang violence and Behavioral Health services. They will participate in specific outreach and engagement to African American clients and families who may have barriers to accessing behavioral health services. This role will gather community input around community needs and be responsive to those needs through advocacy and service.

The main goals of this program are to bridge a service gap by centering the voices of the African American community impacted by violence and improve mental health outcomes. In alignment with the Direct Clinical Services model, this clinician will provide low barrier access to services by being a community-based provider at client's homes and other locations most convenient to families.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Multnomah County Children who received Behavioral Health service through gang impacted MHC	N/A	N/A	10	20
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	N/A	N/A	65%	65%
Output	Total # of outreach/engagement activities attended/provid	N/A	N/A	5	10

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

This Position will align with the six strategies of the County's Comprehensive Gang Assessment and Intervention Plan and other initiatives outlined by our partners including Public Health programs, and the criminal justice reinvestment efforts specific to children being sponsored by Commissioner Stegman.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$144,291	\$0
Materials & Supplies	\$0	\$0	\$15,709	\$0
Total GF/non-GF	\$0	\$0	\$160,000	\$0
Program Total:	\$0		\$160,000	
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: Health Department **Program Contact:** Jessica Jacobsen

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

Related Programs:
Program Characteristics:
Executive Summary

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and will provide care coordination from early childhood to adulthood and include: Wraparound, Youth & Adult Intensive Care Coordination (ICC) & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and works within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to services in the community.

Program Summary

Wraparound, Youth & Adult ICC and M-ITT are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). Adult ICC includes our Addictions Benefit Coordination team specializing in SUD systems of care and access. Care Coordinators partner with DHS Child Welfare, School Districts, Department of Community Justice, Juvenile Justice, Intellectual Developmental Disabilities (IDD), Family and Youth Peer Partners (National Alliance of Mental Illness, Oregon Family Support Network, YouthEra), Community Mental Health providers, and other stakeholders to improve care and outcomes for clients. Approximately 350 youth, adults, and families are engaged in multi-system care coordination at any given time.

Wraparound and Youth ICC support family and youth as the primary decision makers in the development, implementation and modification of service delivery. Care Coordinators engage in a team planning process with adults, youth, their family and community partners/providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural supports. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Care Coordinators connect individuals and families to community resources and use flex funding to support the individual's treatment goals. M-ITT is responsible for following up with members who are not connected to a provider with mental health services following discharge from psychiatric hospitalization.

These programs ensure that program policies, procedures and services are individualized and are culturally and linguistically responsive. Staff are recruited and retained that are reflective of the communities served with several bicultural and bilingual staff available to work with African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique children served in Youth Care Coordination.	628	680	589	600
Outcome	% score measuring family's satisfaction and progress in Wraparound. ¹	NA ¹	85%	N/A ¹	85%
Output	Referrals processed in Youth Care Coordination. ²	363	415	342	350
Output	Total number of clients served in M-ITT.	609	775	625	650

Performance Measures Descriptions

¹Data comes from Mean Total Satisfaction Score from WFI-EZ family survey, sample received too small to represent program. Due to COVID-19: Program unable to provide WFI-EZ in person. Individualized approaches utilized included email, paper mail, phone calls. FY21 OHA transitioned to a new database for WFI-EZs, electronic links via email. Initial increase in surveys followed by database error resulting in inability to complete the survey. ²Referrals changed substantially with CCO 2.0 transition.

Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$5,636,494	\$0	\$5,908,194
Contractual Services	\$0	\$1,021,034	\$0	\$1,526,053
Materials & Supplies	\$0	\$33,978	\$1,352	\$53,944
Internal Services	\$0	\$1,973,750	\$0	\$1,655,292
Total GF/non-GF	\$0	\$8,665,256	\$1,352	\$9,143,483
Program Total:	\$8,665,256		\$9,144,835	
Program FTE	0.00	43.25	0.00	43.25

Program Revenues				
Intergovernmental	\$0	\$8,369,394	\$0	\$9,143,483
Beginning Working Capital	\$0	\$295,862	\$0	\$0
Total Revenue	\$0	\$8,665,256	\$0	\$9,143,483

Explanation of Revenues

This program generates \$785,365 in indirect revenues.

\$ 2,711,043 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 6,257,034 - Unrestricted Medicaid fund through CareOregon

\$ 12,918 - State Mental Health Grant IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40081 Multnomah County Care Coordination

With system changes for CC0 2.0, a new care coordination unit was created within Behavioral Health Division. ABA was moved to Care Oregon. This Program offer now includes MITT and Adult ICC in addition to Wraparound and Youth ICC which were historically in this program offer. A measure for M-ITT was added to reflect this team's work. This new Care Coordination program offer is in alignment with larger system changes that came with CC0 2.0.

Department: Health Department **Program Contact:** Jessica Jacobsen
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40081
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and will provide care coordination from early childhood to adulthood and include: Wraparound, Youth & Adult Intensive Care Coordination (ICC) & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and works within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to services in the community.

Program Summary

Wraparound and Youth ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). Care Coordinators partner with DHS Child Welfare, School Districts, Department of Community Justice, Juvenile Justice, Intellectual Developmental Disabilities (IDD), Family and Youth Peer Partners (National Alliance of Mental Illness, Oregon Family Support Network, YouthEra), Community Mental Health providers, and other stakeholders to improve care and outcomes for clients. Approximately 350 youth, adults, and families are engaged in multi-system care coordination at any given time.

Wraparound and Youth ICC support family and youth as the primary decision makers in the development, implementation and modification of service delivery. Care Coordinators engage in a team planning process with adults, youth, their family and community partners/providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural supports. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Care Coordinators connect individuals and families to community resources and use flex funding to support the individual's treatment goals.

These programs ensure that program policies, procedures and services are individualized and are culturally and linguistically responsive. Staff are recruited and retained that are reflective of the communities served with several bicultural and bilingual staff available to work with African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

The LGBTQ+ KSA Wraparound Intake MHC position will be redirected to support the full youth continuum of care. This position will utilize LGBTQ+ expertise and an equity lens to provide systems review, quality improvement and technical support to Youth Care Coordination and Direct Clinical Services Teams. The other restored MHC position will provide care coordination and crisis supports to youth and families impacted by trauma.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique children served in Youth Care Coordination.	628	680	589	600
Outcome	% score measuring family's satisfaction and progress in Wraparound. ¹	N/A ¹	85%	N/A ¹	85%
Output	Referrals processed in Youth Care Coordination. ²	363	415	342	350
Output	Total number of clients served in M-ITT.	609	775	625	650

Performance Measures Descriptions

¹Data comes from Mean Total Satisfaction Score from WFI-EZ family survey, sample received too small to represent program. Due to COVID-19: Program unable to provide WFI-EZ in person. Individualized approaches utilized included email, paper mail, phone calls. FY21 OHA transitioned to a new database for WFI-EZs, electronic links via email. Initial increase in surveys followed by database error resulting in inability to complete the survey. ²Referrals changed substantially with CCO 2.0 transition.

Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$295,862	\$0
Total GF/non-GF	\$0	\$0	\$295,862	\$0
Program Total:	\$0		\$295,862	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The LGBTQ+ KSA Wraparound Intake MHC position will be redirected to support the full youth continuum of care. This position will utilize LGBTQ+ expertise and an equity lens to provide systems review, quality improvement and technical support to Youth Care Coordination and Direct Clinical Services Teams. The other restored MHC position will provide care coordination and crisis supports to youth and families impacted by trauma.

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

Executive Summary

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. 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 the risk of needing higher levels of care.

Program Summary

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40% of the youth served are youth of color and 50% of our staff are clinicians of color. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to school completion which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health challenges. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide thousands of hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K3 Case Managers provide comprehensive case management services to over 180 students and families in grades kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	1,093	1,300	966	1,300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	54%	65%	57%	65%
Output	Total unduplicated K-3 youth/families who received case management services	189	190	179	190

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 Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,574,140	\$1,728,894	\$1,467,294	\$1,768,443
Contractual Services	\$0	\$0	\$0	\$146,226
Materials & Supplies	\$22,216	\$6,771	\$13,304	\$3,069
Internal Services	\$282,984	\$381,101	\$31,166	\$356,361
Total GF/non-GF	\$1,879,340	\$2,116,766	\$1,511,764	\$2,274,099
Program Total:	\$3,996,106		\$3,785,863	
Program FTE	11.88	12.64	9.98	12.65

Program Revenues				
Intergovernmental	\$0	\$1,267,133	\$0	\$1,400,366
Beginning Working Capital	\$0	\$399,633	\$0	\$412,348
Service Charges	\$360,000	\$450,000	\$0	\$461,385
Total Revenue	\$360,000	\$2,116,766	\$0	\$2,274,099

Explanation of Revenues

This program generates \$89,853 in indirect revenues.

\$ 107,153 -Local Public Health Agency IGA with the State of Oregon for School-Based Clinics

\$ 22,500 -Parkrose School District

\$ 75,000 -Centennial School District

\$ 461,385 -Fee for Service Insurance Receipts

\$ 177,000 -Portland Public Schools

\$ 880,487 -State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40082 School Based Mental Health Services

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic. "FTE is split between 40082A and 40082B. Volume of clients has reduced due to COVID but there is increased need/accuity per client which necessitates the same amount of FTE.

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs:
Program Characteristics:
Executive Summary

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. 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 the risk of needing higher levels of care.

Program Summary

This program offer is to fund two clinicians for the School-Based Mental Health Program. Volume of clients has reduced due to COVID but there is increased need/accuity per client which necessitates this FTE.

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40% of the youth served are youth of color and 50% of our staff are clinicians of color. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to school completion which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health challenges. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide thousands of hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K3 Case Managers provide comprehensive case management services to over 180 students and families in grades kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	N/A	N/A	N/A	1,300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement	N/A	N/A	N/A	60%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$365,957	\$0
Internal Services	\$0	\$0	\$204,636	\$0
Total GF/non-GF	\$0	\$0	\$570,593	\$0
Program Total:	\$0		\$570,593	
Program FTE	0.00	0.00	2.35	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

COVID has increased need/accuity per client which necessitates this FTE.

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

Executive Summary

This offer includes both Mental Health First Aid and the new suicide prevention services, which are now united under one offer name, Behavioral Health Prevention Services, a program designed to educate the community about mental health and suicide prevention. This program takes effort to address equity in training in terms of addressing access and culturally relevant training topics. The program works with our community to reduce suicide, to build a stronger community safety net, to increase mental health literacy especially around challenges and interventions as well as to increase community involvement and resilience.

Program Summary

The behavioral health prevention element of the program provides the following trainings to County staff and community members: Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), safeTALK and Question, Persuade and Refer (QPR). In FY20 approximately 953 Multnomah County employees and community members were trained in the mental health and suicide prevention training models referenced. The Prevention program continues to collaborate with Veterans Services (DCHS) to provide Mental Health First Aid for military members, veterans and their families.

ASIST is a 2-day evidence-based practice to provide suicide first aid and is shown to significantly reduce suicidality. SafeTALK is a 4-hour suicide prevention model that teaches lay people how to look for signs that someone is thinking about suicide, have a conversation and get them to professional help. CALM teaches people how to have conversations with people who are thinking of suicide and their loved ones about how to reduce someone's access to lethal means, namely firearms and medications, while they are experiencing a suicide crisis. The program facilitates this training several times a year and partners with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County. QPR is a suicide awareness and prevention training, provided to churches, organizations and businesses, colleges and schools, social groups and general community members.

The suicide prevention element of this program focuses on understanding the scope and depth of completed suicides in the County by tracking and understanding trends that inform prevention, intervention, and postvention efforts. Psychological autopsies are performed to better understand the stressors/factors that contribute to a completed suicide. The program will develop a tool to perform the psychological autopsies based on Washington County's nationally recognized tool. The program works in partnership with the Trauma Intervention Program and the Medical Examiner's office to connect with families and significant friends to perform the autopsies. Oversight will be provided to give insight on where systems have not met the needs for individuals who have completed suicide, and help identify and address some of these issues.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	953	800	800	800
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	84	85	85	85
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	N/A	N/A	N/A	25
Outcome	Improve MC understanding of completed suicide trends for FY20 through a deep analysis and report.	N/A	N/A	N/A	100%

Performance Measures Descriptions

Measure 3 and 4 were added in FY2021 when the suicide prevention program was added to the Behavioral Health Division.

Legal / Contractual Obligation

OAR 309-019-0150 Community Mental Health Programs
2019-2021 Intergovernmental Agreement for the Financing of Community Mental Health,
Addiction Treatment, Recovery & Prevention, and Problem Gambling Services

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$127,125	\$0	\$190,221	\$158,290
Contractual Services	\$7,749	\$38,251	\$51,392	\$0
Materials & Supplies	\$16,200	\$0	\$26,200	\$7,367
Internal Services	\$26,088	\$0	\$8,244	\$38,548
Total GF/non-GF	\$177,162	\$38,251	\$276,057	\$204,205
Program Total:	\$215,413		\$480,262	
Program FTE	1.00	0.00	1.50	1.30

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$204,205
Beginning Working Capital	\$0	\$38,251	\$0	\$0
Total Revenue	\$0	\$38,251	\$0	\$204,205

Explanation of Revenues

This program generates \$21,084 in indirect revenues.

\$ 80,000 - OHA Suicide Prevention

\$ 124,205 - Federal PE 60 Suicide Prevention

Significant Program Changes

Last Year this program was: FY 2021: 40083 Mental Health First Aid

This program offer changed from Mental Health First Aid to Behavioral Health Prevention Services when the suicide prevention program was added.

COVID-19 prevented in person trainings and training models were redesigned to accommodate a virtual environment. MHFA trainings were put on hold until the model was available virtually. COVID-19 impacted the ASIST training in that the administering organization does not offer a virtual module. The QPR training, a popular training for private groups, was quickly revised into a virtual training by the administering organization and was delivered to community members and Multnomah County's COVID shelter staff and related programs. QPR training was embraced by the construction industry in the area, as this industry experiences the highest number of male suicide deaths. With the onset of COVID-19, the program experienced an increase in interest and need for these trainings although a number of them are not available to be taught virtually due the trainings being copyrighted. Program staff continue to be creative, utilizing the available models to teach virtually and ensure that the community is educated and aware of resources. OHA increased funding for this program for FY 2022.

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40084B
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 incorporates their culture, tradition, and language and that is responsive to the racial, ethnic and cultural strengths of their communities. Due to the disproportionate overrepresentation of BIPOC communities in the criminal justice system, this program partners with providers who can effectively work with the Count's Diversion programs to support individuals who are criminal justice-involved.

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 with significant disparities in access to both treatment services and education/prevention opportunities. 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. Additionally, African Americans are overrepresented in correctional facilities and the criminal justice system. Culturally-specific services address mental health concerns and the intersectionality with the justice system through access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Culturally specific intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total culturally diverse individuals receiving services ¹	911	900	1,368*	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.5	3.6	5.1	3.6

Performance Measures Descriptions

¹This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs. ²Service 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. *Some providers received CARES funding and were not able to separate out the data from services funded through this program offer.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,795,322	\$0	\$1,829,433	\$0
Total GF/non-GF	\$1,795,322	\$0	\$1,829,433	\$0
Program Total:	\$1,795,322		\$1,829,433	
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 2021: 40084 Culturally Specific Mental Health Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40084
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). The Black/African American community has encountered difficulty finding behavioral health treatment that incorporates their culture, tradition, and values. It is well documented and known that Black/African Americans are over-represented in the criminal justice system and have very limited culturally specific support to address their needs.. This offer is an enhancement to create African American culturally-specific capacity for the community.

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. Black/African Americans are overrepresented in correctional facilities and the criminal justice system. Black/African Americans 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 the population. Thus, there is an urgent need to provide inclusive, high-quality behavioral health services so that they can achieve the highest possible level of health. Culturally-specific services address mental health concerns through early access to culturally appropriate treatment including promising practices, culturally appropriate outreach, engagement, and treatment services.

This funding will create capacity for a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team will consist of a master's level mental health provider, a certified addictions counselor and a peer support specialist. The scope of services will include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of referrals accepted	N/A	90%	N/A	90%
Outcome	Total number of individuals served	N/A	50	N/A	50

Performance Measures Descriptions

This program has not yet started, but anticipates a start in Spring 2021

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$225,000	\$0	\$225,000	\$0
Total GF/non-GF	\$225,000	\$0	\$225,000	\$0
Program Total:	\$225,000		\$225,000	
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:

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Anthony Jordan
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 Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents. 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).

Program Summary

Substance use disorders impact many of the County's services, 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. Treatment and recovery services address the negative consequences of alcohol and other drug misuse; target specific issues that are barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. 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 and peer run agencies. 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, LGBTQ+ individuals, women, and parents whose children live with them while they are residential treatment.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number served in treatment and recovery support services (1)	3,133	3,800	2,967	3,500
Outcome	Percentage of clients who successfully complete outpatient treatment (2)	46	42	48	42%

Performance Measures Descriptions

1) Data reflects the continuation towards more intensive services for a smaller number of individuals with higher-level needs and an increase in the necessity of recovery support services in addition to treatment. Due to COVID, currently not all data has been reported that is used to compile the Output measure (see, note under Significant program changes).

2) "Successful completion of treatment" is defined as the successful completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White federal grant funds, state general funds and state-federal pass through funds through the State Oregon Health Authority, and Local 2145 Beer and Wine tax and Marijuana tax revenue. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant and spends these funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$447,059	\$1,534,740	\$504,870	\$1,166,440
Contractual Services	\$1,721,574	\$8,171,909	\$1,593,150	\$8,779,032
Materials & Supplies	\$6,541	\$6,895	\$7,136	\$5,578
Internal Services	\$28,108	\$272,259	\$87,042	\$285,132
Total GF/non-GF	\$2,203,282	\$9,985,803	\$2,192,198	\$10,236,182
Program Total:	\$12,189,085		\$12,428,380	
Program FTE	3.20	12.09	3.35	8.30

Program Revenues				
Intergovernmental	\$0	\$9,945,566	\$0	\$10,236,182
Beginning Working Capital	\$0	\$40,237	\$0	\$0
Total Revenue	\$0	\$9,985,803	\$0	\$10,236,182

Explanation of Revenues

This program generates \$116,010 in indirect revenues.

\$664,811 - Local 2145 Beer and Wine Tax; \$2,804,969 - SAPT Block Grant; \$306,232 - TANF A&D 67 Award; \$249,999 - OHA Peer Delivered Services; \$125,000 - SNAP Drug Free Community Grant; \$4,170,310 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon; \$801,939 - Unrestricted Medicaid fund through CareOregon; \$150,564 - Federal Ryan White Non Med Case Management; \$178,100 - OHA Ryan White Mental Health; \$258,797 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2021: 40085 Adult Addictions Treatment Continuum

Medicaid funding and FTE was moved out of this program offer to ICC program offer: 40081. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

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

Executive Summary

Let Everyone Advance with Dignity (LEAD) is a program that aims to reduce criminal justice encounters among those at risk due to Substance Use Disorder (SUD). The program's target populations include African Americans, the houseless, and those with a history or risk of criminal justice involvement. LEAD offers pre-booking diversion alternatives with the goals of 1) reducing recidivism rates and preventing criminal justice involvement, 2) reducing the disproportionate impact on African Americans in the criminal justice system, and 3) promoting recovery.

Program Summary

Let Everyone Advance with Dignity (LEAD) is a program aligned with the goals of decentering law enforcement as the gatekeeper to offering a pathway from criminal justice involvement to SUD services for those enrolled. The LEAD goals are to reduce recidivism rates and prevent criminal justice involvement, reduce the disproportionate impact on African Americans in the criminal justice system, and promote recovery, which is defined as whether clients are meeting their individual recovery goals and are experiencing corresponding improvements in their lives. The LEAD program uses a hub and spoke model to establish a multidisciplinary coordinated system of care for client referrals across disciplines that best meet individual needs. Through its design, LEAD creates an infrastructure that supports the complex needs of participants, leverages networks and cross-sectoral partnerships for referrals, creates a recovery-oriented system of care that improves system coordination that leads to better quality of care for people with substance use disorders, and centers around culturally specific treatment with an emphasis on African Americans. Clients are referred to the program through a broad range of sources, including contracted agencies, community based organizations, and law enforcement. The LEAD target populations are African American/Black, Houseless, Criminal History or anyone at Risk for Justice Involvement, Substance Use Disorder, and within the catchment area.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals served	N/A	N/A	100	150
Outcome	Percentage of individuals housed	N/A	N/A	50%	60%

Performance Measures Descriptions

- 1- "Number of individuals served" represents the number of individuals that will enroll for more than thirty days
- 2- "Percentage of individuals housed" represents the percentage of individuals enrolled that will receive housing services

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$360,000	\$0	\$360,000	\$0
Total GF/non-GF	\$360,000	\$0	\$360,000	\$0
Program Total:	\$360,000		\$360,000	
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 2021: 40085B Law Enforcement Assisted Diversion (LEAD)

Originally called the Law Enforcement Assisted Diversion (LEAD) program, LEAD was a pilot program that allowed police officers to redirect people engaged in low-level drug activity to behavioral health and social services, and resources instead of jail and prosecution. The program has been run by Central City Concern.

There has been a re-envisioning of the program's goals and structure, broadening the entry pathways to the program, refocusing the program around each individual's success in their personal recovery journey, and ensuring that the program is designed to meet the culturally specific client needs.

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program (ABC) and consists of a continuum of adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents. 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).

Program Summary

Substance use disorders impact many of the County's services, particularly including the criminal justice system. 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. This position will collaborate with DCJ (Department of Community Justice) to receive referrals from individuals that are both justice involved and facing addiction challenges. It will offer culturally specific support to the African American/Black community.

The 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 misuse; target specific issues that are barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. 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 and peer run agencies. 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, LGBTQ+ individuals, women, and parents whose children live with them while they are residential treatment.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique individuals served	N/A	N/A	N/A	150
Outcome	Percentage of clients served by this position who identify as African American/Black	N/A	N/A	N/A	60%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$172,841	\$0
Materials & Supplies	\$0	\$0	\$13,159	\$0
Total GF/non-GF	\$0	\$0	\$186,000	\$0
Program Total:	\$0		\$186,000	
Program FTE	0.00	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:

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40085B
Program Characteristics: One-Time-Only Request

Executive Summary

Originally called the Law Enforcement Assisted Diversion (LEAD) program, LEAD was a pilot program that allowed police officers to redirect people engaged in low-level drug activity to behavioral health and social services, and resources instead of jail and prosecution. The program has been run by Central City Concern.

Program Summary

There has been a re-envisioning of the program's goals and structure, broadening the entry pathways to the program, refocusing the program around each individual's success in their personal recovery journey, and ensuring that the program is designed to meet the culturally specific client needs.

Because of this, the original program will be ending. This offer provides one time funding for a smooth transition for clients between the ending of the original program and the beginning of the new one.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percentage of clients successfully graduated, referred to other services. and/or transitioned to new LEAD program	N/A	N/A	90%	90%
Outcome	N/A				

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$252,000	\$0
Total GF/non-GF	\$0	\$0	\$252,000	\$0
Program Total:	\$0		\$252,000	
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:** Anthony Jordan
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. Problem gambling prevention programming works to use evidence-based strategies to increase awareness of County residents that gambling is an activity that carries risk and that treatment and prevention resources are available.

Program Summary

Multnomah County's Problem Gambling (PG) services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, their family members, and communities. Family participation throughout the treatment and recovery process is vital to recovery success so family members are engaged and also receive services. PG 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. PG treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, and maintaining recovery. The Multnomah County provider network includes Lewis & Clark College, Volunteers of America, Cascadia Behavioral Healthcare, and Voices of Problem Gambling Recovery (VPGR). Additionally, Asian Health & Services contracts directly with the state but participates as a key partner in collaborative provider meetings.

PG prevention programming is focused on assessing overall community awareness of problem gambling as an issue and develops new strategies for the prevention of problem gambling disorders in Multnomah County. Prevention messaging will focus on the risks of problem gambling, tips for responsible gambling, and highlight resources that help individuals with gambling issues. The prevention program works to reduce stigma related to problem gambling and addiction, and promote the State's Problem Gambling Services program's public awareness campaign: Reflect, Resource, Renew.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	216	350	388	350
Outcome	Gambler successful treatment completion rate ²	26.6%	42%	38%	30%

Performance Measures Descriptions

¹ Output: The number of persons completing the enrollment process and entering treatment.² Outcome: The number of gamblers and family members who discharged from treatment during the year that completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and abstaining from problem gambling behaviors for a least 30 days prior to discharge. This outcome can only be computed 30 days post discharge and does not reflect the number of individuals who continuing to successfully engage in treatment throughout the fiscal year.

Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and spends 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$141,439	\$0	\$150,346
Contractual Services	\$0	\$732,857	\$0	\$744,126
Materials & Supplies	\$0	\$10,417	\$0	\$7,252
Internal Services	\$0	\$13,394	\$0	\$15,902
Total GF/non-GF	\$0	\$898,107	\$0	\$917,626
Program Total:	\$898,107		\$917,626	
Program FTE	0.00	1.20	0.00	1.20

Program Revenues				
Intergovernmental	\$0	\$898,107	\$0	\$917,626
Total Revenue	\$0	\$898,107	\$0	\$917,626

Explanation of Revenues

\$ 38,500 - State Mental Health Grant: System Management & Coordination based on IGA with State of Oregon
\$ 775,000 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
\$ 100,000 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40086 Addiction Services Gambling Treatment & Prevention

These services and performance measures were impacted by COVID because they require in-person work and internal Health Department communication resources were suddenly prioritized for responding to the pandemic. This impacted especially our PG Prevention Program and its previous work in early FY20 collaborating with Multnomah County Health communications to revitalize our "I Don't Let Gambling Limit Me" campaign targeting older adults, as well as creating a digital campaign focused on sports betting targeting adult males. Due to our health communications team needing to focus on COVID-related communications, these projects are still on hold. Additionally, we have seen a drop in the successful treatment completion rate performance measure in FY20 compared to previous years. Providers have indicated that anecdotally the stress of the pandemic has impacted treatment completion.

Department: Health Department **Program Contact:** Anthony Jordan
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) addresses risk and protective factors for youth substance use that can lead to alcohol, tobacco, and other drug addiction. These State funded efforts include prevention education, youth leadership activities, and support for schools and parents. In recent years, an emphasis on tobacco prevention and environmental strategies, such as media campaigns and policy development have been introduced.

Program Summary

Multnomah County's substance abuse prevention program offers services to schools, community organizations, parents, youth, and other community 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 community needs, and offering prevention activities at school sites and organizations serving youth and parents. Core activities include a current focus on conducting a Community Readiness Assessment, partnering with local community coalitions, and offering prevention activities and classes.

Current goals include continuing prevention programming and support for youth, parents, and schools/community organization staff. Depending on the 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 such as skill-building and health promotion; and providing presentations and educational materials at parent/family events. These prevention strategies can also be delivered to community-based groups and venues.

Following the Community Readiness Assessment conducted in FY21, the prevention program will begin to identify additional environmental strategies to decrease alcohol and marijuana dependency in Multnomah County. In recent years, the prevention program became the Alcohol and Drug Prevention Education Program (ADPEP) when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division. The Multnomah County 2019-21 Biennial ADPEP Local Plan now includes a tobacco policy strategy. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to address flavors in tobacco, alcohol, and cannabis (edibles) as well as industry tactics, through education to the general public and establishment of policies and or regulations that will decrease access and availability of these products within Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Adults and youth served by prevention services and programming ¹	1705	475	500	475
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes ²	79%	75%	75%	75%

Performance Measures Descriptions

1 Output is the number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and doesn't include reach data from any media campaigns conducted. 2 Performance measures are determined by data collection including, but not limited to; pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other partners. Also, the Community Readiness Assessment will provide us with baseline data we can utilize for future evaluation measures.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$100,078	\$0	\$104,680
Contractual Services	\$0	\$196,016	\$0	\$196,016
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$23,307	\$0	\$18,705
Total GF/non-GF	\$0	\$324,251	\$0	\$324,251
Program Total:	\$324,251		\$324,251	
Program FTE	0.00	0.85	0.00	0.85

Program Revenues				
Intergovernmental	\$0	\$324,251	\$0	\$324,251
Total Revenue	\$0	\$324,251	\$0	\$324,251

Explanation of Revenues

\$ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.
 \$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

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 2021: 40087 Addiction Services Alcohol & Drug Prevention

During the FY20 program added a new contractor, reducing funds from existing contracted providers. This was to increase the program's ability to provide prevention programming across the entire county, including all East Multnomah County school districts and incorporate culturally specific prevention services targeting the Latinx community. The increase in output of adults and youth served was a testament to our new contractor's previous relationships within the school communities served.

COVID impacted these services and performance measures. The FY21 program is anticipated to have a lower outcome (number of individuals served), as the closures to schools and community based programs, as a result of the pandemic, impacted our subcontractors ability to serve individuals. We anticipate those served to have a similar outcome, however, as the programming has shifted to be offered virtually. In addition, one of our subcontractors has shifted their focus from providing direct services to schools and community based organizations, to conducting the Community Readiness Assessment and developing messaging that can be used as a part of media campaigns. Data on the number of individuals reached via media campaigns is not included in our outcomes currently.

Department: Health Department **Program Contact:** Christa Jones
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 justice-involved individuals experiencing severe mental health issues. Mental health professionals staff the Community Court, Mental Health Court, and Forensic Diversion Program. Programs provide support and connection to community treatment options, they divert people experiencing a serious mental health issue from lengthy jail stays and promote stability in the community. It is well documented that BIPOC communities are overrepresented in the forensic population. Program equity practices include: creating workforce diversity, promoting that client assessment and materials be provided in the client’s native language, and broadening admission criteria to connect clients to culturally specific resources and services.

Program Summary

Community Court works with defendants who have been involved in low-level crimes, such as trespassing and littering, crimes that are often perpetrated by individuals who are houseless. The focus is on restorative justice and 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 post-adjudication. Defendants plea into the court and are supported by Parole/probation, Mental Health Court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and 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 safety in their community as an alternative to extended time in the Multnomah County Detention Center.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of participants in Community Court	431	718	297	0
Outcome	% of participants in good standing or have successfully completed services	43	52	41	0
Output	# of participants served by Forensic Diversion	308	400	282	300
Outcome	% of participants served in the Community by Forensic Diversion	37	15	37	30

Performance Measures Descriptions

*Community Court has been furloughed since April 2020, though, staff remained connected to clients to provide support and connection. Official tracking within the program, including new enrollments and evaluation of good standing and successfully completed services was stopped at the time of the court furlough. This program will be discontinued and new performance measures will be implemented focusing on Diversion, Aid and Assist and Mental Health Court.

Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$241,820	\$1,630,496	\$197,808	\$1,549,196
Contractual Services	\$501,468	\$1,197,557	\$592,701	\$969,669
Materials & Supplies	\$3,645	\$4,058	\$3,992	\$5,887
Internal Services	\$149,371	\$211,871	\$239,792	\$143,727
Total GF/non-GF	\$896,304	\$3,043,982	\$1,034,293	\$2,668,479
Program Total:	\$3,940,286		\$3,702,772	
Program FTE	1.90	12.90	1.80	11.70

Program Revenues				
Intergovernmental	\$0	\$3,032,669	\$0	\$2,668,479
Beginning Working Capital	\$0	\$11,313	\$0	\$0
Total Revenue	\$0	\$3,043,982	\$0	\$2,668,479

Explanation of Revenues

This program generates \$34,644 in indirect revenues.

\$ 1,080,000 - Oregon Health Authority: Aid & Assist Grant

\$ 1,588,479 - State Mental Health Grant: MHS Special Projects based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40088 Coordinated Diversion for Justice Involved Individuals

The impact of COVID-19 on the Forensic Diversion program is that jail capacity was reduced by 30% to manage the physical distancing requirements to limit exposure, impacting custody discharges and also arrest rates. This impacted referral numbers into the program. However, due to a reduction in community resources, as a result of COVID-19, connections to community resources and supports took longer to achieve and client's required more ongoing support. This was very pronounced with housing resources as shelter space was limited. Additionally, the Community Court program was furloughed in March, so did not accept new clients into the program. Program staff continued to support roughly 30 clients to connect to much needed housing, behavioral health, food, and other resources. We reduced program FTE in FY22 due to the program furlough not being lifted.

Department: Health Department **Program Contact:** Christa Jones
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40088
Program Characteristics:

Executive Summary

The Black/African American community continues to encounter barriers to accessing behavioral health treatment to acknowledge and incorporate their cultural, traditions, and values in service delivery. This offer is an enhancement of Coordinated Diversion Services and is designed to address barriers and the impact of disproportionate representation of the Black/African Community in the criminal justice system. This offer creates opportunities to support justice involved individuals experiencing serious behavioral health issues by providing intensive support and connection to appropriate community treatment options.

Program Summary

The Jail Diversion Stabilization Treatment Preparation (STP) Program works in conjunction with the Department of Community Justice to assist in the stabilization and preparation of individuals for behavioral health treatment. This offer will provide up to 13 beds for temporary stabilization housing for up to 90 days.

The goal of this culturally-specific stabilization treatment housing program is to address the systems gap to support Black/African American individuals who have behavioral health challenges and who are engaged in criminal justice systems by minimizing incarceration times and preventing recidivism. The length of stay in this transitional housing program will be from 30 to 90 days. Individuals from the Behavioral Health Division Court Diversion programs and Department of Community Corrections-Mentally Ill Offender Unit who are homeless will be eligible for placement. Twenty-four hours a day, seven days a week staffing will ensure a safe living environment, by providing support service provided by a Community Addictions and Mental Health provider. Staff members from both the Behavioral Health Division Court Diversion programs and Department of Community Justice - Mentally Ill Offenders Unit will use the location as a satellite program where they can provide group and individual services to assist individuals in preparing for formal engagement in addictions and mental health treatment. Participants will also receive assistance, guidance and support to address permanent housing needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of referrals accepted	N/A	N/A	N/A	90%
Outcome	Total number of individuals receiving STP Placement	N/A	N/A	N/A	52

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$502,000	\$0	\$502,000	\$0
Total GF/non-GF	\$502,000	\$0	\$502,000	\$0
Program Total:	\$502,000		\$502,000	
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:** Christa Jones
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 prgms for justice-involved individuals experiencing severe MH issues. MH professionals staff the Cmmtty Court, MH Court, and Forensic Diversion Prgm. Prgms provide intensive support, to connect to appropriate community treatment options. Each prgm works to divert individuals experiencing a serious MH issue from lengthy jail stays and promote stability in the cmmtty. It's well documented that Black/African American and other cmmtys of color are overrepresented in the forensic population. Prgm equity practices include creating workforce diversity, promoting that client assessment and materials be provided in the client's native language, and broadening admission criteria to create pathways for resource connection and to connect clients to culturally specific svcs.

Program Summary

Community Court works with defendants who have been involved in low-level crimes, such as trespassing and littering, crimes that are often perpetrated by individuals who are houseless. The focus is on restorative justice and 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 post-adjudication. Defendants plea into the court and are supported by Parole/probation, Mental Health Court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and 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 safety in their community as an alternative to extended time in the Multnomah County Detention Center.

This program offer restores positions reduced in Program Offer 40088A and increases capacity in the Diversion Courts Program by adding a Mental Health Consultant and Case Manager Sr.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of participants served by Forensic Diversion	308	400	282	300
Outcome	% of participants served in the Community by Forensic Diversion	37%	15%	37%	30%

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$263,056	\$0
Total GF/non-GF	\$0	\$0	\$263,056	\$0
Program Total:	\$0		\$263,056	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Withdrawal management is a critical level of care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions to withdrawal management services annually. Supportive Housing and Care Coordination services target homeless individuals and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery supports.

Program Summary

Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are also provided by medical professionals that addresses: SUD, physical health, and co-occurring disorders. Additionally, withdrawal management and supportive services include: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment referrals, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

In addition to treatment services, two recovery support services have been invested in to better serve this population: Supportive Housing services and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are homeless, addicted, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to homelessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to the next level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions annually to detoxification ¹	2,546	2,444	682	2,400
Outcome	Percentage of supportive housing unit utilization ²	95%	95%	82%	95%
Output	Number of individuals receiving supportive housing ²	382	168	792	400

Performance Measures Descriptions

¹ An admission is a person completing the admission process. There can be multiple admissions per individual in a single fiscal year.

² Average length of stay in supportive housing is 14-15 weeks. Outcome measures reflect the annual utilization rate and the metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds. *See note in Significant Program Changes regarding the impact of COVID on these performance measures and services.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,344,448	\$696,259	\$1,316,668	\$783,692
Total GF/non-GF	\$1,344,448	\$696,259	\$1,316,668	\$783,692
Program Total:	\$2,040,707		\$2,100,360	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$522,461	\$0	\$783,692
Beginning Working Capital	\$0	\$173,798	\$0	\$0
Total Revenue	\$0	\$696,259	\$0	\$783,692

Explanation of Revenues

- \$ 366,193 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 156,270 - State Mental Health Grant: A&D Detoxification Treatment based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2021: 40089 Addictions Detoxification & Post Detoxification Housing

*These services and performance measures were impacted by COVID because they require in-person work and are critical essential services. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Anthony Jordan

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

Related Programs:

Program Characteristics:

Executive Summary

Withdrawal management is a critical level of care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions to withdrawal management services annually. Supportive Housing and Care Coordination services target homeless individuals and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery supports.

Program Summary

Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are also provided by medical professionals that addresses: SUD, physical health, and co-occurring disorders. Additionally, withdrawal management and supportive services include: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment referrals, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

In addition to treatment services, two recovery support services have been invested in to better serve this population: Supportive Housing services and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are homeless, addicted, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to houselessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to the next level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals receiving supportive housing	382	168	790	400
Outcome	Percentage of supportive housing unit utilization	94%	95%	82%	95%

Performance Measures Descriptions

These are the same performance measures as 40089 as the measures are not able to be segregated based on this small amount funding restored as it's FTE positions rather than supported housing beds that have been restored.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$218,000	\$0
Total GF/non-GF	\$0	\$0	\$218,000	\$0
Program Total:	\$0		\$218,000	
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:

The following planned budget reductions were restored: from ADFC Supported Housing: (1) COLA. (2) Programming: 3 FTE reduction from the ADFC Housing: Mentor program (Details: CVC Liaison, Lead Employment Specialist, Case Manager). Also the cuts from Hooper Detox Care Coordinators were restored: (1) COLA. (2) Programming reduction of 2FTE to approximately 1.5FTE Care Coordinators. Individuals served in these supported housing facilities and Detox facility will not endure a cut in FTE.

Department: Health Department **Program Contact:** Anthony Jordan
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 services including outpatient addiction treatment services and outreach and engagement services. Additionally, this program provides alcohol and drug-free supportive housing resources for families of adult parent(s) who are in Substance Use Disorder (SUD) treatment. Annually, approximately 100 families receive housing support in family-focused recovery housing communities.

Program Summary

The Oregon Health Authority reports that most substance use disorders (SUD) begin before age 25. Studies show that for adolescents (ages 12-17) and young adults (ages 18-25), frequent marijuana use is associated with opioid misuse, heavy alcohol use, and depression. Our youth treatment continuum is a 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 and scattered site 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 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 and supportive services. 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households that received rent assistance	131	102	127	102
Outcome	Exiting families that move into long-term permanent housing	81	75	75	75
Output	Number of families that received housing coordination services	131	104	125	104
Output	Unique indigent youth served in outpatient services (uninsured or underinsured and at or below 200% povert	52*	77	53*	50

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. A downward trend in service numbers has been noted in recent years as the majority of youth now have insurance coverage under the Oregon Health Plan. As such, our priority has shifted to prioritize funding outreach and engagement services and supportive services to fill existing service system gaps that are not covered by insurance but vital to treatment and recovery success.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$113,635	\$440,245	\$111,287	\$750,806
Total GF/non-GF	\$113,635	\$440,245	\$111,287	\$750,806
Program Total:	\$553,880		\$862,093	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$440,245	\$0	\$750,806
Total Revenue	\$0	\$440,245	\$0	\$750,806

Explanation of Revenues

- \$ 65,200 - Local 2145 Beer & Wine Tax
- \$ 343,875 - SAPT Block Grant
- \$ 83,562 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2021: 40090 Family & Youth Addictions Treatment Continuum

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

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

Executive Summary

The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the Family Dependency Court. In FY20, the FIT for Recovery program connected approximately 537 unique individuals with SUD treatment and provided enhanced services to assist clients to successfully engage in treatment and maintain recovery.

Program Summary

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who have a substance use disorder and are in need of treatment services. Volunteers of America outreach workers, located at Multnomah County DHS offices, begin working with the families by screening parents for an addictive disorder and referring to a treatment program.

Once in treatment, FIT case managers at the treatment agencies provide the family with supportive services including case management, family therapy, and family recovery services to assist the parent/family in being successful and in developing a recovery plan. DHS Child Welfare caseworkers assist and collaborate with parent skill building, ensuring child visitation and reunification while in treatment. Peer and parent mentors are also available through the FIT collaborative before, during, and after treatment.

FIT partners include: DHS Child Welfare, Family Dependency Court, Cascadia Behavioral Healthcare, CODA, Lifeworks NW, Central City Concern, Volunteers of America, NARA, Bridges to Change, Raphael House Morrison Child and Family Services, and Holistic Healing.

FIT is working with the Office of Diversity and Equity (ODE) to complete an equity lens assessment in FY21 with the intention of expanding partnerships with culturally specific providers with the goal of increasing services to BIPOC communities. As this work continues, new outcomes/outputs may be developed and added to this program offer to better reflect this current focus.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of FIT referrals per year	537	750	688	700
Outcome	% of FIT clients referred who enter treatment	74%	81%	61%	72%

Performance Measures Descriptions

Output: This output was changed in FY22, see significant program changes for details. However, the data remains based on referrals so still aligns across fiscal years. FIT referrals are the number of individuals referred from DHS to FIT Outreach Workers. **Outcome:** A target outcome of the collaborative efforts of FIT partners is to engage individuals with child-welfare involvement in substance use disorder treatment, increasing the likelihood of parent/child reunification.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$440,442	\$0	\$401,527
Total GF/non-GF	\$0	\$440,442	\$0	\$401,527
Program Total:	\$440,442		\$401,527	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$440,442	\$0	\$401,527
Total Revenue	\$0	\$440,442	\$0	\$401,527

Explanation of Revenues

\$ 360,442 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on IGA with the State.

Significant Program Changes

Last Year this program was: FY 2021: 40091 Family Involvement Team

Previously, clients who went to treatment first received a CADC screening from Volunteers of America (VOA) staff. This stopped in FY20, DHS cut these positions. FIT no longer does individual screenings as SUD treatment providers utilize universal screening tools and the process was duplicative. Additionally, in FY20 the database used to track program data became non functional and a new data tracking system was introduced. County data analysts reviewed the past database and determined that it had been inaccurate and obsolete. Therefore, the output was updated in this program offer based on this program change and data was reported from DHS and VOA this year.

COVID has impacted FIT in a number of ways: number of referrals have been impacted, parent-child visitation has significantly been impacted, treatment placement has been impacted with residential treatment facilities having to close to new intakes at various points and operating at reduced censuses, court hearings stopped at the beginning of the outbreak, etc.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40001
Program Characteristics:

Executive Summary

The Public Health Office of the Director provides leadership for the local public health authority. Public Health, in partnership with the Multnomah County Board of Health (BOH), plays a unique, mandated governmental role. This program is responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies within the Office of the Director include policy interventions, public education and communications, community partnerships, planning, capacity building, and research, evaluation, and assessment.

Program Summary

The Office of the Director supports the BOH to set health policy for Multnomah County. The main goal is to reduce disparities experienced by BIPOC communities, especially chronic disease and injury disparities, to lower rates of the leading causes of preventable death. Activities include:

Leadership and Policy - Key activities include assessment and implementation of public health system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing public health education and communication campaigns.

Community Epidemiology (CE) – Epidemiology/research staff and Program Design and Evaluation Services (PDES) identify and analyze health issues among community populations to guide data-driven response. CE collaborates with partners to identify the determinants of health and disease; assess health equity; and evaluate interventions, programs, and policies.

Community Partnerships & Capacity Building - Coordinating and implementing division-level community engagement and partnership strategies to address community priorities. Activities include convening groups to address BIPOC community concerns; supporting community partners' provision of Community Health Worker trainings; and implementation of the Community Health Improvement Plan (CHIP) to eliminate health disparities.

Racial Equity - The Office of the Director uses Oregon REALD, vital statistics, and surveillance data to analyze racial disparities. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises Public Health with a focus on ethics in public health practice and developing long-term approaches that address the leading causes of death. Board members represent various community groups to provide a diversity of perspectives, with a focus on recruiting BIPOC members. The Office also relies on feedback from community-based organizations to develop policy and system change.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	13	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	5	5	5	6
Output	# of cultural specific and multicultural community partners and events that promote health equity	N/A	N/A	N/A	50

Performance Measures Descriptions

Performance Measure 2: strategies are defined as policy and/or systems improvements and disparities are focused on leading causes of preventable death and disease.

Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,969,285	\$1,771,389	\$2,677,973	\$1,470,661
Contractual Services	\$452,433	\$960,500	\$395,384	\$777,419
Materials & Supplies	\$185,321	\$52,031	\$213,551	\$62,094
Internal Services	\$203,611	\$219,515	\$337,376	\$195,893
Total GF/non-GF	\$2,810,650	\$3,003,435	\$3,624,284	\$2,506,067
Program Total:	\$5,814,085		\$6,130,351	
Program FTE	13.07	10.43	16.03	9.17

Program Revenues				
Intergovernmental	\$0	\$2,803,435	\$0	\$2,306,067
Other / Miscellaneous	\$0	\$200,000	\$0	\$200,000
Total Revenue	\$0	\$3,003,435	\$0	\$2,506,067

Explanation of Revenues

This program generates \$195,893 in indirect revenues.

\$765,000 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and Behavioral Risk Factor Survey System;

\$320,000 - Alaska Tobacco Prevention; \$180,000 - Alaska Obesity EAP; \$416,743 - NIH Marijuana Legalization;

\$120,000 - Alaska Marijuana Program Evaluation; \$170,824 - Public Health Modernization Local;

\$200,000 - HSO County Based Services - 404708; \$250,000 - PDES Public Health Modernization Support;

\$61,000 - Tech Assist to Accountability & Metrics; \$17,000 - HIV Program Planning & Evaluation;

\$5,500 - Public Health IRB

Significant Program Changes

Last Year this program was: FY 2021: 40096A Public Health Office of the Director

Significant Changes: In FY22, 4.6 FTE and associated costs are being moved from FY21 Program Offer Epidemiology, Analytics, and Evaluation (#40098) to the Public Health Office of the Director.

COVID-19-Related Impacts: During FY21, the Office of the Director shifted BOH focus from chronic disease and violence prevention to COVID-19; Community Partnerships & Capacity Building staff also shifted focus from wider content areas to COVID-19; Community Health Improvement Plan implementation was paused to shift focus to COVID-19; and PDES worked closely with Public Health and Oregon Health Authority to provide research and evaluation support related to COVID-19 response.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40010B, 40061, 40097, 40058, 40054, 40055, 40056
Program Characteristics:

Executive Summary

In FY 2021, ICS received technical assistance from Health Resources and Services Administration regarding financial and governance requirements related to Federally Qualified Health Centers (FQHCs). This included clarification of how FQHC funds could be applied to services of the health center and staff roles which also supported non-health center services. After review, HRSA clarified that funds from the FQHC cannot be spent on these out of scope programs or for staff who support out of scope activities. In response, Multnomah County removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services. Multnomah County will use the County General Fund to support these services in FY 2022 and going forward.

Program Summary

Public Health's Maternal Child Family Health (MCFH), Communicable Disease (CD) Clinical and Community Services, and Harm Reduction programs provide home visiting and clinical services. These service require infrastructure support for Epic electronic health record (EHR), laboratory tests, managing medical records, and managing protected health information.

Clinical Systems Information supports MCFH and the CD and Harm Reduction clinics with all Epic operations. Main functions include: day-to-day requests, staff passwords, label printing, face sheets, and system problem-solving; monthly maintenance and monthly and other updates as needed; program planning and implementation, including building programs and form development; and acting as the liaison to OCHIN, the Department's EHR vendor.

Central Lab supports the CD and Harm Reduction clinics. Main functions include performing a variety of lab tests for TB, STDs, and HIV; assisting with blood draws; and acting as a liaison between the lab and the clinics.

Health Information Management supports MCFH and the CD and Harm Reduction clinics. Main functions include: responding to court system records requests; creating copies containing appropriate information and sending them to the courts; providing protected health information (PHI) consultation; acting as a liaison between programs and the County Attorney related to PHI; and providing record retention guidance.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of lab tests per year	N/A	N/A	N/A	6,000
Outcome	Completed medical records requests	N/A	N/A	N/A	20

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$62,143	\$60,904	\$461,588	\$0
Contractual Services	\$32,000	\$0	\$0	\$0
Materials & Supplies	\$5,857	\$10,970	\$0	\$0
Internal Services	\$0	\$7,126	\$0	\$0
Total GF/non-GF	\$100,000	\$79,000	\$461,588	\$0
Program Total:	\$179,000		\$461,588	
Program FTE	0.50	0.50	3.67	0.00

Program Revenues				
Intergovernmental	\$0	\$79,000	\$0	\$0
Total Revenue	\$0	\$79,000	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40056, 40055, 40058, 40054
Program Characteristics:

Executive Summary

Maternal, Child, and Family Health (MCFH) Administration provides leadership, compliance, quality, and program data oversight and support to MCFH programs within the Public Health Division. MCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

Program Summary

MCFH Administration supports the following programs: Healthy Birth Initiatives; Nurse Family Partnership; Healthy Families, Healthy Homes Asthma Home Visiting, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reducing racial/ethnic disparities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for MCFH programs. Examples include working to shift the MCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

MCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. MCHF programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in MCFH services and hold leadership roles in the advisory boards and provide input to influence program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	3,713	4,896	3,031	3,624
Outcome	Percent of contracts granted to BIPOC vendors	N/A	N/A	N/A	60%
Quality	Number of monthly chart audits completed	528	513	252	432

Performance Measures Descriptions

Legal / Contractual Obligation

MCFH Administration ensures that all MCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0200, 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$987,687	\$21,604	\$1,033,005	\$21,456
Contractual Services	\$49,000	\$100,000	\$74,798	\$100,000
Materials & Supplies	\$102,108	\$1,124	\$95,108	\$54,651
Internal Services	\$217,585	\$2,272	\$189,241	\$2,858
Total GF/non-GF	\$1,356,380	\$125,000	\$1,392,152	\$178,965
Program Total:	\$1,481,380		\$1,571,117	
Program FTE	8.00	0.13	8.00	0.13

Program Revenues				
Intergovernmental	\$0	\$125,000	\$0	\$178,965
Total Revenue	\$0	\$125,000	\$0	\$178,965

Explanation of Revenues

This program generates \$2,858 in indirect revenues.
 \$ 153,965 - State: MCH Child and Adoles Grant
 \$ 25,000 - Early Home Visit Grant

Significant Program Changes

Last Year this program was: FY 2021: 40097 Maternal Child Family Health Management

COVID-19-Related Impacts - In FY21, COVID-related changes to County and partner workflows reduced referrals to and services provided by MCFH programs. Staff were reassigned to COVID-19 response activities, and in-home services were transitioned to telehealth services, all of which reduced visit numbers and targeted case management revenue. FY22 budget and performance numbers project a return to some in-person services and an associated increase in number of families served. Staff will continue to support COVID-19 response for MCFH clients.

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

The Division is responsible for developing data analytic and reporting infrastructures to collect, coordinate, and analyze population health data and business information across the Health Department. In this capacity, the division will provide data and business intelligence support for strengthening organizational decision-making; assess organizational performance, quality, and compliance; inform policy, and align grant development with strategic priorities.

Program Summary

Department-wide data coordination, data quality, data access, and overall business intelligence provide the Department with the information needed to monitor and understand performance and compliance. Data and analytic strategies guide decisions, policy and service choices, and our areas of focus. The Division includes several units or teams. Community Epidemiology Services, a staff of epidemiologists and research scientists who work with direct service divisions to coordinate and collect data regarding the magnitude of disease burden, disorder, and injury among population groups. Strategy and Grant Development develops and submits grant applications; and supports programs in strategic planning implementation, service improvements, and grant monitoring. Policy Administration is a smaller unit that design-maps, monitors, and manages the Department’s administrative and compliance policies through the C360 platform, a document-driven data system. The Health Data and Reporting unit provides report strategies for ongoing monitoring and analytical support to the staff and programs using EPIC and other large data systems (e.g., Accela, SAP). The aggregation and alignment of activities and services under the Epidemiology, Analytics, and Evaluation Division serves the entire Department, strengthens our approach to the coordination of data collection and data access, analytics, and performance management, particularly among programs with limited capacity. The Division aligns with a strategy to coherently coordinate resources in support of organizational performance to improve whole-person health.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of data-related collaborations advancing analytic and reporting capacity for continued monitoring	9	10	7	8
Outcome	# of analytic and reporting platforms to monitor COVID responses and health status of vulnerable populations	8	9	7	7

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,002,524	\$254,250	\$1,498,835	\$0
Contractual Services	\$7,919	\$0	\$42,016	\$0
Materials & Supplies	\$72,710	\$32	\$71,114	\$0
Internal Services	\$207,400	\$42,961	\$215,823	\$0
Total GF/non-GF	\$2,290,553	\$297,243	\$1,827,788	\$0
Program Total:	\$2,587,796		\$1,827,788	
Program FTE	12.46	1.74	9.00	0.00

Program Revenues				
Intergovernmental	\$0	\$297,243	\$0	\$0
Total Revenue	\$0	\$297,243	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40098 Epidemiology, Analytics and Evaluation

4.20 FTE moved from this program offer to 40096A Public Health Office of the Director. In addition, a vacant FTE was cut to meet budgetary constraints.

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

Executive Summary

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and decrease suspension and expulsion rates. The program provides evidence based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to 3,600 children and their families in Head Start Programs to promote social/emotional development and school readiness. Services include early childhood classroom consultation with educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking and African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total children receiving prevention services.	3,834	3,600	3,537	3,600
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data ¹	N/A ¹	75%	N/A ¹	75%
Output	Total children receiving culturally specific treatment services ²	37	48	37	48

Performance Measures Descriptions

¹Teaching Pyramid Observation Tool (TPOT) was not received because classrooms were closed down due to the pandemic which prevented the survey measure from being completed. TPOT Is an evidence based instrument used to measure how well teachers are implementing the 3-tiered Pyramid Model of practices that support children's social competence and prevents challenging behaviors. 75% is the recommended fidelity measure for this tool.

² Treatment=Clients provided services

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,387,275	\$336,679	\$1,375,367	\$346,433
Contractual Services	\$44,625	\$166,299	\$39,000	\$55,095
Materials & Supplies	\$21,760	\$572	\$4,102	\$67
Internal Services	\$61,504	\$114,481	\$46,325	\$164,933
Total GF/non-GF	\$1,515,164	\$618,031	\$1,464,794	\$566,528
Program Total:	\$2,133,195		\$2,031,322	
Program FTE	9.93	2.46	9.43	2.46

Program Revenues				
Intergovernmental	\$0	\$344,900	\$0	\$401,528
Beginning Working Capital	\$0	\$158,131	\$0	\$0
Service Charges	\$105,000	\$115,000	\$0	\$165,000
Total Revenue	\$105,000	\$618,031	\$0	\$566,528

Explanation of Revenues

\$ 165,000 - Fee For Services Insurance Receipt

\$ 347,046 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on IGA with State of Oregon

Significant Program Changes**Last Year this program was:** FY 2021: 40099 Early Childhood Mental Health Program

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic.

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40099
Program Characteristics:

Executive Summary

Passed by voters in November 2020, Preschool For All funds universal preschool for all 3 and 4 year olds in Multnomah County, with prioritized access for Black, Indigenous and children of color, children who speak languages other than English at home, children with disabilities and developmental delays, and other groups of children who currently have the least access to high-quality, culturally responsive preschool.

In partnership with the Behavioral Health Division, the Department of County Human Services is investing in our Early Childhood Prevention and Treatment team by adding members to our team to support the Preschool for All program.

Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to children and their families in Head Start Programs to promote social/emotional development and school readiness. Services include early childhood classroom consultation with educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking and African American culturally specific counseling and parent support services provided to families throughout Multnomah County.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start. The Preschool for all program will add another Mental Health consultant to serve more children of color in treatment services.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care.

Performance Measures					
Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total children receiving prevention services .	N/A	N/A	N/A	0
Outcome	% of Preschool for All (PFA) coaches who report that they had a positive and supportive consultation experienc	N/A	N/A	N/A	0
Output	Total children receiving culturally specific treatment services	N/A	N/A	N/A	0

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$260,470
Materials & Supplies	\$0	\$0	\$0	\$6,350
Internal Services	\$0	\$0	\$0	\$100,375
Total GF/non-GF	\$0	\$0	\$0	\$367,195
Program Total:	\$0		\$367,195	
Program FTE	0.00	0.00	0.00	2.00

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

Explanation of Revenues

This program generates \$34,695 in indirect revenues.
 This program will be supported entirely by tax receipts from Preschool For All Program (fund 1522). Tax revenues budgeted in program offer 25200-22.

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs:
Program Characteristics:

Executive Summary

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and decrease suspension and expulsion rates. The program provides evidence based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to 3,600 children and their families in Head Start Programs to promote social/emotional development and school readiness. Services include early childhood classroom consultation with educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking and African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	N/A - see Program Offer 40099				
Outcome	N/A - see Program Offer 40099				
Output	N/A - see Program Offer 40099				

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$53,478	\$0
Materials & Supplies	\$0	\$0	\$12,844	\$0
Internal Services	\$0	\$0	\$28,445	\$0
Total GF/non-GF	\$0	\$0	\$94,767	\$0
Program Total:	\$0		\$94,767	
Program FTE	0.00	0.00	0.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40099 Early Childhood Mental Health Program

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics:

Executive Summary

The Trauma Intervention Program (TIP) provides on-scene emotional and practical support to the victims of traumatic events and their family members. Emotional and practical support services include on-scene emotional support to clients; making necessary telephone calls, making arrangements for clean-up services, notifying family, friends and others; making referrals to follow up services; providing information and referral services; and performing one follow-up contact to verify the client's welfare.

Program Summary

TIP has an existing contract with the Multnomah County Sheriff's Office. Additional funding from the Behavioral Health Division (BHD) will fund TIP at national levels needed to sustain services for all of Multnomah County and increase training and civic engagement.

TIP has over 200 volunteer staff who are able to respond 24/7, 365 days per year. From June 1, 2019 to February 20, 2020, in Multnomah County, TIP responded to 213 calls for assistance and spent 639 hours assisting citizens, excluding hours spent at schools or larger events. The average response time for TIP is 21.9 minutes with 100% reliability. TIP is currently part of the COVID-19 response, including calling over 1500 staff/volunteers for wellness checks following their deployment to the county Emergency Operations Center. TIP responds to school shootings and has provided emotional and practical support services to Home Forward, Portland Public Schools, the courts, hospitals, libraries, and private businesses and residences, and other organizations, including Multnomah County. TIP strives to match responder demographics, including race and language, to the impacted community and has a large and diverse group of highly trained volunteers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Respond to requests, including responders that match demographics of impacted community when requested	N/A	N/A	N/A	100
Outcome	Increase outreach, including to organizations that serve communities of color.	N/A	N/A	N/A	N/A

Performance Measures Descriptions

This fiscal year will establish a baseline of outreach opportunities for this program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$50,000	\$0	\$50,000	\$0
Total GF/non-GF	\$50,000	\$0	\$50,000	\$0
Program Total:	\$50,000		\$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: FY 2021: 40100 Trauma Intervention Services

*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:
Program Characteristics:
Executive Summary

As a core component of the local public health authority (LPHA) and public health system, the communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limits the spread of these diseases through disease control interventions, which adheres to Oregon Health Authority (OHA) guidelines. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Providing epidemiology, case investigation, and contract tracing within a culturally and linguistically appropriate framework is a public health strategy that can help contain the spread of COVID-19.

Program Summary

Public Health continues to implement COVID-19 epidemiology, contact tracing, and case investigation of positive cases and close contacts in line with OHA's LPHA guidelines. The goal is to slow community disease transmission, particularly for BIPOC communities and other vulnerable and priority populations. Epidemiologists, community health nurses, disease investigation specialists, and community health workers (CHWs) comprise the investigation and response teams, which are the backbone of surveillance, case investigation, and contract tracing. This infrastructure sits within the Public Health's Office of the Director and CD program, as well culturally specific community-based organizations (CBO).

Staff reflect the demographics of the county, providing culturally and linguistically responsive capacity to continue to meet State, OHA, and Multnomah County criteria; respond to outbreaks; and implement strategies focused on BIPOC communities and other vulnerable and priority populations. For positive tests, Public Health investigators and contact tracers work to identify an individual's close contacts, work sites, living quarters, and health care settings and provide health and isolation/quarantine information. Public Health staff refer individuals to culturally specific CHWs, who provide supports for isolation, basic needs, and referrals. For identified outbreaks in congregate residential settings, the program coordinates testing, PPE, infection control inspections, and quarantine/isolation planning with the facility and state partners.

The County utilizes the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. These data enable the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with 17 culturally specific CBOs and convenes a number of culturally specific groups to engage populations most disparately impacted and ensure that community members influence the design of COVID-19 response.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of COVID-19 cases interviewed	N/A	N/A	25,000	15,000
Outcome	% of staff with a language or culturally specific KSA	N/A	N/A	50%	50%
Output	# of outbreaks managed	N/A	N/A	1,000	500

Performance Measures Descriptions

FY22 Output measures are lower than FY21 estimates to reflect a decrease in the need for case investigation, contact tracing, and outbreak response as the community becomes vaccinated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$9,820,898	\$0	\$4,042,841
Contractual Services	\$0	\$2,033,916	\$0	\$752,448
Materials & Supplies	\$0	\$500,507	\$0	\$118,191
Internal Services	\$0	\$308,859	\$0	\$0
Total GF/non-GF	\$0	\$12,664,180	\$0	\$4,913,480
Program Total:	\$12,664,180		\$4,913,480	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$12,664,180	\$0	\$4,913,480
Total Revenue	\$0	\$12,664,180	\$0	\$4,913,480

Explanation of Revenues

\$ 4,913,480 - ARPA Federal Multco

Significant Program Changes

Last Year this program was: FY 2021: 40199A Public Health - Contact Tracing

The FY 2022 budget has a reduction in FTE over the course of the year to reflect anticipated decrease in need for case investigation and contact tracing as the community is vaccinated.

This program offer supports the Public Health Emergency Response priority. The Public Health Division continues to implement COVID-19 epidemiology, contact tracing, and case investigation of positive cases and close contacts in line with OHA's LPHA guidelines. The goal is to slow community disease transmission, particularly for BIPOC communities and other vulnerable and priority populations.

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:
Program Characteristics:

Executive Summary

As a core component of the local public health authority (LPHA) and public health system, communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Community testing and vaccination are key strategies for slowing the spread of COVID-19.

Program Summary

Public Health implements testing and vaccination strategies with the goal to slow community disease transmission. Public Health's Office of the Director and CD program coordinate with the Department's Federally Qualified Health Center program, Oregon Health Authority (OHA), regional LPHAs, regional hospital systems, and culturally specific CBO partners to implement strategies with an equity lens focused on BIPOC and vulnerable/underserved communities.

Testing - Public Health provides low barrier testing and outbreak response following OHA LPHA guidelines. Four community sites are open to anyone with COVID-19 symptoms or a recent close contact. Testing is provided at no cost, regardless of immigration status, and in partnership with culturally specific CBOs. Outbreak response continues to focus on deploying resources to outbreak facilities (large congregate care, worksites, etc.) to reduce virus spread. Vaccination - Public Health works with other LPHAs, hospital systems, and CBOs to ensure access to COVID-19 vaccination. Scopes of work include communication strategies; engaging the community in vaccine planning; coordinating with partners to implement a phased vaccination plan; and providing vaccination clinics. Public Health also supports County employee vaccinations.

Racial Equity - Testing locations are geographically sited in areas with high rates of COVID-19 infection among BIPOC and immigrant/refugee communities, especially areas without other low barrier testing access. Testing data is monitored monthly to ensure appropriate outreach. BIPOC and immigrant-serving community partners are funded to support testing. Vaccination prioritizes health care workers from and serving BIPOC communities, and will support racial equity-based community advisory recommendations for prioritization of key essential workers, patients, and other high risk. Vaccination clinics will be planned with culturally specific community organizations and BIPOC community leadership. Countywide vaccination data will be evaluated and shared publicly to assess success in matching vaccination access to communities at highest need.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of community-based tests	N/A	18,000	18,000	20,000
Outcome	% of tests to BIPOC individuals	N/A	N/A	60%	70%
Outcome	% of county-received vaccine allocated to BIPOC, unhoused/sheltered, or incarcerated individuals	N/A	N/A	N/A	80%
Output	# of culturally specific community partner contracts supporting testing/vaccination strategies	N/A	15	17	17

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,975,890	\$0	\$8,120,551
Contractual Services	\$0	\$2,812,120	\$0	\$1,734,704
Materials & Supplies	\$0	\$100,000	\$0	\$350,361
Internal Services	\$0	\$49,990	\$0	\$151,193
Capital Outlay	\$0	\$0	\$0	\$59,600
Total GF/non-GF	\$0	\$4,938,000	\$0	\$10,416,409
Program Total:	\$4,938,000		\$10,416,409	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,938,000	\$0	\$10,416,409
Total Revenue	\$0	\$4,938,000	\$0	\$10,416,409

Explanation of Revenues

This program generates \$151,193 in indirect revenues.
 \$ 1,379,330 - COVID-19 Federal CARES
 \$ 4,437,685 - ARPA - Federal Multco- Vaccination
 \$ 4,599,394 - APPA - Federal Multco- Testing

Significant Program Changes

Last Year this program was: FY 2021: 40199B Public Health - Community Testing

In FY 2022, vaccination activities and funding are added to this program offer.

This program offer supports the Public Health Emergency Response priority. The Public Health Division will continue testing and vaccination strategies with the goal to slow community COVID-19 disease transmission.

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:
Program Characteristics:
Executive Summary

As the local public health authority (LPHA), Public Health is responsible for assuring that vulnerable residents who test positive for COVID-19 or are a close contact of someone who tests positive have their financial and physical needs met so they can safely isolate and quarantine. Wraparound services are implemented through partnerships with other Health Department and County programs, and culturally specific community-based services are provided in a coordinated, culturally relevant manner.

Program Summary

Wraparound services are provided to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to successfully isolate or quarantine. Services include timely, low-barrier rental, mortgage, utility, and food assistance, and other resources to minimize the financial impact of self-isolating, as well as access to a Voluntary Isolation Motel (VIMo). Individuals are also linked to behavioral health and other services as needed.

The Health Department has an agreement with Department of County Human Services (DCHS) and the Joint Office for Homeless Services and contracts with culturally specific CBOs to support a wraparound services provision. DCHS manages the programming and staff to directly provide wraparound services while Public Health provides staffing to manage CBO contracts for CHWs who link community members to these services and implement associated strategies. CBOs provide referrals to Public Health and DCHS for services and also support aspects of contact tracing, case investigation, community testing, and vaccination strategies.

The County uses the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. These data allow the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with 17 culturally specific CBOs and convenes a number of culturally specific groups to guide COVID-19 response. These approaches enable the County to reach populations most disparately impacted by COVID-19 and include them in the design of COVID-19 response. Additionally, DCHS is surveying clients who receive wraparound supports to monitor program quality and integrate client feedback.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of culturally specific community partner contracts	N/A	15	17	17
Outcome	% of COVID-19 impacted households referred for wraparound support who receive it	N/A	100%	95%	100%

Performance Measures Descriptions

Performance Measure 2 is for COVID-19 impacted households who have financial or physical need, consent to receiving services, and are referred for services. Impacted households is defined as people who are COVID-19 positive or close contacts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$968,188
Contractual Services	\$0	\$9,811,535	\$0	\$19,343,812
Materials & Supplies	\$0	\$915,535	\$0	\$87,000
Total GF/non-GF	\$0	\$10,727,070	\$0	\$20,399,000
Program Total:	\$10,727,070		\$20,399,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$10,727,070	\$0	\$20,399,000
Total Revenue	\$0	\$10,727,070	\$0	\$20,399,000

Explanation of Revenues

\$ 5,120,750- COVID-19 - Federal ELC
 \$ 15,278,250 - ARPA -Federal Multco- Isolation & Quarantine

Significant Program Changes

Last Year this program was: FY 2021: 40199A Public Health - Contact Tracing

This program offer addresses the Public Health Emergency Response priority. The Public Health Division provides wraparound services to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to successfully isolate or quarantine.

Department: Health Department **Program Contact:** Julie Dodge
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

During FY 21, the Behavioral Health Division implemented a number of initiatives to better serve Multnomah County residents struggling to navigate the Coronavirus pandemic. Older adults and Black, Indigenous and other People of Color, experienced significant barriers to access support to address symptoms of stress, anxiety, depression, fear, isolation and loneliness. These communities are more vulnerable to COVID-19 and experience challenges directly related to a lack of access to technological devices, internet, and other resources. BIPOC experiences compound issues of toxic stress, on top of the mental, emotional, and economic impact of COVID-19.

Program Summary

This program is a continuation of the Behavioral Health Division's (BHD) response to COVID-19 initiated last year. The following services are included:

Brief behavioral health (BH) counseling and connection to ongoing behavioral health services for all residents impacted by COVID including culturally specific Asian, Latinx, and African American services. Culturally specific peer support, including connection to resources in the Voluntary Isolation Motels (VIMOs) and in the community at large. Development of culturally specific services in the African American community that reflect community cultural values. The behavioral health crisis Call Center will add staff to manage the increased volume of calls brought on by the pandemic. This also provides funding for culturally specific media outreach regarding COVID resources. It includes add-ons to the electronic health record system for telehealth and electronic documentation. And lastly, it includes internal staff for infrastructure support around quality and project management.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique individuals connected to services by peers (VIMOs and in the community).*	3,500	3,500	852	900
Outcome	Percentage of BIPOC and/or older adults served across all services.	30%	30%	36%	35%
Outcome	Quality Management will build data tracking mechanisms and reports for new programs for establishing and monitoring	N/A	N/A	N/A	100%

Performance Measures Descriptions

*The FY20 client counts includes the initial COVID lockdown period, which served more individual in Voluntary Isolation Motels (VIMO.) This volume of activity will decline in FY2022 as we enter the recovery period of the pandemic.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$483,901
Contractual Services	\$0	\$1,125,000	\$0	\$1,127,139
Materials & Supplies	\$0	\$175,000	\$0	\$0
Total GF/non-GF	\$0	\$1,300,000	\$0	\$1,611,040
Program Total:	\$1,300,000		\$1,611,040	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,300,000	\$0	\$1,611,040
Total Revenue	\$0	\$1,300,000	\$0	\$1,611,040

Explanation of Revenues

\$ 1,611,040 - Continuation of BHD Culturally Specific COVID-19 Response

Significant Program Changes

Last Year this program was: FY 2021: 40199D Behavioral Health - Culturally Specific, Peers and Client Assistance

This program offer addresses the Public Health Emergency Response priority. The Behavioral Health division will continue to provide behavioral health (BH) counseling and connection to ongoing services for all residents impacted by COVID-19.



Program #40199E - ARP - COVID-19 Response Health Officer 7/6/2021

Department: Health Department **Program Contact:** Jennifer Vines
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40002 Health Officer
Program Characteristics:

Executive Summary

Maintain Multnomah County Health Officer FTE and ensure project management for COVID response.

Program Summary

Maintaining a full-time project manager in the Health Officer program is essential to the effectiveness of the program. The complexity and rapidly changing priorities for the Health Officers, require dedicated project manager support in several years. This position will support ongoing vaccination coordination and community engagement. More specifically, this position is necessary to track severe weather shelter needs, voluntary isolation motel workflows, and coordination of licensed volunteers for ongoing county efforts.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Projects with detailed project plans	N/A	N/A	N/A	5
Outcome	Percentage of Health Officer COVID 19 projects with detailed project plans	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$166,792
Materials & Supplies	\$0	\$0	\$0	\$24,509
Total GF/non-GF	\$0	\$0	\$0	\$191,301
Program Total:	\$0		\$191,301	
Program FTE	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$191,301
Total Revenue	\$0	\$0	\$0	\$191,301

Explanation of Revenues

\$ 191,301 - ARPA Federal Multco- HO - COVID Response

Significant Program Changes

Last Year this program was:

This program offer addresses the Public Health Emergency Response priority. The position funded by this offer supports ongoing COVID-19 vaccination coordination and community engagement.

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

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

Related Programs:
Program Characteristics:
Executive Summary

This program offer will provide funding for Corrections Health to continue to provide essential services related to screening for and management of COVID-19 as well as provision of COVID-19 vaccinations to selected adults in custody based on public health recommendations. 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 3,500+ 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

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health, and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures, and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the clinical activities required to continue to provide COVID-19 related services to the individuals in custody under the responsibility of Corrections Health. Such activities include the screening of individuals at the beginning of the booking process, another screening prior to being housed in the facilities, daily screening of individuals for the first 14 days of incarceration, daily screening for the duration of incarceration for those individuals deemed to be at high risk for developing complications of COVID-19, testing of individuals developing symptoms, testing of all individuals in housing units from which a person with COVID-19 is identified, serial screening of individuals in quarantined housing areas, serial testing of individuals in quarantined housing areas, management of individuals housed in the negative airflow respiratory isolation units at both MCDC and MCIJ facilities, and vaccination of adults in custody per public health guidelines.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Screenings for signs/symptoms of COVID-19 during booking process	N/A	N/A	1,000/mo	1,000/mo
Outcome	Completed COVID-19 vaccinations for adults in custody in high risk groups as vaccine is available	N/A	N/A	200/year	600/year
Output	Screenings for signs/symptoms of COVID-19 in adults in custody	N/A	N/A	8,300/mo	8,300/mo

Performance Measures Descriptions

Measure 1: Screenings performed in the booking area of the Detention Center. Measure 2: Estimate of number of AIC COVID-19 vaccinations based on population in adult facilities as of January 2021 with age >65 and estimated turnover in eligible population. Measure 3: Daily screenings performed by nurses for individuals in housing units at both adult jail facilities during first 14 days of incarceration and for those at high risk for complications.

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 health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$389,627
Materials & Supplies	\$0	\$0	\$0	\$80,662
Total GF/non-GF	\$0	\$0	\$0	\$470,289
Program Total:	\$0		\$470,289	
Program FTE	0.00	0.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$470,289
Total Revenue	\$0	\$0	\$0	\$470,289

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. Provider assessments, treatments, screenings, diagnostic tests, and communicable disease tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

\$ 470,289 ARPA Federal Multco CH - COVID Response

Significant Program Changes

Last Year this program was:

This program offer addresses the Core Services to Support people in our Care priority. Corrections Health will provide required services to the individuals in custody under the responsibility of Corrections Health. Activities include: screening of individuals at the beginning of the booking process, another screening prior to being housed in the facilities, daily screening of individuals for the first 14 days of incarceration, daily screening, testing testing of individuals developing symptoms, testing of all individuals in housing units from which a person with COVID-19 is identified.

Department: Health Department **Program Contact:** Brieshon D'Agostini
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care. Considering the potential risk of COVID-19 to employees and patients, the Integrated Clinical Services COVID-19 Response is essential to ensure the safety of all that work and receive services with ICS.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline, and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to health care.

The ICS Logistics and COVID-19 Response supports safe and effective services for all ICS employees and patients by ensuring adequate infrastructure, resources, and supplies to build capacity both within and outside of normal clinical operations, such as drive-through testing and vaccination clinics. These activities are supported by funding from the American Rescue Plan Act (ARPA) for COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery. Expenditures will include staffing and infrastructure, software and IT solutions, equipment and supplies, patient and staff experience, and other innovations in support of services for our patients.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of active age-appropriate patients who have been offered a vaccine	N/A	N/A	N/A	60%
Outcome	COVID-19 vaccine rates for patients self-identifying as BIPOC	N/A	N/A	N/A	60%

Performance Measures Descriptions

Output: This measure indicates the percentage of our established patients who we have vaccinated or been offered a vaccine. **Outcome:** This measure indicates that the Health Center outreach efforts and community engagement has increased vaccine administration within communities who are experiencing higher disparities in COVID-19 infection and vaccination rates.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$13,000,000
Total GF/non-GF	\$0	\$0	\$0	\$13,000,000
Program Total:	\$0		\$13,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$13,000,000
Total Revenue	\$0	\$0	\$0	\$13,000,000

Explanation of Revenues

\$ 10,930,750 - ARPA - HHS COVID Response
 \$ 2,069,250 - ARPA - MultCo COVID Response

Significant Program Changes

Last Year this program was:

This program offer addresses the Public Health Emergency Response priority. Integrated Clinical Services will provide COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery.

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

Executive Summary

This program offer funds infrastructure to support the public health division in its response to the COVID-19 pandemic. It includes services in finance, business management, human resources and organizational development.

Program Summary

This program offer funds multiple infrastructure positions necessary for a comprehensive and equity-based response to the COVID-19 pandemic.

Funding will support finance and business management services that directly impact our community-based partners, many of whom are culturally specific organizations who depend on expedited contracts and prompt payment of services.

Additionally, if the department continues to distribute client assistance, business relief and other large scale community support efforts, additional staff will provide prompt service and assist clients and businesses troubleshoot their applications and requests. These efforts target BiPOC community organizations and members and will directly impact the timeliness of relief efforts and experience with the County.

Funding will also support additional human resources staff focused on recruitment and hiring support related to the COVID-19 response.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of COVID-19 related recruitments	N/A	N/A	N/A	100
Outcome	Percent of COVID-19 related contracts executed by start of contract	N/A	N/A	N/A	90%
Quality	% of public information messages available in top 5 languages spoken by County residents	N/A	N/A	N/A	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$1,297,410
Materials & Supplies	\$0	\$0	\$0	\$62,540
Total GF/non-GF	\$0	\$0	\$0	\$1,359,950
Program Total:	\$0		\$1,359,950	
Program FTE	0.00	0.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,359,950
Total Revenue	\$0	\$0	\$0	\$1,359,950

Explanation of Revenues

\$ 1,359,950 - ARPP Federal Multco- COVID Response

Significant Program Changes

Last Year this program was:

This program offer addresses the Public Health Emergency Response priority. Funding will support finance and business management services that directly impact our community-based partners, and department divisions as they work to efficiently serve clients in all aspects of COVID-19 response and recovery.

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:
Program Characteristics:

Executive Summary

Public Health's Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) units develop, support, and maintain partnerships across BIPOC communities. This expansion will enable CPCB and CDPHP to increase capacity within Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities. Focus areas include youth violence prevention; chronic disease prevention; mentoring, training, and technical assistance across multiple content areas; and convening stakeholders to advance community priorities.

Program Summary

Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) are central to Public Health's goal to develop, implement, and advocate for policy, system, and environment changes that reduce disparities experienced by BIPOC communities to lower rates of the leading causes of preventable death. They are also hubs for developing, supporting, and maintaining partnerships across BIPOC communities. This expansion will increase capacity within these Public Health units and Asian, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities.

Public Health programming - CDPHP houses the REACH and Community & Adolescent Health (CAH) programs. 1) CAH will add culturally specific Community Health Specialists to work with these communities to support youth violence prevention, injury prevention, and chronic disease prevention strategies. 2) REACH will add culturally specific staff capacity to coordinate communication and policy, system, and environment change activities for nutrition, built environment, and community-clinical linkages strategies, as well as Black COVID-19 response and recovery efforts. 3) CPCB will add culturally-specific staff to further develop authentic and sustained partnership with Asian communities and other community partners, including supporting policy development and impact analysis and providing technical assistance. These staff will all convene cross sector stakeholder meetings to advance community priorities.

Community capacity - 1) CBOs will be funded to conduct and/or build upon community needs assessments, develop policy priorities, and co-convene stakeholder meetings. 2) Organizations and/or businesses will be funded to provide training and consultation for smaller and emerging CBOs to develop infrastructure and sustainable programming.

These increases in Public Health and community capacity will lead to collective problem solving with BIPOC communities. The results of these efforts will be policy, system, and environment change strategies that improve overall community health by addressing the impacts of racism and social determinants such as education and economic opportunities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of BIPOC partners engaged	N/A	N/A	N/A	50
Outcome	# of community meetings	N/A	N/A	N/A	40
Outcome	# of policy, systems, and environment strategies identified	N/A	N/A	N/A	15

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$516,518
Contractual Services	\$0	\$0	\$0	\$640,000
Materials & Supplies	\$0	\$0	\$0	\$9,482
Total GF/non-GF	\$0	\$0	\$0	\$1,166,000
Program Total:	\$0		\$1,166,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,166,000
Total Revenue	\$0	\$0	\$0	\$1,166,000

Explanation of Revenues

\$ 1,166,000 - ARPA Federal Multco - Community Partnerships & Capacity Building

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response and COmmunity Recovery priority area. This funding will be used to develop, implement, and advocate for policy, system, and environment changes that reduce disparities experienced by BIPOC communities to lower rates of the leading causes of preventable death. They are also hubs for developing, supporting, and maintaining partnerships across BIPOC communities. This expansion will increase capacity within these Public Health units and Asian, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities.

Department: Health Department
Program Offer Type: Innovative/New Program

Program Contact: Kim Toevs
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics:

Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by upholding State of Oregon infectious disease statutes through disease tracking and investigation, disease intervention and control, and response evaluation. The CD Services Expansion will strengthen capacity and work within CD Clinical and Community Services and CD Prevention and Control Program Offers. The scope of expansion includes increased staffing and engagement with BIPOC and other communities to support prevention strategies for vaccination, tuberculosis, hepatitis C, and emerging infectious diseases.

Program Summary

This expansion will increase CD program capacity to address disparities by identifying racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases. The program utilizes multiple data sources, including case and contact interviews, syndromic surveillance, and immunization data. The expansion will enable the program to work more closely with communities most impacted by communicable diseases, including BIPOC and unstably housed communities, through engaging trusted community leaders and building relationships focused on preventing diseases. More deeply engaging community as part of the below focuses will lead to better health outcomes and better access to health and social service resources in the event of a communicable disease diagnosis.

Vaccination: The CD program has long addressed vaccine hesitancy and access to vaccines as prevention strategies. Additional staffing will allow the program to engage communities most likely to be impacted by vaccine-preventable diseases or who have a high prevalence of unvaccinated community members, which is integral to reducing barriers to vaccination.

Tuberculosis (TB): COVID-19 is compounding the effects of other diseases such as TB due to lack of access to care or hesitancy to receive care during the pandemic. For TB, long periods of time spent indoors with family members is another compounding factor: secondary cases from the same household and the number of close household contacts have both increased. Additional staffing will support expanded contact investigations and the ability to ensure the completion of treatment for latent TB before it becomes active.

Emerging infectious diseases: As the current pandemic has made clear, public health must be prepared to prevent, control, and investigate emerging infectious diseases. Additional staffing and the 24/7 call system will provide critical capacity in this area.

Foundational support: Additional staffing will support Hepatitis C prevention and other foundational communicable disease areas through data entry, specimen processing and collection, and other activities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of communicable disease-focused community engagement events	N/A	N/A	N/A	12
Outcome	% of TB contacts who start and complete latent TB treatment	N/A	N/A	N/A	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$883,823
Contractual Services	\$0	\$0	\$0	\$117,726
Materials & Supplies	\$0	\$0	\$0	\$36,451
Total GF/non-GF	\$0	\$0	\$0	\$1,038,000
Program Total:	\$0		\$1,038,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,038,000
Total Revenue	\$0	\$0	\$0	\$1,038,000

Explanation of Revenues

\$ 1,038,000 - ARPA - Federal Multco- Communicable Disease Services

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response and Community Recovery priority area. This program will increase Communicable Disease program capacity to address disparities by identifying racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases.

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:
Program Characteristics: Backfill State/Federal/Grant, One-Time-Only Request

Executive Summary

Public Health's Maternal Child Family Health (MCFH) Nurse Family Partnership Program (NFP) is an evidence-based community health care 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. This partnership, and the tools mothers receive, enable families to build confidence and work towards a life of stability and success for both mother and child. This program offer will enable NFP to maintain service capacity, including the ability to link families to housing and other assistance to mitigate the impacts of COVID-19.

Program Summary

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. COVID-19 has and continues to have significant health, social, and economic impacts on NFP families. The pandemic has also affected NFP's services and associated revenue.

In FY21, MCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were transitioned to telehealth services. All of these factors contributed to reduced visit numbers and Medicaid revenue. FY22 projects a return to some in-person services and an associated increase in number of families served but a revenue shortfall will remain.

This program offer will cover the projected Medicaid revenue shortfall in FY22, allowing NFP to maintain service level capacity through 2.6 FTE of three Community Health Nurses and associated costs. These staff will continue to implement NFP to fidelity with culturally reflective practices to improve outcomes in BIPOC and low-income communities. Staff will also support COVID-19 response by linking NFP families to housing assistance and other services that support basic needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of visits	N/A	N/A	N/A	780
Outcome	Percent of families who need and receive housing assistance	N/A	N/A	N/A	95%
Output	Number of families served	N/A	N/A	N/A	65

Performance Measures Descriptions

Performance Measures are limited to services provided by the 2.6 Community Health Nurse FTE.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$435,161
Contractual Services	\$0	\$0	\$0	\$15,416
Materials & Supplies	\$0	\$0	\$0	\$18,018
Total GF/non-GF	\$0	\$0	\$0	\$468,595
Program Total:	\$0		\$468,595	
Program FTE	0.00	0.00	0.00	2.60

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$468,595
Total Revenue	\$0	\$0	\$0	\$468,595

Explanation of Revenues

\$ 468,595 - ARPA Federal Multco - Nurse-Family Partnership

Significant Program Changes

Last Year this program was:

This program offer addresses the Restoring Services Impacted by Budget Reductions priority. This offer provides bridge support to the the Nurse Family Partnership program until the program's Medicaid revenue returns to pre pandemic levels.

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

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

Related Programs:
Program Characteristics:

Executive Summary

This program offer will provide funding for Corrections Health to continue providing essential services to the population of the adult detention facilities and the Donald E. Long Detention Center, particularly should they continue to increase from the lower levels achieved in 2020 during the COVID-19 pandemic.

Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures, and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the clinical activities required to continue to provide essential services to the individuals in custody under the responsibility of Corrections Health. Nurses (24 hours/7 days a week) 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. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals, and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody. These assessments ensure that serious medical and/or mental health issues (trauma, drug ingestion, pregnancy complications, serious wounds and infections) are appropriately addressed in a hospital setting before booking. In addition, significant resources are utilized to perform case management of the USM detainees, including coordination of specialist services, screening for communicable diseases and coordinating transfer of care to other facilities. Eligibility specialists sign adults up for the Oregon Health Plan so they are able to access health care when released from custody, including accessing treatment programs for early release. Additionally, staff assess and treat acute and chronic medical, dental and mental health issues as appropriate during each individual's incarceration. The mental health team is composed of PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average number of Reception Screenings ("EPF"--Entry Progress Form) completed in a month	1,815	1,820	1,800	1,800
Outcome	Percentage of positive screenings resulting in referral to mental health team per year	35%	35%	33%	33%

Performance Measures Descriptions

Measure 1: Captures monthly intake screenings for incoming detainees. the measure does not correlate with static jail population and more accurately reflects incoming patient volume. Measure 2: Captures initial interview information and how many clients are referred for mental health care.

Legal / Contractual Obligation

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$506,383
Materials & Supplies	\$0	\$0	\$0	\$58,603
Total GF/non-GF	\$0	\$0	\$0	\$564,986
Program Total:	\$0		\$564,986	
Program FTE	0.00	0.00	0.00	3.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$564,986
Total Revenue	\$0	\$0	\$0	\$564,986

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. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests, are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

\$ 564,986 - ARPA Federal Multco

Significant Program Changes

Last Year this program was:

This program offer addresses the Supporting People in our Care priority. This item restores support for all of the health care activities required to continue essential services to individuals in custody. Funding for these services was reduced to meet the Health Department's County General Fund Constraint.

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This offer funds client assistance resources for those impacted by the COVID-19 pandemic. This funding will be used to meet the basic needs of Health Department clients while we assist them in gaining access to long term supports.

Program Summary

The direct assistance provided by this offer will be low barrier, highly accessible flexible funding for clients served by the Health Department in programs such as WIC, Early Childhood Mental Health, Early Childhood home visiting, and others. Client assistance will primarily address the needs of the BIPOC communities most impacted by COVID-19.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Clients or families receiving financial assistance	N/A	N/A	N/A	5,000
Outcome	Percentage of clients who are better able to meet their basic needs (e.g. food, housing, medical)	N/A	N/A	N/A	90%

Performance Measures Descriptions

The percentage of clients who are better able to meet their basic needs will be assessed with a one word survey given at receipt of assistance.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$2,225,000
Total GF/non-GF	\$0	\$0	\$0	\$2,225,000
Program Total:	\$0		\$2,225,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,225,000
Total Revenue	\$0	\$0	\$0	\$2,225,000

Explanation of Revenues

\$ 2,225,000 - ARPA Federal Multco - Client Assistance Funds

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response and Community Recovery priority. The offer will provide low barrier, highly accessible financial assistance for Health Department clients. Assistance will primarily be focused on meeting BIPOC clients' basic needs, including food, shelter, and health care.

Department: Health Department **Program Contact:** Aaron Monnig
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 40005 Emergency Medical Services
Program Characteristics: One-Time-Only Request

Executive Summary

Prehospital emergency medical services (EMS) are critical to patient outcomes and the overall health care continuum. However, at this time EMS data are not efficiently exchanged with hospitals or State registries that monitor time critical, life threatening events (such as cardiac arrest survival). This proposal would allow for the purchase of software that will enable a secure, regional health data exchange.

Program Summary

From the moment a paramedic arrives on scene, to the time a patient is discharged from a hospital, health data information exchange among EMS and hospitals is key to rapid and accurate diagnosis, provision of appropriate intervention(s), and stabilization of critical illness. Unfortunately, information sharing between emergency medical services (EMS), and receiving hospitals remains poor. Pre-hospital/EMS, hospital, and state clinical registries currently operate on separate systems with information exchanged verbally, via fax, and/or through manual data entry. Only later is an EMS record faxed to the hospital. Once received, EMS records are not integrated with hospital electronic health record systems. Moreover, key information necessary for State registries, which inform our understanding of clinical and public health trends often requires manual chart review, data retrieval, and data entry.

This program offer funds the development of a data exchange that will allow EMS records to flow directly into the hospital electronic medical record (EHR) for improved diagnosis, interventions, and patient care and outcomes. EMS data will also flow directly into state registries used by hospitals and EMS to monitor cardiac arrest survival, stroke outcomes, and care for traumatic injuries. Likewise, it will allow hospital outcome information to be directly available to EMS for clinical quality assurance; this will help EMS refine pre-hospital clinical protocols, target training, and improve patient care for time dependent, life threatening and serious medical illnesses.

This project will also improve our understanding of clinical and public health trends, racial inequities, and help ensure the delivery of appropriate and equitable health care. Integrated data also allows us to forecast costs which drive health care forward and ensure providers are always prepared for what might lie ahead.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Make Health Data Exchange available to emergency ambulance provider	0	0	0	1
Outcome	Make Health Data Exchange available to hospital systems (includes the 16 Hospitals in the region)	0	0	0	4

Performance Measures Descriptions

Legal / Contractual Obligation

Data and Data Systems belong to the Hospitals and EMS agencies. Multnomah County EMS has a role which includes Quality Assurance, and Quality Improvements of the EMS System, Agencies, and Providers.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$400,000
Total GF/non-GF	\$0	\$0	\$0	\$400,000
Program Total:	\$0		\$400,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$400,000
Total Revenue	\$0	\$0	\$0	\$400,000

Explanation of Revenues

\$ 400,000- ARPA Federal Multco- EMS and Hospital System Health Data Exchange

Significant Program Changes

Last Year this program was:

This program offers addresses the Crisis Response & Community Recovery priority. The Health Data Exchange will allow for the efficient exchange of health data among emergency medical services and hospitals or State registries that monitor time critical, life threatening events (such as cardiac arrest survival). This proposal would allow for the purchase of software that will enable a secure, regional health data exchange.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Public Health’s Community & Adolescent Health (CAH) and REACH programs, along with the Health Department’s Director’s office, work to reduce the occurrence of the leading preventable causes of death, including injuries (such as traffic accidents, violent crime, homicide, etc.). They convene partners and community members to take a place-based approach that addresses the root causes of health and social inequities for BIPOC communities. This program offer will provide capacity to support neighborhood focused gun violence coalition(s) to address both neighborhood violence and its root causes.

Program Summary

Public Health’s Community & Adolescent Health (CAH) and REACH programs, along with the Health Department’s Director’s Office, will work with the community to develop one or more gun violence prevention coalitions. The coalition(s) will focus on specific neighborhoods particularly affected by violence and other disparities, including poor neighborhood conditions, social determinants of health, trauma, racism, disinvestment, over-criminalization, and displacement. These disparities contribute to the unraveling of the social fabric that is one of the protective factors against violence, as well as numerous chronic diseases, and greatly impact local BIPOC communities.

Taking a public health approach, the coalition(s) will create a vision for community safety through utilizing community voice and data in creating and implementing solutions that support protective factors and the social fabric of the neighborhood. The coalition(s) will consist of neighborhood residents, community-based organizations, neighborhood institutions, and relevant jurisdictional partners that will identify, advocate for, and implement specific, local solutions and responses to violence. The work will build off of current and planned violence prevention efforts that work in school and community settings and convene a wide range of partners.

Funds will support the planning and initial implementation phase of the coalition(s). Planning work will include community and partner engagement, research regarding similar efforts and best practices, coordinating with the Board of Health, and detailed recommendations regarding implementation, cost, and sustainable funding sources. Planning will determine priority neighborhoods and whether one or more coalitions best meet their needs. The initial implementation phase will include coalition convening and facilitation.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of community partners engaged	N/A	N/A	N/A	20
Outcome	# of implementation recommendations	N/A	N/A	N/A	5
Output	# of community members engaged	N/A	N/A	N/A	1,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$104,511	\$0
Contractual Services	\$0	\$0	\$20,000	\$98,000
Materials & Supplies	\$0	\$0	\$24,489	\$3,000
Total GF/non-GF	\$0	\$0	\$149,000	\$101,000
Program Total:	\$0		\$250,000	
Program FTE	0.00	0.00	0.80	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$101,000
Total Revenue	\$0	\$0	\$0	\$101,000

Explanation of Revenues

\$101,000 - ARPA Federal Multco

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response and Community Recovery priority. This program will bring together Public Health's Community & Adolescent Health (CAH), and Racial & Ethnic Approach to Community Health (REACH) programs, along with the Health Department's Director's Office, and the community to develop one or more gun violence prevention coalitions to address gun violence prevention.

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Gun violence, shootings, and homicides have increased in Multnomah County. This is affecting our African American, Latinx and Asian communities. In 2020 there were 55 homicides in Portland alone. By October 2020, nearly 173 people had been struck by gunfire, with more than 595 shootings. This is nearly double the number of gun related incidents than the same period last year. Almost half of those most impacted identify as African American in spite of the fact that the overall population of the Portland area is only 8% African American.

Program Summary

This program offer funds the Gun Violence Impacted Families Behavioral Health team will include three mental health consultants (African American KSA, Latinx KSA, and Somali KSA), three peers with lived experience including substance use, a program specialist, and a program supervisor. The team will provide a range of culturally relevant, evidence-based mental health services, consultation, and training for the community. These services are provided to achieve improvements in social, emotional, and familial functioning for all children and families impacted by community and gang violence. The team will utilize experience and expertise working with impacted communities to provide culturally relevant mental health prevention support, mental health services, outreach and engagement. Referrals to this program will be come from both internal county programs and external community partners and providers.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total # of children who received behavioral health services from this specialty team	N/A	N/A	N/A	150
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	N/A	N/A	N/A	65%
Output	Total # of outreach/engagement activities attended/provided in the community	N/A	N/A	N/A	30
Outcome	Clients will report reduced risk of violence during treatment involvement	N/A	N/A	N/A	30%

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. This percentage is the number of clients reporting significantly improved or somewhat improved.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$848,896
Contractual Services	\$0	\$0	\$0	\$254,840
Materials & Supplies	\$0	\$0	\$0	\$110,664
Total GF/non-GF	\$0	\$0	\$0	\$1,214,400
Program Total:	\$0		\$1,214,400	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,214,400
Total Revenue	\$0	\$0	\$0	\$1,214,400

Explanation of Revenues

\$1,214,400: American Rescue Plan Act (ARPA) for Gun Violence Behavioral Health response and service

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response and Community Recovery priority. This program offer funds the Gun Violence Impacted Families Behavioral Health team that will provide a range of culturally relevant, evidence-based mental health services, consultation, and training for the community in response to pandemic related increase in gun valence.

Department: Health Department **Program Contact:** Julie Dodge

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

Related Programs:
Program Characteristics:
Executive Summary

As Multnomah County residents continue to feel the impact of the COVID-19 pandemic, people are experiencing heightened behavioral health challenges resulting from the isolation, economic, vocational, educational, and other social and physical factors associated with health. In particular, Black, Indigenous, and other People of Color (BIPOC) experience greater disparities. The American Rescue Plan offers a unique opportunity to expand access to care and services in BIPOC communities through new external program investments and direct client assistance.

Program Summary

This offer increases access to culturally specific support through three new program investments.

The Trauma Healing and Recovery program is a pilot initiative designed for African American women who may be emerging from abuse, abandonment, incarceration, or addiction. Women will participate in weekly workshops, one-on-one support, and an annual retreat. The program will help women connect to culturally grounded spirituality, an important aspect of African American identity, leading to improved mental and physical health outcomes.

The Peer Recovery Support expansion will support two new culturally specific peer recovery support programs, serving the Native American and Latinx communities.

Organizations serving monolingual, immigrant, and refugee communities report continuing challenges in providing telehealth services due to technology and language barriers. This investment will allow organizations to address barriers to care through technology improvements or creating safe spaces for in person meetings.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique individuals served through new program investments	N/A	N/A	N/A	350
Outcome	Increased access to culturally specific services as indicated by percentage of participants in new program in	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$620,000
Total GF/non-GF	\$0	\$0	\$0	\$620,000
Program Total:	\$0		\$620,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$620,000
Total Revenue	\$0	\$0	\$0	\$620,000

Explanation of Revenues

- \$170,000: American Rescue Plan Act (ARPA) for Trauma Healing and Recovery Program
- \$250,000: American Rescue Plan Act (ARPA) for Peer Recovery Support Services (expenses spread over five years)
- \$200,000: American Rescue Plan Act (ARPA) for Monolingual, immigrant and refugee telehealth barriers

Significant Program Changes

Last Year this program was:

This program offer addresses the Crisis Response & Community Recovery priority. This program provides support for three service areas that will directly support Behavioral Health recovery. They are: The Trauma Healing and Recovery program for African American women emerging from trauma; an expansion of Peer Recovery Support for two new peer recovery support programs that will serve the Native American and Latinx communities; and Funding to support telehealth access for communities that have reported challenges accessing telehealth services.

Department Overview

Multnomah County Library uses short term 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. Multnomah County Library’s mission: Empowering our community to learn and create.

As a result of the COVID-19 pandemic we face profound challenges now and for the foreseeable future. People of color and communities subjected to marginalization are experiencing higher risk and worse outcomes from COVID-19 as a result of systemic inequities. Multnomah County Library will focus library resources on our community’s recovery, starting with those most deeply impacted by the crisis. Equity is at the core of the library’s response, and the priorities below center equity and lived experience.

Helping people find work and develop career skills

We help people look for work and learn new job skills
We help people with resumes and applications

Supporting education and learning for all ages

We support teachers and educators in their work
We offer students tools and resources to help virtual and in-person learning
We provide tools and help for lifelong learning

Enhancing and diversifying virtual services

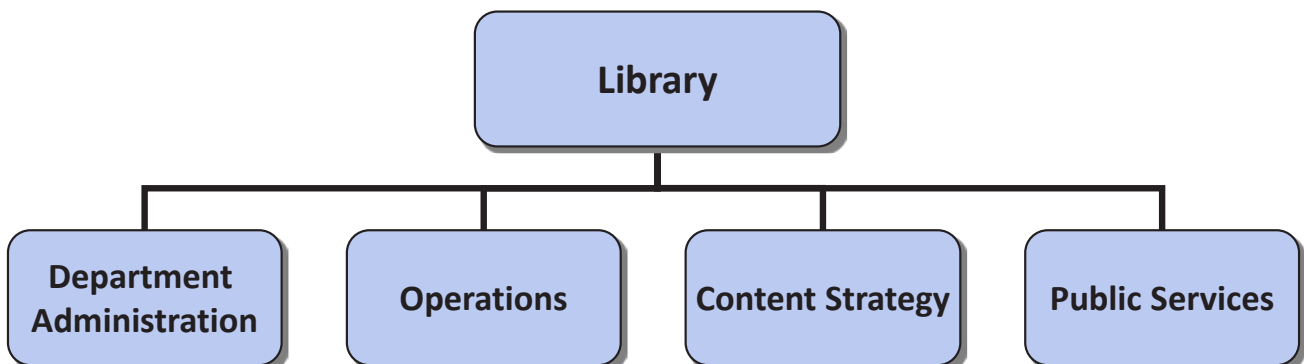
We will expand digital collections and resources
We will increase virtual services in the most spoken languages in our county
We will engage more diverse voices and communities online

Technology training, access, and assistance for all

We work to make technology available and useful for those who need it most
We collaborate with partners to provide devices, access and training
We amplify the urgency of digital inclusion through advocacy and action

Creating and maintaining safe and healthy spaces

We serve people in buildings that are safe and healthy and use best practices
We plan for future library spaces that support personal and public health



Budget Overview

The Library FY 2022 Adopted budget is \$96.5 million, a \$4.2 million, or 4.6%, increase from the FY 2021 Adopted budget. Library operations are funded exclusively through the independent Multnomah County Library District. In the ninth year of the Library District, the Library proposes to levy a rate of \$1.22 per \$1,000 of assessed value. This rate is unchanged from FY 2021, and is below the voter approved maximum of \$1.24 per \$1,000 of assessed value. According to the most recent economic forecast for the Library, the Library District will experience growing property tax revenues due to the impending end of several large Urban Renewal Areas in the City of Portland which will allow the Library to run modest surpluses without raising the tax rate in the near term.

In November of 2020, voters passed the Library GO Bond measure which will fund development or significant renovations of eight library branches, including a new East County Flagship branch, as well as a new sorting center and expansion of automated materials handling capabilities. The majority of funding from the bond is held in the DCA program Library Capital Bond Construction (78228).

New and innovative programs for FY 2022 include:

- Library Building Bond Administration (80024) \$0 and 6.00 FTE: The budget for the 6.00 FTE, as well as an additional 19.00 FTE, are held in DCA program Library Capital Bond Construction (78228) \$436,041,796.
- Community Engagement (80023) \$1,296,762 and 8.00 FTE: This program reallocates and consolidates activity that had previously occurred across a variety of programs.

The Library’s Adopted budget features significant staffing changes in response to the ongoing COVID-19 response, as well as a longer-term staffing realignment related to changing Library needs. A fuller description of these changes and of the Library’s new ARP-funded Tech Mobile can be found in the COVID-19 Impacts and COVID-19 Staffing Impacts and Staffing Realignment sections of the Library Budget.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	533.04	515.10	530.00	534.00	4.00
Personnel Services	\$54,688,039	\$54,904,552	\$58,876,779	\$61,090,188	\$2,213,409
Contractual Services	1,242,434	1,517,223	1,683,147	1,837,637	154,490
Materials & Supplies	10,239,929	12,504,726	12,302,172	12,818,814	516,642
Internal Services	18,103,032	18,294,876	19,360,044	20,275,395	915,351
Capital Outlay	<u>9,853</u>	<u>20,047</u>	<u>0</u>	<u>450,000</u>	<u>450,000</u>
Total Costs	\$84,283,287	\$87,241,424	\$92,222,142	\$96,472,034	\$4,249,892

Successes and Challenges

Multnomah County Library (MCL) looks to FY 2022 with an eye toward helping our community recover from the worst pandemic in more than 100 years. A wide range of successes and challenges in FY 2021 has helped the library prepare a budget that centers around equity and flexibility to meet the unpredictable challenges that lie ahead as the library and this community move through the COVID-19 pandemic.

In FY 2021 the library received voter approval of Measure 26-211, a historic bond package that will build, rebuild and renovate eight libraries, including a “flagship” library in East Multnomah County, similar in size to Central Library in downtown Portland; support gigabit speed internet to all libraries; and create a central materials handling and distribution center to increase efficiency and cost effectiveness. Since the passage of the bond, the library has worked in partnership with the Department of County Assets to shape a Program Management Office and recruiting for specialized roles and launch procurement processes to support the bond work.

The library has also innovated to offer new kinds of service to the community. Such efforts include dedicated teams to support home learning; workforce development and job search assistance; 24/7 self-service holds pickup lockers at two locations; and a community-informed and focused effort to plan for modified services to communities and locations with the greatest barriers as a result of the pandemic and historic systemic oppression. The library took an important step to reduce barriers in FY 2022 by waiving all fine debt, restoring access to some 7,000 accounts and eliminating the practice of charging late fines entirely.

Due to the pandemic, library spaces have been closed to the public. As the library continues to find innovative new ways to serve, like lending Chromebooks and wifi hotspots, mailing holds or delivering books to residential settings, it must continue this work while preparing for services to come after social distancing measures no longer constrain that work.

The library is taking a community-centered approach to envision and develop services for FY 2022. In FY 2021, a group of library staff collaborated on the Modified Public Access Project to plan and prioritize the location and nature of future services, centering BIPOC communities and other people who have been marginalized and who have been most affected by the pandemic. This work included a community engagement process led by frontline staff representing each of the library’s non-English service languages (Spanish, Chinese, Vietnamese and Russian) and the Black and African immigrant; Native communities and people experiencing homelessness and disability. Together, they used new and non-traditional channels to gather input about needed library services from more than 100 community-facing organizations and individuals.

Looking to FY 2022, the library will continue to use its established priorities and input from the community and staff to center race and focus effort and resources on people and communities experiencing marginalization.

COVID-19 Impacts and American Rescue Plan

Since the outset of the COVID-19 pandemic in March 2020, the library has dramatically redefined its services, refining and innovating along the way. The library system's small spaces limit the number of staff members who can occupy buildings, which remain closed to public access. In that time, the library has worked to expand online and remote services, established holds pick up by appointment, piloted mailing holds, expanded partnership efforts, and formed new teams to support distance learning and educators.

Those services include offering help and answering questions by phone, email and chat; online classes, events and storytimes in multiple language; holds pickup by appointment and free unlimited printing; partnering with culturally specific and community based organizations; expanding early learning programs through partnerships; lending chromebooks and wifi hotspots for extended periods through specific library programs; and conducting kindergarten readiness and adult literacy programs online.

Students, families and educators have been a primary area of focus during this time and will remain so into FY 2022. The library has formed a new team to support distance learning with free online tutoring, online workshops, book recommendations, book delivery, educator newsletters and book lists. Importantly, the library is working in partnership with five school districts to allow for library access with students' school id cards, to allow an estimated total of 80,000 students to use the library this way before the conclusion of FY 2021.

Also since the beginning of the pandemic, the library has supported Multnomah County's work in responding. That support has included staff for shelters, the Emergency Operations Center, Public Information Office and staff capacity for translating public information and monitoring news and social media channels.

As we enter FY 2022 facing considerable uncertainty about what constraints and conditions will affect library service, it's clear that the need to be flexible and iterative in delivering relevant services is vitally important. This budget includes support for continued modification to buildings and services along with continued investment in safety for staff and library users. The budget also contains limited federal funding for the Library Tech Mobile program offer (80099) that will provide mobile library services.

COVID-19 Staffing Impacts and Staffing Realignment

The FY 2021 Adopted budget had 530.00 FTE. The budget was modified in November 2020 to reflect some of the changes to library services and spaces due to COVID-19. That resulted in a net decrease of 22.75 FTE mostly in library public service locations. The FY 2022 budget proposes additional changes to the budgeted positions for the library. It includes some staffing to support the eventual return to in-person service and easing of social distancing guidelines. The Adopted budget also seeks to continue to evolve library services to meet the current and future needs of the community. The FY 2022 budget includes a net 26.75 FTE increase from the Revised FY 2021 budget and a net 4.00 FTE increase from the FY 2021 Adopted budget. The FY 2022 budget also reflects a large number of positions that moved from one program offer to another. The three main factors for these changes were:

- The realignment of the FY 2021 Security program offer (80015) into the Public Services Division Management (80022) and public service location offers (80002,80003,80004)
- The realignment of public service management and program offers to result in the realignment of the public libraries in the public service location offers (80002,80003,80004) and the creation of a new program offer for Community Engagement (80023)
- The merging of the communications team, previously in the Library Director's Office program (80010), into the Marketing and Communication program (80019)

The FY 2022 Adopted budget includes a net increase of 18.90 FTE from the Revised FY 2021 budget, which reflects COVID-19 related change implemented mid-year. This includes:

- Library Building Bond Administration support paid for by bond proceeds (6.00 FTE)
- Public service location support for materials handling and customer service after social distancing restrictions have ended (5.75 FTE)
- Staffing for the Community Engagement program offer (5.00 FTE)
- A permanent workforce development team (4.00 FTE)
- Operations support for project management and evaluation (2.00 FTE)
- Education Services support for juvenile detention and school services (1.50 FTE)
- Facilities support for materials distribution (1.00 FTE)
- Intergenerational Services support for library services to people experiencing houselessness (1.00 FTE)
- Marketing and Communication support for video production (1.00 FTE)
- A reduction in Collections and Technical Services materials handling (1.00 FTE)
- Human Resources support for payroll and training (0.50 FTE)

Diversity, Equity and Inclusion

Multnomah County Library is working to create a system that equitably nurtures, empowers and lifts staff, library users and the community to their highest potential. Libraries are uniquely positioned to address barriers to opportunity and access that disproportionately affect families in poverty and communities of color. Multnomah County Library is committed to the goals of equity, inclusion and sustaining a workforce that reflects and engages the community it serves.

FY 2022 will be the sixth year of the library’s equity and inclusion (E&I) program. Ongoing efforts include a continuing focus for the library’s Executive Management Team, with a planned conversation series, training and coaching for that group and the broader management team.

In FY 2021, the library created a racial equity toolkit focused on three groups: managers, white staff and staff of color. Even as the library has been closed for public access inside buildings, staff and managers are utilizing these resources to support and enhance equity and inclusion in the library.

In FY 2021, the library assessed and reevaluated its priorities to address the needs of those most impacted by COVID-19, as well as oppressive/racist systems and committed to center race as the library restructures its services. Planning for in-person services has been led by front-line staff, predominantly culturally and linguistically diverse staff members. The library also established outdoor computer labs in areas where residents face the highest degrees of marginalization, added free printing services and offered support to other county agencies to offer assistance and resources around the eviction moratorium in addition to supporting a November General Election in which more than one-fourth of all ballots were returned through library locations.

The library has reallocated resources to better serve communities of color, including dedicating staff to to serve Black (African and African American) youth and families during the pandemic. The library has also allocated resources to hire KSA staff to better serve the Native/Indigenous communities. The library continues to participate in the countywide Workforce Equity Strategic Plan committee and as part of the countywide equity core team.

Budget by Division

Division Name	FY 2022 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$2,644,744	\$2,644,744	19.50
Operations	0	10,826,348	10,826,348	48.75
Content Strategy	0	24,068,899	24,068,899	41.00
Public Services	0	58,432,043	58,432,043	424.75
COVID-19 & American Rescue Plan	0	500,000	500,000	0.00
Total Library	\$0	\$96,472,034	\$96,472,034	534.00

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 library users.

The library director also serves as the library's budget officer in the annual public budgeting process, offering transparency to detail the library's expenditures. Equity and Inclusion leads the library's work to equitably nurture, empower and lift staff, library users and the community to their highest potential. Marketing and Communications maintains the library's public image, brand, social media presence, and informational resources to connect the community to library resources, programs and collections. Library Capital Bond Administration oversees public investment in library spaces in collaboration with the Department of Community Assets and provides accountability for the use of public resources.

Significant Changes

The Department Administration division now includes the Marketing and Communication program offer (80019) that merges the marketing and communications workgroups into one program offer previously in the Content Strategy division. This division includes a new program offer Library Building Bond Administration (80024) that contains the library-specific positions dedicated solely to capital bond focused work.

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; promotes the resource management of highly qualified staff; 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; Human Resources/Learning + Organizational Development provides assistance with all aspects of the employment cycle and coordinates training for staff and library users; and Volunteer Services oversees the recruitment and placement of volunteers for all libraries, outreach programs.

Significant Changes

The Business Services (80013) and Project Management & Evaluation (80012) program offers are being combined into the Operations program offer (80012). The Facilities and Logistics program offer (80014) is now the Facilities program offer with Facilities and Logistics as two separate cost centers within the offer. The Volunteer Services program offer (80016) has been merged into the Human Resources program offer (80017).

Content Strategy

Content Strategy aligns Collections & Technical Services and IT Services through the Web Team for selection, curation and development of physical and digital library materials; web, print and social media content; and technology to engage people in meaningful ways.

Collections & Technical Services buys, catalogs, digitizes, curates and processes print and electronic/digital resources. It manages interlibrary loans, around 2,500 periodical subscriptions, more than 120 databases and online resources such as OverDrive and Hoopla.

Web Team connects people to library services, programs and collections, through the website, mobile accessibility, social media and email marketing. This group implements brand identity online, digital strategy, and develops library user feedback channels.

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

The Marketing and Online Engagement program is changing to Marketing and Communication (80019) and is moving to the Department Administration division.

Public Services

Public Services includes 19 neighborhood libraries, which are hubs of community engagement, learning and creativity. Other programs include Community Information services, which provides in-person and virtual reference services and the contact center, which serves library users via phone, email, text and chat; security, which provides support for a welcoming library atmosphere; and programming and outreach, which provides services both in libraries and throughout the county.

Public libraries are welcoming spaces with friendly staff who provide access to books, computers with internet access, free programs and meeting spaces. People visit County Libraries to access over two million physical and digital materials, attend programs such as storytimes in English, Spanish, Russian, Vietnamese, Chinese and Somali and access and get help with technology.

Programming and Events provides support for in-person and virtual programming, public training, creative learning and reader services as well as partnership initiatives. Community Engagement connects both in-person and virtually with stakeholder groups and partners. Other programs and services include Educational Services, which supports kindergarten readiness, works with school districts and afterschool programs to improve student success; and the Summer Reading program. Intergenerational Services provides programs and services to older adults, new immigrants, adult learners, people with disabilities and people who are institutionalized or experiencing homelessness.

Significant Changes

The Public Services division is realigning its management structure to improve communication and collaboration within the division. Programming and Community Outreach is now Programming and Events (80008). The Contact Center is now part of the Community Information program offer (80005). Youth Services Management (80006) and Every Child Initiative (80007) have been combined into the Education Services program offer (80006). Adult Outreach is now the Intergenerational Services program offer (80009). Security (80015) has been merged into the Public Services Division Management program offer (80022). Community Engagement (80023) is a new program offer focused on connecting with the communities with the greatest barriers to library services. The public location program offers (80002, 80003, 80004) have been realigned with different libraries in order to create more parity between the program offers based on regions of the County.

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 2022 General Fund	Other Funds	Total Cost	FTE
Department Administration					
80010	Library Director's Office	\$0	\$1,075,083	\$1,075,083	4.00
80019	Marketing and Communication	0	1,569,661	1,569,661	9.50
80024	Library Building Bond Administration	0	0	0	6.00
Operations					
80012	Operations	0	2,834,106	2,834,106	15.75
80014	Facilities	0	5,138,043	5,138,043	17.25
80017	Human Resources	0	2,854,199	2,854,199	15.75
Content Strategy					
80018	IT Services	0	10,392,618	10,392,618	7.00
80020	Collections and Technical Services	0	13,676,281	13,676,281	34.00
Public Services					
80001	Central Library	0	14,046,291	14,046,291	102.00
80002	North County Libraries	0	9,907,204	9,907,204	80.00
80003	South and West County Libraries	0	11,144,146	11,144,146	86.50
80004	East County Libraries	0	11,079,804	11,079,804	83.00
80005	Community Information	0	1,488,927	1,488,927	13.50
80006	Education Services	0	3,494,793	3,494,793	19.50
80008	Programming and Events	0	2,579,159	2,579,159	15.00
80009	Intergenerational Services	0	1,044,646	1,044,646	7.25
80022	Public Services Division Management	0	2,350,311	2,350,311	10.00
80023	Community Engagement	0	1,296,762	1,296,762	8.00
COVID-19 & American Rescue Plan					
80099	ARP - Library Tech Mobile	<u>0</u>	<u>500,000</u>	<u>500,000</u>	<u>0.00</u>
Total Library		\$0	\$96,472,034	\$96,472,034	534.00

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Department: Library **Program Contact:** David Ratliff
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer is for Central Library, which serves visitors from across Multnomah County and the downtown core of the city of Portland. There were more than 400,000 visits to Central Library in the last fiscal year. Since the COVID-19 building closure, Central Library users make use of more than 600 curbside appointments weekly. Central Library also serves people throughout the county via email and chat reference services provided by Central Library staff. This program offer includes access and information services for Central Library as well as the John Wilson Special Collections.

Program Summary

Central Library is a community anchor where people attend classes and events that provide opportunities for neighbors to interact. County residents have access to more than 650,000 books and other items from this library. Central Library users checked out or renewed over 680,000 physical items last year.

Central Library empowers new immigrants, small business owners, seniors, students and people experiencing homelessness by providing tools to develop life skills. Library users 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 about 100 individualized service appointments, a service with a 100% satisfaction rating.

Central Library provides opportunities for community building for people in Multnomah County. 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 issues of public interest. Nearly 12,000 people attended programs at Central Library last year. This program supports lifelong learning by providing free access to computers and high-speed wireless internet. Central Library provides 505,358 internet and wi-fi sessions annually on library and user devices, including on 148 library-provided public computers. Central Library hosted 153 free computer classes and labs to help attendees develop life and job skills. In cooperation with our partners at Cascadia Health, Central Library provided over 2,000 hours of direct crisis support to people last year. Nearly 3,500 children and young people participate in programming including storytimes and Summer Reading at Central Library.

In order to create a more inclusive work environment for staff of color, Central Library will pilot decompression spaces for staff who experience microaggressions and other traumatic interactions in serving the public. Central Library will continue to expand programming and dedicate resources to serving people experiencing houselessness and poverty

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of library visits	400,441	550,000	30,225	215,000
Outcome	Percentage of patrons who found books and items they wanted	94%	90%	90%	90%

Performance Measures Descriptions

Library visits for FY 2021 reflect curbside appointment estimates.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$11,257,829	\$0	\$10,530,766
Contractual Services	\$0	\$190,500	\$0	\$152,500
Materials & Supplies	\$0	\$105,399	\$0	\$97,199
Internal Services	\$0	\$3,052,057	\$0	\$3,265,826
Total GF/non-GF	\$0	\$14,605,785	\$0	\$14,046,291
Program Total:	\$14,605,785		\$14,046,291	
Program FTE	0.00	112.00	0.00	102.00

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

Explanation of Revenues

This program generates \$338,038 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80001 Central Library

Please see the department budget narrative for more information on position changes.

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 Multnomah County: Albina, Gregory Heights, Hollywood, Kenton, North Portland and St. Johns libraries. Residents visited these libraries 680,000 times last year and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve a large number of African American and Spanish-speaking library users with culturally relevant services.

Program Summary

North County libraries are community hubs where people attend classes, programs, and community forums that provide opportunities for neighbors to interact. These libraries provide access seven days per week to 303,000 books and other items at these libraries, including Spanish language materials and a growing Black Pacific Northwest Collection that currently features 290 titles.

Library users develop critical life skills through job training resources, book groups, civic engagement opportunities, 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 about 1,000 individualized library service appointments, a service with a 100% satisfaction rating.

North County Libraries will continue to evaluate staffing to ensure that staff members have the language and cultural skills to serve the communities surrounding these libraries by aligning staff with current demographic community information.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of library visits	679,995	N/A	148,061	474,000
Outcome	Percentage of patrons who found books and items they wanted	93%	N/A	90%	90%

Performance Measures Descriptions

North County Libraries program offer is reconfigured for FY 2022 to include six libraries. Library visits for FY 2021 reflect curbside appointment estimates.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$8,327,307	\$0	\$8,443,580
Contractual Services	\$0	\$6,500	\$0	\$6,700
Materials & Supplies	\$0	\$113,093	\$0	\$108,556
Internal Services	\$0	\$1,432,491	\$0	\$1,348,368
Total GF/non-GF	\$0	\$9,879,391	\$0	\$9,907,204
Program Total:	\$9,879,391		\$9,907,204	
Program FTE	0.00	81.25	0.00	80.00

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

Explanation of Revenues

This program generates \$271,040 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80002 North County Libraries

This program was realigned to include Albina, Gregory Heights and Hollywood libraries. Northwest Library is no longer part of this program offer. Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Kirby McCurtis
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 80002, 80004
Program Characteristics:

Executive Summary

This program offer is for the libraries serving the southern and inner areas of the county: Belmont, Capitol Hill, Hillsdale, Holgate, Northwest, Sellwood-Moreland and Woodstock libraries. Last year, people visited these libraries more than 830,000 times and benefited from diverse learning, cultural, and recreational opportunities. These libraries serve a diverse array of county residents including young families, seniors, Chinese-speaking, Spanish-speaking, Somali-speaking, and Vietnamese-speaking residents.

Program Summary

South and West County libraries are community anchors where people attend classes, programs, and community forums. County residents have access seven days per week, including some evenings, to nearly 150,000 books and other items, including Chinese, Spanish, Somali, and Vietnamese materials, at these libraries.

Library users develop critical life skills through job training resources, book groups, opportunities for civic engagement and other library programs. South and West County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources.

South and West County libraries provide a variety of programs and community groups used the public meeting rooms 579 times. Libraries serve as a bridge for the diverse cultures within Multnomah County. Non-English speakers enjoyed 200 bilingual programs and events last year at South and West County libraries. Libraries provide opportunities and resources for lifelong learning by supplying free access to computers and high-speed wireless internet. South and West County libraries host over 329,000 internet and wi-fi sessions annually including on 246 library-provided public computers. Library users developed life and job skills at 116 free computer classes and labs. Over 50,000 children and young people participate in programming for youth and families including storytimes, Summer Reading, and after-school activities in these libraries.

This program is still in the process of improving Somali-speaking staff coverage at Capitol Hill Library. South and West County Libraries will continue to evaluate staffing to ensure that staff members have the language and cultural skills to serve the communities surrounding these libraries by aligning staff with current demographic community information.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of library visits	830,650	N/A	197,529	514,000
Outcome	Percentage of patrons who found books and items they wanted	93%	N/A	90%	90%

Performance Measures Descriptions

South and West County Libraries program offer is reconfigured for FY 2022. Library visits for FY 2021 reflect curbside appointment estimates.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$9,240,090	\$0	\$9,136,163
Contractual Services	\$0	\$7,600	\$0	\$7,750
Materials & Supplies	\$0	\$94,766	\$0	\$98,350
Internal Services	\$0	\$1,828,273	\$0	\$1,901,883
Total GF/non-GF	\$0	\$11,170,729	\$0	\$11,144,146
Program Total:	\$11,170,729		\$11,144,146	
Program FTE	0.00	91.00	0.00	86.50

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

Explanation of Revenues

This program generates \$293,271 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80003 Inner & South County Libraries

This program offer was realigned and now includes the Holgate and Northwest libraries. It no longer includes the Albina and Hollywood libraries.

Department: Library **Program Contact:** Kirby McCurtis
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 80002, 80003
Program Characteristics:

Executive Summary

This program offer is for the Fairview-Columbia, Gresham, Midland, Rockwood and Troutdale libraries. Last year, people visited these libraries more than 558,000 times and benefited from diverse learning, cultural and recreational opportunities. These libraries serve the most culturally and ethnically diverse part of the county, as well as the area with the highest concentration of poverty.

Program Summary

East County libraries are community hubs where people attend classes, programs, and community forums. These libraries provide access seven days per week, including some evenings, to 339,000 books and other items including Spanish and Russian materials, and a growing Black Resources Collection. Rockwood has the system's only makerspace, a collaborative learning environment that provides access to technology, equipment, software and supportive mentors. County residents learn real-life technology, design and engineering skills through open labs, workshops and camps. Rockwood, Midland and Gresham libraries served more than 3,500 summer lunches, which is critical, as these communities have 15-30% of residents living in poverty.

Library users develop critical life skills through job training resources, book groups, opportunities for civic engagement and other programs. East County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources.

Community groups used the meeting rooms 956 times. East County libraries provide 892 bilingual programs and events each year. Libraries provide opportunities and resources for lifelong learning by providing free access to computers and high-speed wireless internet. East County libraries provide 419,000 internet and wi-fi sessions annually including on 269 library-provided public computers. Library users developed life and job skills at 434 free computer classes and labs. More than 27,000 children and young people participate in programming including storytimes, Summer Reading, and after school activities in these libraries.

East County Libraries will continue to evaluate staffing to ensure that staff members have the language and cultural skills to serve the communities surrounding these libraries by aligning staff with current demographic community information.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of library visits	558,657	N/A	70,737	314,000
Outcome	% of patrons who found books and items they wanted	93%	N/A	90%	90%

Performance Measures Descriptions

East County Libraries program offer is reconfigured for FY 2022 to include five libraries. Library visits for FY 2021 reflect curbside appointment estimates.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$8,706,198	\$0	\$8,830,652
Contractual Services	\$0	\$17,200	\$0	\$18,900
Materials & Supplies	\$0	\$128,584	\$0	\$281,109
Internal Services	\$0	\$1,841,121	\$0	\$1,949,143
Total GF/non-GF	\$0	\$10,693,103	\$0	\$11,079,804
Program Total:	\$10,693,103		\$11,079,804	
Program FTE	0.00	84.75	0.00	83.00

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

Explanation of Revenues

This program generates \$283,464 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80004 Mid & East County Libraries

This program offer was realigned to include the Midland Library. It no longer includes the Gregory Heights and Holgate libraries. Please see the department budget narrative for more information on position changes.

Department: Library

Program Contact: Dave Ratliff

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program offer is for direct library services provided via email, chat, telephone and other remote means. It also encompasses the creation of content directed to library users across all of the library's online platforms.

Program Summary

Community information provides remote library services including service-related inquiries, detailed information and research requests, assistance with homework, reading recommendations and information about community and library resources. More than 175,000 phone calls, emails and chat sessions are answered each year requesting information across a broad spectrum from library hours of operation to rent assistance and housing stabilization programs. Content of interest to library users is created by Community Information staff for publication on our website and multiple social media channels. This program will be realigned in FY 2022 to consolidate the library's virtual services.

Community Information will evaluate and create a plan for contact center needs for services in additional languages including Cantonese, Mandarin, Russian, Somali, Spanish, and Vietnamese in the next fiscal year.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of contacts (phone, email, chat, text) answered Community Information staff	124,000	150,000	150,000	150,000
Outcome	% of patron questions answered by Community Information staff without the need for a referral	97%	90%	90%	90%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,341,721	\$0	\$1,411,013
Materials & Supplies	\$0	\$8,390	\$0	\$8,040
Internal Services	\$0	\$40,602	\$0	\$69,874
Total GF/non-GF	\$0	\$1,390,713	\$0	\$1,488,927
Program Total:	\$1,390,713		\$1,488,927	
Program FTE	0.00	13.50	0.00	13.50

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

Explanation of Revenues

This program generates \$45,294 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80005 Contact Center

Department: Library **Program Contact:** Jennifer Studebaker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: Measure 5 Education

Executive Summary

Education Services is Multnomah County Library’s public service outreach team that connects children birth to five, K-12 students, parents, and educators with educational support and information resources. Early learning staff provide services that prepare 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. School age staff support curriculum, multiple literacies, and reading for fun. All members of the team support educators and caregivers with specialized services.

Program Summary

This program includes multiple outreach programs that use an equity-based service model along with providing oversight to systemwide youth and teen services efforts. School age focused staff are trained in research, book-talking and reading promotion. They serve students, educators, parents and primarily through the K-12 school setting but also via community agencies and other locations serving school age youth. School Corps staff provide workshops to educators and parents with a focus on information literacy and library materials that promote equity and social justice. Books 2 U staff and volunteers introduce students to books through book talks, and then leave a small collection of high interest and culturally reflective paperbacks in the classroom. Juvenile Detention Center outreach provides services using a restorative justice model and by maintaining a collection of materials at the detention center. Systemwide Youth Services focus on providing services to youth and families, initiatives and advocacy around issues that youth and families face, and a strong commitment to equity, diversity, and inclusion. Leadership for youth services is provided by Youth Services Management and fostered in youth and teen librarians who provide location-specific direction to staff who serve youth. Library Connect is offered in partnership with school districts across the county to connect seamlessly connect students with library services. Every Child staff, who are trained in child development, brain development and early reading research, visit parents and caregivers childcare centers, Head Start centers, teen parent programs, and other school-based locations serving children birth to age five. Classes, taught in multiple languages help adults learn 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.

Education Services provides services using an equitable service model for K-12 services. Additionally, this program implemented an equity-based service model for book delivery services to child care providers. The program continues prioritizing serving children and families of color and other marginalized communities to reduce the opportunity gap that exists for children from birth through 12th grade.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Youth, caregivers, and educators who participated in a workshop, storytime or other program	N/A	N/A	67,000	135,000
Outcome	% of participants whose knowledge/skills increase after youth services presentation	N/A	N/A	90%	90%
Output	Number of books circulated	N/A	N/A	80,000	68,000

Performance Measures Descriptions

These measures are new for FY 2022.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$2,237,768	\$0	\$2,567,106
Contractual Services	\$0	\$97,867	\$0	\$57,000
Materials & Supplies	\$0	\$601,235	\$0	\$774,246
Internal Services	\$0	\$66,875	\$0	\$96,441
Total GF/non-GF	\$0	\$3,003,745	\$0	\$3,494,793
Program Total:	\$3,003,745		\$3,494,793	
Program FTE	0.00	17.25	0.00	19.50

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

Explanation of Revenues

This program generates \$82,404 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80006 Youth Services Management

This program offer is changing due to management restructuring. Education Services combines Every Child Initiative (80007) and Youth Services Management (80006) program offers from FY 2021.

Department:	Library	Program Contact:	June Bass
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Adopted
Related Programs:	80009		
Program Characteristics:			

Executive Summary

The programming and events program leads the library's public classes, performances and events. These programs meet the needs of the community by providing in-person and online activities, experiences and learning opportunities from the library. This program is responsible for these programs aligning with library priorities, are accountable for resource allocations and coordinates staff engaged in this work. Responsibilities include program development, scheduling, grant writing, contractor oversight, event management, development of website content, event evaluation, and fiscal oversight.

Program Summary

The programming and events program works with library staff and the community to develop focused events, classes and performances that reflect the library's priorities of leading with race and focusing resources to serve communities subjected to historical and ongoing marginalization. The program collaborates with We Speak Your Language and Black Cultural Library Advocate staff teams to develop culturally responsive programs. The program coordinates with library marketing and other subject matter experts to enhance the library's events. Current emphasis areas for the programming and events program include adult literacy, the summer reading program, reader services, public technology classes and support for community outreach efforts.

Programming and Events includes teams focused on adult literacy and workforce development. The adult literacy team builds upon a successful work unit that provides support for adult literacy skills-building in our community through programs and tutors. The workforce development team is a new unit that supports job readiness for people in our community facing the greatest barriers to employment. This program will continue to evolve in the next fiscal year based on the library's management realignment.

This program will create more culturally appropriate programs, partnerships, and outreach opportunities to meet community members' needs based on input gathered from the community.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of programs offered	8,196	12,300	2,000	10,000
Outcome	% of attendees who say they learned something new at a library program	84%	78%	80%	80%
Quality	% of attendees of library programs who rate them as good or excellent	98%	98%	98%	98%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$986,364	\$0	\$1,915,571
Contractual Services	\$0	\$332,500	\$0	\$328,500
Materials & Supplies	\$0	\$411,575	\$0	\$266,709
Internal Services	\$0	\$33,437	\$0	\$68,379
Total GF/non-GF	\$0	\$1,763,876	\$0	\$2,579,159
Program Total:	\$1,763,876		\$2,579,159	
Program FTE	0.00	7.00	0.00	15.00

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

Explanation of Revenues

This program generates \$61,490 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80008 Programming & Community Outreach

This program now includes adult literacy and workforce development teams. Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Becky Blumer
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 80008
Program Characteristics:

Executive Summary

The Intergenerational Services program provides library services to Multnomah County residents underserved by traditional library means, including older and homebound adults, people with disabilities, and those who are institutionalized, incarcerated, or homeless. The goal of Intergenerational Services is to further the library goal of free access for all with a focus on community members unable to access in-person services at library locations. Library services are provided through books by mail, remote library services at partner sites, and home delivery.

Program Summary

The three primary service populations for Intergenerational Services are homebound older adults and people with disabilities, adults in custody in jails and prisons, and people experiencing houselessness. The goal of the program is to provide free access for all by providing accessible library services outside of library buildings and support education and learning for all ages.

To meet this goal, Intergenerational Services develops audience-specific collections and 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, homeless shelters and transitional homes or jails in partnership with Multnomah County Sheriff's Office. In addition to providing library materials, outreach staff provide reader services, lead book and discussion groups in jails, and connect people with other library services and community resources.

Intergenerational Services will conduct an equity and inclusion analysis in the coming fiscal year. The analysis will identify gaps in services and will be used to inform and prioritize services for communities experiencing the greatest need. Intergenerational Services in the process of realigning our work to best provide relevant services to people served through our outreach programs and we anticipate significant changes to how our work is organized over the next fiscal year.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Book deliveries to homebound patrons	358	700	219	565
Outcome	% of homebound patrons who report that library service reduces social isolation	90%	80%	90%	80%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$978,389	\$0	\$909,468
Contractual Services	\$0	\$1,600	\$0	\$737
Materials & Supplies	\$0	\$80,900	\$0	\$97,000
Internal Services	\$0	\$33,127	\$0	\$37,441
Total GF/non-GF	\$0	\$1,094,016	\$0	\$1,044,646
Program Total:	\$1,094,016		\$1,044,646	
Program FTE	0.00	7.25	0.00	7.25

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

Explanation of Revenues

This program generates \$29,194 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80009 Adult Outreach

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$999,223	\$0	\$771,106
Contractual Services	\$0	\$186,500	\$0	\$177,500
Materials & Supplies	\$0	\$88,607	\$0	\$85,647
Internal Services	\$0	\$51,643	\$0	\$40,830
Total GF/non-GF	\$0	\$1,325,973	\$0	\$1,075,083
Program Total:	\$1,325,973		\$1,075,083	
Program FTE	0.00	5.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$92,187,142	\$0	\$95,937,034
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Total Revenue	\$0	\$92,222,142	\$0	\$95,972,034

Explanation of Revenues

This program generates \$24,753 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.71%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.29%).

Significant Program Changes

Last Year this program was: FY 2021: 80010 Library Director's Office

The communications workgroup was moved into the Marketing and Communication program offer (80019). Please see the department budget narrative for more information on position changes.

Department: Library

Program Contact: Don Allgeier

Program Offer Type: Administration

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

The Operations program oversees the Operations Division including Business Services, Facilities & Logistics, Volunteer Services, and Human Resources programs. Operations includes the Office of Project Management and Evaluation that provides project and evaluation support to Multnomah County Library. The Operations program includes the Business Services unit that manages and provides accounts payable, accounts receivable, fiscal reporting, budget preparation, grant reporting, purchasing, and contracts for the entire library system.

Program Summary

Operations provide 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, 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.

The Operations program encompasses a program management and evaluation unit This unit provides analysis to support management decision-making, coordinates data collection for the organization, and supports the implementation of major projects. The Business Services unit manages the annual budget preparation and submission process; monitors and adjusts the budget throughout the fiscal year; manages contracts, procurement and grants; processes and oversees accounts payable/receivable; and administers purchasing cards and cash management for the library system. This program ensures that library funds are budgeted, received, accounted for and spent appropriately.

In FY 2021, this program committed to developing more tools for culturally aware evaluation. The program will continue to focus on developing these tools for both project management and evaluation to support more equitable work in these areas by library staff.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of supplier invoices processed	6,067	7,556	2,846	7,000
Outcome	% of vendor invoices paid within 30 days of invoice date	68%	93%	66%	90%
Outcome	Library manager satisfaction with Operations Division Support	94%	90%	100%	92%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,987,070	\$0	\$2,635,010
Contractual Services	\$0	\$14,000	\$0	\$12,200
Materials & Supplies	\$0	\$59,783	\$0	\$65,661
Internal Services	\$0	\$87,970	\$0	\$121,235
Total GF/non-GF	\$0	\$2,148,823	\$0	\$2,834,106
Program Total:	\$2,148,823		\$2,834,106	
Program FTE	0.00	11.75	0.00	15.75

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

Explanation of Revenues

This program generates \$84,584 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80012 Project Management & Evaluation

This program now includes the Business Services (80013) program offer from last year's budget. Please see the department budget narrative for more information on position changes.

Department: Library
Program Offer Type: Support
Related Programs: 80012

Program Contact: Alene Davis
Program Offer Stage: As Adopted

Program Characteristics:

Executive Summary

Library Facilities coordinates the maintenance of the buildings and grounds in an effort to maintain safe, secure and welcoming facilities, and contributes to the successful planning and delivery of construction projects in collaboration with the Department of County Assets. It includes Logistics, which ensures that library books and materials move quickly and accurately among all 21 library locations, including 19 libraries, Library Administration, and the Isom Operations Center. This team also acquires and coordinates central supply stores on behalf of the library system.

Program Summary

Library Facilities provides central coordination and direction of repair and maintenance activities with county facilities staff, telecommunications, contractors and vendors for 21 library locations, and is responsible for the development of the five-year Capital Improvement Plan for library buildings. This program serves all library staff and the public as expert resources on ADA-compliant building access, ergonomics, and workflow management; assists the Security Manager and provides support for secure building access and security policy development and implementation. This program manages risk and safety for the library in coordination with the security program. It also acquires and coordinates central supply stores on behalf of the library system, including expanded supply quantities of PPE and disinfecting supplies in response to the pandemic.

Library Facilities, via the Logistics team, operates the centralized Sort Center and delivery operations that move library materials to and among library locations, enabling residents to have quick access to materials throughout Multnomah County. This program operates a seven-day-per-week delivery system that provides delivery to 37 service points each weekday, delivering and receiving all library books and materials, interoffice mail, U.S. mail, library supplies and bank deposits. It provides support to all library fleet vehicles including coordinating service, interfacing with County Fleet, and overseeing vehicle replacement/ procurement.

This program supports diversity, equity and inclusion by budgeting to upgrade facilities to better meet universal design standards to support equitable access for all in the coming fiscal year. The universal design funds are in addition to the Americans with Disabilities Act (ADA) improvement funds in the Library Capital Improvement Program (CIP) budget managed by County Facilities. ADA represents minimum requirements and Universal Design represents best practices. This program also supports diversity, equity and inclusion by promoting trauma-informed design principles during upgrades and renovations at Library facilities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Crates of books, mail and supplies moved annually	172,839	232,000	178,000	200,000
Outcome	Staff satisfaction with delivery system	94%	95%	96%	95%
Outcome	Percentage of patrons who agree library spaces are safe and welcoming	94%	90%	90%	90%

Performance Measures Descriptions

Output Crates: A crate is the library's unit of measurement for transporting library materials, mail, supplies and other items.
Outcome Staff Satisfaction: Determined by annual survey of staff.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,647,049	\$0	\$1,853,389
Contractual Services	\$0	\$11,500	\$0	\$300
Materials & Supplies	\$0	\$79,482	\$0	\$132,805
Internal Services	\$0	\$2,872,805	\$0	\$3,151,549
Total GF/non-GF	\$0	\$4,610,836	\$0	\$5,138,043
Program Total:	\$4,610,836		\$5,138,043	
Program FTE	0.00	16.25	0.00	17.25

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

Explanation of Revenues

This program generates \$59,493 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80014 Facilities & Logistics

This program now has separate cost centers for Facilities (803420) and Logistics (803440). Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Johnette Easter
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 80010 80012
Program Characteristics:

Executive Summary

Human Resources 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.

Program Summary

Human Resources supports the library's mission by ensuring HR systems are collaboratively implemented; assisting and consulting with over 500 regular and 70 on-call/temporary employees and supervisors; and assessing, developing and coordinating employee training needs and learning opportunities. This program provides 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 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 Multnomah County Central HR and Labor Relations to develop and implement HR initiatives and solutions. Human Resources includes the Learning + Organizational Development workgroup. This workgroup coordinates library training throughout the system supports organizational growth through targeted development programs, and supports workgroups with planning and team-building. This program also contains the volunteer services workgroup. This workgroup oversees the recruitment, screening, placement, performance management, position creation, volunteer policies and recognition of volunteers. Library volunteers reflect the racial and ethnic diversity of Multnomah County. Volunteers range from elementary school students to octogenarians and bring a wide array of skills, abilities and life experiences to support the library's mission.

This program will continue to support the library's focus on equity and inclusion by developing new tools and training in order to meet the library's Workforce Equity Strategic Plan (WESP) and department objectives.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percent of library staff who agree that they receive sufficient training and education to do their jobs effectively	84%	84%	84%	84%
Outcome	Percent of library staff who agree that they can make a difference by working here	87%	87%	87%	87%
Outcome	Percent of incoming staff participating in New Employee Orientation equity training	95%	95%	95%	95%
Output	Hours contributed by volunteers	46,993	67,000	2,426	5,000

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$2,988,982	\$0	\$2,402,467
Contractual Services	\$0	\$38,800	\$0	\$46,800
Materials & Supplies	\$0	\$309,187	\$0	\$308,664
Internal Services	\$0	\$91,311	\$0	\$96,268
Total GF/non-GF	\$0	\$3,428,280	\$0	\$2,854,199
Program Total:	\$3,428,280		\$2,854,199	
Program FTE	0.00	22.00	0.00	15.75

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

Explanation of Revenues

This program generates \$77,119 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80017 Human Resources

The Library's Volunteer Services program from last year (80016) has been added to the Human Resources' program offer. Please see the department budget narrative for more information on position 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 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 library user and staff needs and support library 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. 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 engage with social media.

Public computers also provide office software to accomplish personal, business or schoolwork. The library has computers and software in training rooms, teen after school homework lounges and a limited number of devices for home use. 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 for internal operations.

This program supports the digital inclusion work of the Digital Equity and Inclusion Coordinator and provides leadership with the regional Digital Inclusion Network (DIN). IT Services will work to expand the Welcome To Computers program that provides digital literacy training and free computer grants to approximately 200 people who need these resources each year.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of public computers	926	1,000	1,000	1,000
Outcome	Patron satisfaction with availability of public computers & WiFi	95%	92%	90%	90%
Output	Number of free computer and WiFi sessions	1,586,842	2,200,000	400,000	200,000

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,022,502	\$0	\$1,179,074
Contractual Services	\$0	\$75,000	\$0	\$295,000
Materials & Supplies	\$0	\$1,038,993	\$0	\$1,110,980
Internal Services	\$0	\$7,580,480	\$0	\$7,807,564
Total GF/non-GF	\$0	\$9,716,975	\$0	\$10,392,618
Program Total:	\$9,716,975		\$10,392,618	
Program FTE	0.00	6.00	0.00	7.00

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

Explanation of Revenues

This program generates \$37,848 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80018 IT Services

Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Shawn Cunningham
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 80010
Program Characteristics:

Executive Summary

The Marketing and Communications program is responsible for internal and external communication strategy, maintaining the library's public image, brand, social media presence, and informational resources to connect the community to library resources, programs and collections. Marketing and Communications includes the library's in-house creative, marketing and communications teams. Together, they offer helpful, effective and compelling informational and promotional materials; engaging digital avenues to access; and public accountability for how the library uses public resources to serve its diverse community.

Program Summary

Marketing and Communications provides essential services to the library and the thousands of library users each day, either online or in person. This program creates lasting, meaningful relationships with the community; maintains an informative and engaging strategic online presence in social media and email marketing; oversees the library's brand and identity; develops strategies to promote library use; creates mechanisms to gather library user feedback and input; provides critical guidance and input into systemwide strategic decisions; provides clear, timely information to the public and the news media; coordinates the application and translation of information to distinct cultural and language communities; and communicates with library staff about the ongoing evolution of library services and resources.

This program will initiate an advertising campaign to engage communities experiencing marginalization with the library's culturally relevant program offerings in the coming fiscal year.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Active cardholders	217,754	260,000	200,000	200,000
Outcome	Market penetration (active cardholder households as a percentage of all households in the service area)	40%	46%	40%	40%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,017,164	\$0	\$1,261,815
Contractual Services	\$0	\$104,700	\$0	\$118,000
Materials & Supplies	\$0	\$156,360	\$0	\$144,209
Internal Services	\$0	\$40,545	\$0	\$45,637
Total GF/non-GF	\$0	\$1,318,769	\$0	\$1,569,661
Program Total:	\$1,318,769		\$1,569,661	
Program FTE	0.00	7.50	0.00	9.50

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

Explanation of Revenues

This program generates \$40,505 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80019 Marketing + Online Engagement

This program now includes the library's communications team. Please see the department budget narrative for more information on position changes.

Department: Library
Program Offer Type: Support

Program Contact: Terry Roskoski
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

The Collections & Technical Services program offer includes materials selection and acquisition, library cataloging, and materials processing work that provides library users access to a wide array of physical and digital materials.

Selection staff decide what materials to buy using professional reviews, library user suggestions, staff input and established criteria. Their purchasing decisions aim to 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 program provides materials for children, teens and adults in Multnomah County. This includes materials in five "We Speak Your Language" collections (Spanish, Chinese, Vietnamese, Russian and Somali). Library materials include books, magazines, media (DVDs, music and audiobook CDs), and electronic resources (e-books, downloadable audiobooks, streaming music and video, online periodicals, full-text databases and electronic reference sources). Effective management of the library materials collection allows library users to enjoy recreational reading, research specific topics, stay current on local, national and global events, and continue to learn at any stage of life.

This program will evaluate and increase equity and inclusion in library collections in the coming fiscal year by facilitating connections between Collections and Technical Services We Speak Your Language staff, Black Cultural Library Advocates staff, and staff in all neighborhood library locations to develop collection plans to be more relevant to local communities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of items in the collection, physical & digital	2,520,861	2,400,000	2,600,000	2,550,000
Outcome	% of patrons who found books and items they wanted	93%	90%	90%	90%
Output	Number of checkouts and renewals, physical & digital	14,784,837	18,300,000	10,000,000	14,000,000
Outcome	Turnover rate, physical & digital content	5.9	7.4	3.8	5.0

Performance Measures Descriptions

Turnover rate is circulation divided by holdings.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$3,654,085	\$0	\$3,897,656
Contractual Services	\$0	\$507,500	\$0	\$570,900
Materials & Supplies	\$0	\$8,869,098	\$0	\$9,062,779
Internal Services	\$0	\$108,840	\$0	\$144,946
Total GF/non-GF	\$0	\$13,139,523	\$0	\$13,676,281
Program Total:	\$13,139,523		\$13,676,281	
Program FTE	0.00	32.75	0.00	34.00

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

Explanation of Revenues

This program generates \$125,115 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80020 Collections & Technical Services

Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Terrilyn Chun
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 80001 80002 80003 80004 80005 80006 80008 80009 80023
Program Characteristics:

Executive Summary

Public Services Division Management (PSDM) provides leadership and accountability for the library's direct service to the people of Multnomah County including the 19 public libraries. Public Services Division Management plans services, develops and evaluates programs and staff, and administers the budget for all public library locations, phone, virtual and outreach services. PSDM also manages security efforts to create safe and welcoming environments for library users and staff.

Program Summary

Public Services Division Management (PSDM) provides leadership and accountability for the county's 19 public libraries and community outreach. PSDM staff communicate with staff at all levels of the organization; develop collaborative relationships with community and governmental organizations to maximize the impact of library services for county residents; set priorities and policies for libraries to best address community needs and county priorities; and implement best practices for safe and efficient operations. Staff provide resources to individual managers, staff, and workgroups to improve their performance through ongoing training, coaching, leadership development and assessments.

This program oversees safety for the library. This work includes advising locations on security staffing; safety and security training; and developing and implementing related policies and procedures in collaboration with library executive leadership.

Public Services Division Management supports the library's focus on equity and inclusion through the cultivation and management of culturally specific services to the county's Black, immigrant and refugee communities. The division includes bilingual staff who speak Spanish, Chinese, Vietnamese, Russian and Somali and staff with an African-American cultural competency. In the coming year, library Public Services will increase outreach resources to these communities and add resources focused on serving the County's Native community.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Outreach program attendance	24,382	46,000	30,000	20,000
Outcome	Patron satisfaction with one on one book-a-librarian service	100%	96%	95%	95%
Output	E-books and other digital titles checked out	4,296,222	3,600,000	4,678,000	4,700,000
Outcome	Library manager satisfaction with support from the security team	100%	90%	99%	90%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$1,853,260	\$0	\$2,152,171
Contractual Services	\$0	\$91,380	\$0	\$44,850
Materials & Supplies	\$0	\$156,720	\$0	\$61,580
Internal Services	\$0	\$198,467	\$0	\$91,710
Total GF/non-GF	\$0	\$2,299,827	\$0	\$2,350,311
Program Total:	\$2,299,827		\$2,350,311	
Program FTE	0.00	10.75	0.00	10.00

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

Explanation of Revenues

This program generates \$69,085 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was: FY 2021: 80022 Public Services Division Management

This program now includes the Security program offer (80015) from last year's budget. Please see the department budget narrative for more information on position changes.

Department: Library**Program Contact:** Terrilyn Chun**Program Offer Type:** Innovative/New Program**Program Offer Stage:** As Adopted**Related Programs:** 80022**Program Characteristics:****Executive Summary**

Community Engagement leads efforts to design and develop responsive services and programs through deep engagement with specific communities in Multnomah County. This program has a team of specialists that lead the development and implementation of Vietnamese, Spanish, Russian, Indigenous, Chinese, and African immigrant language and cultural services; along with the services from the Black Cultural Library Advocates.

Program Summary

Community engagement provides centralized ownership and support for systemwide outreach and community engagement efforts. Community engagement staff are responsible for establishing partnerships at the organizational leadership level, providing direct support for We Speak Your Language and cultural programs, helping to determine priorities and ensure services lead with race and center equity, refer direct services delivery to parallel departments, and work with community members to inform and direct library services. This program includes staff specialists with language and cultural competencies who work with specific audiences including: Black, Indigenous and People Of Color, immigrants, people experiencing homelessness and others.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of community listening sessions and community events	N/A	N/A	N/A	20
Outcome	% of community participants who say they're more aware of library resources that can meet their needs	N/A	N/A	N/A	75%
Output	Participants in community listening sessions and events	N/A	N/A	N/A	200

Performance Measures Descriptions

This program offer and performance measures are new for FY 2022.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$406,807	\$0	\$1,193,181
Materials & Supplies	\$0	\$0	\$0	\$65,280
Internal Services	\$0	\$0	\$0	\$38,301
Total GF/non-GF	\$0	\$406,807	\$0	\$1,296,762
Program Total:	\$406,807		\$1,296,762	
Program FTE	0.00	3.00	0.00	8.00

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

Explanation of Revenues

This program generates \$38,301 in indirect 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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was:

This is a new program offer. Please see the department budget narrative for more information on position changes.

Department: Library

Program Contact: Katie O'Dell

Program Offer Type: Innovative/New Program

Program Offer Stage: As Adopted

Related Programs: 80010

Program Characteristics:
Executive Summary

The Library Building Bond Administration program consists of the Library employees who are part of the Library Capital Program Management Office (PMO). It includes the Library PMO Deputy Director, and positions responsible for communications, staff and community outreach, Library-side project coordination, and office administration.

Program Summary

With the passage of the library capital construction bond, the voters of Multnomah County have approved the funding for all of the projects that are laid out as part of the bond plan. This program represents the library staff positions that will support the capital program's administration in collaboration with the Department of County Assets. Most of the Library Bond expenses are budgeted in the DCA program offer 78228. These positions are funded by the Multnomah County Library Capital Construction Fund (2517).

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Rating on a scale of 1 to 10 for the professionalism and helpfulness of the Library Project Coordinators to the Co	N/A	N/A	N/A	8.5
Outcome	% of patrons involved in community engagement who report satisfaction with outreach and engagement proces	N/A	N/A	N/A	85

Performance Measures Descriptions

This program offer and performance measures are new for FY 2022.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$224,971	\$0	\$0
Total GF/non-GF	\$0	\$224,971	\$0	\$0
Program Total:	\$224,971		\$0	
Program FTE	0.00	1.00	0.00	6.00

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 (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

Significant Program Changes

Last Year this program was:

This is a new program with 6.00 FTE created in the Library Director's Office program (80010) in FY 2021. Please see the department budget narrative for more information on position changes.

Department: Library **Program Contact:** Kirby McCurtis
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs: 80008
Program Characteristics: One-Time-Only Request

Executive Summary

The Library Tech Mobile program will fund the creation of a mobile library that provides access to wifi, technology, materials, and skilled library staff support in delivering services to communities throughout Multnomah County.

Program Summary

The program offer is for the new mobile unit that will serve all of Multnomah County--focusing on those most impacted by the pandemic--connecting the communities with significant barriers to accessing library services with resources. Barriers may include geography, age, disability, illness, homelessness, lack of English proficiency, or immigrant status, among others. Using American Rescue Plan funding, the mobile tech library will first connect residents with core library services that have not been available at their local branches due to pandemic-related closures. Eventually, this new branch on wheels allows us to expand core library services, increase access to technology, and provide connected learning opportunities wherever we need to be. Service examples include classes, wifi access, computers, spaces for young people to create and explore technology, as well as the ability for patrons to borrow hotspots, Chromebooks, books, and DVDs. Patrons will develop critical life skills including job and literacy skills. This vehicle will aid in our efforts to decrease the digital divide in our community and be an essential support to areas when library services are temporarily unavailable.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Tech mobile community visits	N/A	N/A	N/A	50
Outcome	Percentage of visitors that were able to access books and technology they wanted	N/A	N/A	N/A	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Materials & Supplies	\$0	\$0	\$0	\$50,000
Capital Outlay	\$0	\$0	\$0	\$450,000
Total GF/non-GF	\$0	\$0	\$0	\$500,000
Program Total:	\$0		\$500,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$500,000
Total Revenue	\$0	\$0	\$0	\$500,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding \$500,000.

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area. The technology/book mobile supports community recovery by providing on site technology, free wifi, programming--including job and learning assistance-- and library materials across Multnomah County. This custom vehicle will focus on neighborhoods and communities facing the greatest barriers and hardest hit by COVID-19. The vehicle can also be deployed in a variety of settings: schools, parks, cultural fairs, affordable housing facilities, etc. and much of its programming could be offered outside, weather permitting.

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 Community Involvement Committee; independent County organizations such as the Local Public Safety Coordinating Council; 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. The Community Involvement Committee, an advisory body to the County, involves the community in County policy and decision-making processes. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and the community. 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.

The Joint Office of Homeless Services was previously part of Nondepartmental, but on May 27, 2021, the Board of County Commissioners adopted a County Code change to make it a new department as of July 1, 2021. Information about the Joint Office can now be found in a separate section of the budget.

Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The Nondepartmental FY 2022 Adopted budget is \$201.4 million, a \$29.1 million increase from the FY 2021 Adopted budget. The decrease in contractual services primarily relates to a reduction in the Special Excise Taxes Fund. With the travel industry being one of the hardest hit by the COVID-19 pandemic, contractual services in this fund have decreased by \$21.0 million which funds the Oregon Convention Center and the Visitors Development Initiative (10025). A notable Other Funds increase is the addition of the Library GO Bond (10027) for \$50.0 million. In November 2020 voters in Multnomah County approved Ballot Measure 26-211 for a County Library Capital Construction Project.

The General Fund (including Video Lottery) has increased by \$4.2 million. The General Fund increase includes \$645,000 in new, ongoing funding for:

- Expanded Communications Capacity (10007B) \$340,000
- Tribal Relations Liaison (10016B) \$165,000
- Office of Diversity and Equity - Employee Resource Group Coordinator (10017C) \$140,000

The following programs are funded with one-time-only General Fund:

- Charter Review Committee Support (10010B) \$132,810
- Youth Opportunity & Workforce Development (10029B/C) \$295,000
- Black Economic Prosperity Initiative (10030) \$25,000
- Comm. Capacity Expansion: Physical Infrastructure (10031) \$1,500,000
- Neighborhood Prosperity Initiative (10035) \$225,000

Programs funded with one-time-only Other Funds total \$3,311,864 (10009C, 10018B, 10090A, 10093B, 10094). Of this amount, \$3.1 million is Federal aid through the American Rescue Plan (ARP). A full list of programs funded as one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Adopted</u>	<u>Adopted</u>	
Staffing FTE	116.19	114.59	114.59	117.63	3.04
Personnel Services	\$18,471,693	\$19,538,926	\$19,937,680	\$24,210,698	\$4,273,018
Contractual Services	79,185,902	76,304,528	77,861,763	52,009,276	(25,852,487)
Materials & Supplies	1,378,857	3,866,493	3,945,401	3,198,436	(746,965)
Internal Services	13,188,630	14,979,684	15,285,392	16,243,654	958,262
Capital Outlay	14,711	0	0	0	0
Debt Service	<u>56,830,526</u>	<u>54,114,435</u>	<u>55,218,811</u>	<u>105,736,218</u>	<u>50,517,407</u>
Total Costs	\$169,070,319	\$168,804,066	\$172,249,047	\$201,398,282	\$29,149,235

*Does not include cash transfers, contingencies or unappropriated balances. Program offers DO contain cash transfers, contingencies, and unappropriated balances.

Successes

The **Auditor's Office's** mission is to ensure that County government is efficient, effective, equitable, transparent, and fully accountable to all who live in our county. To support this mission in fiscal year 2021, the office issued an extensive audit report on the County's pandemic response, covering Joint Office of Homeless Services' shelters, jails, juvenile detention, adult care homes, Countywide guidance for employees, physical changes to County buildings, and telework practices. The office also issued a report on its survey of employee experiences during the pandemic, and its annual reports for the office and Good Government Hotline. In addition, the office passed a rigorous peer review by an Association of Local Government Auditors' team. Throughout the year, the Auditor concentrated on three Workforce Equity Strategic Plan focus areas to enhance office practices.

The **Office of Government Relations'** work in the Legislature resulted in additional resources for the Community Mental Health Program, Rental Assistance, and other needed programs. The office continued to advocate at the Federal level for additional resources from the Federal government for local governments related to COVID-19; and supported grant applications throughout the County. During the COVID-19 pandemic the office has expanded its work in East Multnomah County as well as supporting the Emergency Operations Center (EOC) and other pandemic response work. Additional success includes expanding the County's grant capacity by training staff across departments.

The **Office of Diversity and Equity (ODE)** moved through a restructuring based on recommendations from Focus Area 5 of the Workforce Equity Strategic Plan, ensuring capacity to take on the key pillars of work. This includes the ongoing implementation of the Workforce Equity Strategic Plan, initiatives and leadership around disability and LGBTQ+ equity, gender inclusion, civil rights and employee accommodations, data, research and evaluation, advancing work to strengthen the Equity and Empowerment Lens, and supporting a robust Multnomah Youth Commission. ODE contributed to a number of efforts related to the COVID-19 response, including infrastructure support for disability access, youth engagement, equity analysis, farm labor outreach, research and analysis of remote work experiences which informed a revised telework policy, and convening staff across the organization to share strategies and support culturally specific providers.

The **Local Public Safety Coordinating Council**, after a successful What Works in Public Safety Conference in January, 2020, launched the "Transforming Justice" effort, which aims to create and implement a long term vision for the future of local justice policy. This effort leads with race by prioritizing non-justice interventions for BIPOC communities while decreasing the criminal system footprint and growing health and human service responses. Other key LPSCC projects include: implementation of the MacArthur Foundation's Safety and Justice Challenge which is a complete overhaul of the pretrial system; participation in the Square One Project's effort to reimagine justice; and managing local Justice Reinvestment program operations and evaluation.

Successes (continued)

Sustainability marked continued progress on several important policy fronts, including climate, air quality, and environmental justice. Staff continued to advance the goals of the 2015 Climate Action Plan, achieving a 19% reduction in community wide greenhouse gas emissions (2018 vs 1990 baseline), and a 65% reduction in greenhouse gases from county operations (2020 vs 2007 baseline). To center the County's climate work in climate justice and the needs and priorities of BIPOC communities, staff launched the Climate Justice Initiative (CJI). CJI is bringing together BIPOC focused community based organizations and local governments (Multnomah County and City of Portland) to create a shared vision and shared agenda to advance climate justice. Staff greatly expanded advocacy at the Oregon Public Utility Commission in order to advance the County's goals of a just transition to 100% clean energy. Staff advocated for and achieved protections for low income households from the destabilization COVID-19 has had on already burdensome utility bills. In addition, staff worked in close partnership with a BIPOC led coalition to pass three critical bills in the Legislature that will put Oregon and Multnomah County on a path to a just transition. Staff also advanced efforts to protect the community from air toxics. This included launching a campaign to educate the community about the risks of wood smoke, advancing implementation of the Clean Air Construction Program, responding to wildfire smoke by providing air filtration units to vulnerable community members, and completing a third year of Green Gresham, Healthy Gresham Program that employs young people to plant trees and build community in West Gresham.

The **Office of County Attorney** provided rapid analysis of unprecedented legal issues associated with COVID-19, civil disruption, and legislative reforms. The Office partnered with internal partners in developing and executing strategies to mitigate, address, and contain COVID-19. The County Attorney team also negotiated significant resolutions in court proceedings, facilitated real property purchasing and leasing and construction projects, and celebrated the completion of the new Central Courthouse. Assisted in the County's efforts to address the housing and homelessness crises by negotiating and executing the agreements resulting in more than 1,500 shelter beds; and permanently increased County's shelter capacity through real property purchases.

The **Office of Emergency Management** began to respond to COVID-19 in January 2020 and this response still continues and will continue into FY 2022. The response has included the allocation of almost 10 million items of Personal Protective Equipment (PPE) to support the community and operations; managing the County's Emergency Operations Centers (EOC) which has included over 1,800 County staff and volunteers; over 2,000 deliveries to community groups, COVID-19 outbreaks and to support people experiencing homelessness; and providing logistical and communications support for vaccination sites. In addition to COVID-19, this past year the office has responded to wildfires and smoke and severe winter weather and shelter activities.

Successes (continued)

The **Communications Office** moved all County media events online during COVID-19, from the State of the County to more than 40 press conferences. We included American Sign Language interpreters, dramatically expanded access to information for the deaf community. We undertook culturally specific radio and print advertising for property taxes, elder abuse and neglect, domestic violence, and the eviction moratorium . We produced public service videos on COVID-19 in eight languages. We pivoted from in-person public engagement to virtual engagement and still expanded the number of people participating in the planning phase for the county’s largest upcoming capital project: the Earthquake Ready Burnside Bridge. We worked on three different election cycles, sending multiple press releases in Vietnamese, Chinese, Spanish, Somali and Russian; reached voters experiencing homelessness and combatted an avalanche of misinformation with fact sheets and videos. We handled more than 2,500 media stories and increased the County’s social media following 70 percent and video production 280 percent.

Diversity, Equity, and Inclusion

While the multitude of crises that Multnomah County has faced the past year presented monumental challenges, they also represented opportunities for the County to showcase its values and work through the ways it met the community's needs. In light of a global pandemic, the County worked to protect the health and safety of the community through equity-focused approaches to public health strategies. In response to the community's calls to transform the criminal legal system into one that eliminates racial disparities, the County has led the conversation and the start of tangible work to reimagine our region's vision of public safety. When wildfires ravaged neighboring communities and impacted air quality for millions here and across the state, Multnomah County responded quickly to help people find safety. When a legislative session provided opportunities for new programmatic investments and policies that would benefit Multnomah County residents, the County continued to advocate for action.

Alongside that work, Multnomah County continued to advance the internal Workforce Equity Strategic Plan by meeting performance measures and developing language that supports the County's "Inclusively Leading with Race" approach.

Nondepartmental offices play significant roles in determining and defining the ways that equity is built into programs, processes and policies across Multnomah County. This shows up through the utilization of the Equity and Empowerment Lens, the Office of Diversity and Equity's efforts to increase inclusion and accessibility, and through the Office of Community Involvement's leadership around stakeholder engagement, which is a core component of our budget development and adoption process. Amidst responding to and mitigating impacts from wildfire smoke and climate change, the Office of Sustainability and the Office of Emergency Management have worked to protect public health by focusing on those most disproportionately affected and those most vulnerable. And the Local Public Safety Coordinating Council's Transforming Justice initiative continues to create pathways for lasting public safety reform that responds to the community's demand to confront the racial and ethnic disparities that show up at every decision-point in our criminal legal system.

The County's departments and Nondepartmental offices continue to support the ongoing work of the multi-jurisdictional Reimagine Oregon effort and Reimagining Safety initiatives. And as many partner community-based organizations have been forced to dramatically pivot their services throughout the pandemic to meet the emerging needs of the culturally specific communities they serve, the Office of Diversity and Equity and the Department of County Management worked with program leadership to assure flexibility amid an unprecedented crisis.

Multnomah County's FY 2022 Adopted budget builds on the work that has been done over the past fiscal year and reflects critical investments that support the ability of non-departmental offices to explore and implement policy approaches that improve the County's ability to respond to ongoing and emerging community issues.

Nondepartmental

fy2022 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 2022 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$1,888,900	\$0	\$1,888,900	9.15
10001	BCC District 1	724,700	0	724,700	4.00
10002	BCC District 2	724,700	0	724,700	4.00
10003	BCC District 3	724,700	0	724,700	4.00
10004	BCC District 4	724,700	0	724,700	4.00
10005	Auditor's Office	1,877,700	0	1,877,700	8.84
10006	Tax Supervising and Conservation Commission	441,200	0	441,200	2.00
10007	Communications Office	1,814,000	0	1,814,000	10.50
10007B	Expanded Communications Capacity	340,000	0	340,000	2.00
10008	County Attorney's Office	0	6,789,640	6,789,640	26.00
10009A	Local Public Safety Coordinating Council	783,100	1,327,820	2,110,920	2.00
10009B	HB3194 Justice Reinvestment	0	587,460	587,460	0.80
10009C	Local Public Safety Coordinating Council Strategic Planning Contract	0	200,000	200,000	0.00
10010A	Office of Community Involvement	326,430	0	326,430	2.00
10010B	Charter Review Committee Support	132,810	0	132,810	0.00
10011	Office of the Board Clerk	970,600	0	970,600	2.35
10012	Office of Emergency Management	2,132,420	1,650,300	3,782,720	10.00
10016A	Government Relations Office	1,116,600	0	1,116,600	5.00
10016B	Tribal Relations Liaison	165,000	0	165,000	1.00
10017A	Office of Diversity and Equity	1,499,300	0	1,499,300	7.00
10017B	Multnomah Youth Commission Support	167,800	0	167,800	1.00
10017C	Office of Diversity and Equity - Employee Resource Group Coordinator	140,000	0	140,000	1.00
10018	Office of Sustainability	794,390	70,000	864,390	5.00
10018B	Multnomah County's Fossil Fuel Infrastructure Study - Phase I	0	50,000	50,000	0.00
10020	Regional Arts & Culture Council	300,000	0	300,000	0.00
10021	State Mandated Expenses	11,635,230	1,763,155	13,398,385	0.00
10022	Pass-Through Payments to East County Cities	9,520,000	0	9,520,000	0.00
10023	OHS Local Option Levy	0	3,444,440	3,444,440	0.00

Nondepartmental

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Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
Nondepartmental (cont.)					
10024	County School Fund	0	80,300	80,300	0.00
10025	Convention Center Fund	0	30,187,210	30,187,210	0.00
10026	Capital Debt Retirement Fund	0	33,499,106	33,499,106	0.00
10027	Library GO Bond	0	50,435,797	50,435,797	0.00
10028	PERS Pension Bond Sinking Fund	0	62,226,220	62,226,220	0.00
10029A	Youth Opportunity and Workforce Development	539,100	0	539,100	1.00
10029B	Youth Opportunity and Workforce Development - Restoration	140,000	0	140,000	0.00
10029C	Youth Opportunity and Workforce Development - OTO Restoration	155,000	0	155,000	0.00
10030	Black Economic Prosperity Initiative	25,000	0	25,000	0.00
10031	Community Capacity Expansion: Physical Infrastructure	1,500,000	0	1,500,000	0.00
10035	Neighborhood Prosperity Initiative	225,000	0	225,000	0.00
10040	Complaints Investigation Unit	1,066,000	0	1,066,000	5.00
COVID-19 & American Rescue Plan					
10090A	ARP Countywide Client Assistance	0	1,861,864	1,861,864	0.00
10091	ARP COVID-19 Policy and Project Coordination	0	165,000	165,000	0.00
10092	ARP Communications Office Public Health Emergency Response	0	300,000	300,000	0.00
10093A	ARP Emergency Management Logistics	0	2,925,000	2,925,000	0.00
10093B	ARP Emergency Management Community Personal Protective Equipment (PPE) & County Supplies	0	1,000,000	1,000,000	0.00
10094	ARP Office of Sustainability Food Access Focus	0	200,000	200,000	0.00
Total Nondepartmental		\$42,594,380	\$198,763,312	\$241,357,692	117.63

*Does include cash transfers, contingencies or unappropriated balances.

Fund Level Programs

The following program offers account for General Fund revenues and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	\$83,587,847	\$97,482,151	\$181,069,998	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	\$581,830,790	\$0	\$581,830,790	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>				

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Department: Nondepartmental **Program Contact:** County Chair, 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 and Personnel Officer of Multnomah County, leading the organization's efforts to create a community where anyone who needs help can find it, everyone shares in opportunity and the most vulnerable among us are protected. With both legislative and executive responsibilities, the Chair sets the County's strategic policy direction and priorities that are aimed at serving the community equitably and effectively, and works closely with the Board of County Commissioners to implement them as mandated by the Home Rule Charter. All departments and non-departmental offices, including the Office of Diversity and Equity, Office of Sustainability, Communications, Government Relations, the Local Public Safety Coordinating Council, Office of Community Involvement, and the Office of the Board Clerk, report to the Chair.

Program Summary

The Chair oversees a \$2 billion budget and more than 6,000 employees. Responsibilities include: developing an executive budget, appointing department directors, overseeing contracts and financial instruments, presiding over the Board of County Commissioners meetings, executing policies and ordinances adopted by the Board.

The COVID-19 pandemic and heightened calls for racial justice highlighted Multnomah County's responsibility to address systemic inequities that disproportionately harm Black, Indigenous and other people of color. Many of the Chair's long-held priorities, including preventing and ending homelessness, creating family stability, providing accessible healthcare to underserved populations, and reducing the use of incarceration while increasing the use of diversion programs, are aligned with the County's role in helping to build a more equitable community. Acknowledging that those who experience inequities must be a key part of developing solutions, the Chair is committed to continuing to engage with and listen to the community.

During FY 2022, Chair Kafoury will focus on the following priorities:

- Invest equitably in ongoing COVID-19 response programs and services, and ensure that federal relief funds are allocated in a way that prioritizes communities most impacted by the virus.
- Identify service and program areas that must be prioritized as new, more stable revenue streams start to come online.
- Rapidly expand access to the housing and support services we know will end people's homelessness.
- Continue to lead efforts that transform the criminal legal system and direct new investments toward programs that support diversion and reentry, and promote healing.
- Identify and mobilize public health strategies geared towards eliminating health disparities perpetuated by systemic racism by leveraging County departments and their respective roles in achieving health equity.
- Continue investments in programs that support children and youth and family stability.
- Continue to champion and implement Workforce Equity Strategic Plan strategies that move the organization towards greater safety, trust and belonging.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Ensure broad community input by conducting community listening sessions and budget hearings.	18	18	20	20
Outcome	Engage constituents through timely and meaningful responses to emails, phone calls and meeting requests.	95%	100%	90%	100%
Output	Proactively communicate with residents through a regular community newsletter	18	12	18	14
Outcome	Meet fiscal year countywide Workforce Equity implementation deadlines.	N/A	100%	90%	100%

Performance Measures Descriptions

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,491,392	\$0	\$1,578,199	\$0
Contractual Services	\$15,280	\$0	\$15,580	\$0
Materials & Supplies	\$57,897	\$0	\$84,020	\$0
Internal Services	\$205,844	\$0	\$211,101	\$0
Total GF/non-GF	\$1,770,413	\$0	\$1,888,900	\$0
Program Total:	\$1,770,413		\$1,888,900	
Program FTE	9.15	0.00	9.15	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 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 and advancing 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 supporting programs and policies that allow residents to be safe, healthy, and live with dignity.

Program Summary

Commissioner Meieran is working on issues including: monitoring the county's ongoing COVID-19 pandemic response; improving access to quality behavioral health services; supporting public safety system innovations to reduce recidivism and promote alternatives to costly incarceration; reducing homelessness through housing opportunity, supportive services, and harm reduction approaches; implementing recommendations from a feasibility study of municipal broadband in Multnomah County; collaborating with her colleagues on major construction and infrastructure projects in District 1; and advocating for policies that decrease risks stemming from climate change and a potential major earthquake. She prioritizes programs that provide meaningful services to Multnomah County residents and have clear and measurable goals. She is also a strong advocate for effective legislation and adequate state and federal funding for local programs.

During the FY 2022 budget process, Commissioner Meieran will prioritize the needs of our most marginalized residents and focus on the intersection of housing and homelessness, public health, and community safety. She will continue to spearhead efforts to improve behavioral health, focusing on effective, evidence-based services, peer support, integration with housing, quality data, and connection to other aligned systems. She will continue to address the needs of veterans, older adults, and people with disabilities, and she will actively seek opportunities to improve our resilience in an emergency, including through partnerships with others in the region. As the Co-Chair of the Association of Oregon Counties (AOC) Health and Human Services Steering Committee, she will champion Multnomah County's interests. Through all of this work, she will center the need to enact policies that address racial injustices, health inequities, and other disparities that disproportionately harm communities of color. She will strive to consistently promote inclusive decision-making that involves those most impacted by policy and budget decisions. She will work to apply these considerations and priorities to routine county business, as well as the region's ongoing COVID-19 pandemic response.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Respond to constituent emails, phone calls and meeting requests timely and resolve constituent concerns.	27.7%*	94%	44.3%**	94%
Outcome	Provide testimony and meet directly with state and federal legislators for priority issues.	18 meetings	13 meetings	13 meetings	13 meetings
Output	Conduct or partner on twice quarterly outreach events.	17 events	15 events	15 events	15 events
Output	Hours spent proactively connecting with District 1 constituents by meeting them where they are.	75 hours	52 hours	52 hours	52 hours

Performance Measures Descriptions

1) Timely response is 10 business days. *In Q4 of FY20 the District 1 office saw an 1800% increase in constituent correspondence compared to Q1-Q3 that impacted our ability to meet this goal. **In Q1 of FY21 we saw more than an 8500% increase in correspondence requiring response compared to the same time period in FY20. 2) Priority issues include the County's legislative agenda and other emerging issues. 3) At least 4 events on mental health 4) Output includes neighborhood meetings, community events and other in-district connections (including virtual).

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$578,748	\$0	\$594,916	\$0
Materials & Supplies	\$41,712	\$0	\$45,432	\$0
Internal Services	\$83,847	\$0	\$84,352	\$0
Total GF/non-GF	\$704,307	\$0	\$724,700	\$0
Program Total:	\$704,307		\$724,700	
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 2021: 10001 BCC District 1

Department: Nondepartmental **Program Contact:** Susheela Jayapal
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commissioner Susheela Jayapal serves as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and budget support the work of County Departments. She serves District 2, which includes North, Northeast, and parts of East Portland. Commissioner Jayapal is committed to ensuring racial equity, promoting effective evidence-driven programs and services, and engaging in community-driven policy. To learn more about Commissioner Jayapal's office visit the website at <https://multco.us/commissioner-jayapal>.

Program Summary

The COVID pandemic and the uprising for racial justice that followed the murder of George Floyd have highlighted the deep inequities faced by Black, Indigenous and People of Color and immigrants and refugees. These overlapping crises have also highlighted the critical role played by Multnomah County in providing a social safety net for those most impacted, and the importance of our role as the Local Public Health Authority. The lessons learned during this unprecedented year must inform all of our work as we move through and out of the pandemic. The objective is not to return to what seemed normal, but rather to apply those lessons and rethink our systems in ways that will move us toward equity and justice.

Commissioner Jayapal continues to focus on homelessness and affordable housing, public safety, youth employment and workforce development, and environmental justice. During the 2022 budget process, she will prioritize programs and strategies that address racial inequities, focus on proven prevention, protect our most vulnerable residents, and deliver results. Recognizing that we cannot achieve equity for the community we serve if our own employees do not experience equity and belonging in their workplace, the Commissioner is committed to monitoring and supporting the progress of the Workforce Equity Strategic Plan.

Commissioner Jayapal chairs the Multnomah Sex Trafficking Collaborative and co-chairs The Gateway Center for Domestic Violence Council as well as the Domestic Violence Fatality Review Committee. She is the liaison to the Regional Arts and Culture Council (RACC), the Metro Advisory Policy Committee (MPAC), the Workforce Development Board (Worksystems), Walnut Park Redevelopment Project, and Multnomah County's Audit Committee. She is also a member of the Metro Supportive Housing Services Measure Oversight Committee. In 2020 she chaired the Joint Task Force on Supporting Business in Reducing Diesel Emissions.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Community engagement and constituent outreach via meetings and events.	14	18	13	12
Outcome	Ongoing responsiveness to all County departments	100%	100%	100%	100%
Output	Respond to constituent emails, phone calls and meeting requests in a timely manner.	100%	100%	100%	100%
Outcome	Use of leading with race framework in all policy and community work.	N/A	N/A	N/A	100%

Performance Measures Descriptions

1) Measured by the number of constituent coffees, neighborhood meetings and community events hosted, attended or led by Commissioner Jayapal either virtually or in person. 2) Measured by the percentage of department meetings, briefings and communication requested and completed. 3) A timely response is within 10 days. 4) New measure for FY 2022.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$554,255	\$0	\$588,423	\$0
Contractual Services	\$13,800	\$0	\$14,070	\$0
Materials & Supplies	\$51,376	\$0	\$37,855	\$0
Internal Services	\$86,172	\$0	\$84,352	\$0
Total GF/non-GF	\$705,603	\$0	\$724,700	\$0
Program Total:	\$705,603		\$724,700	
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 2021: 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 much 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 designated with representing East Portland locally, Commissioner Jessica Vega Pederson takes her responsibilities to serve this part of our region very seriously. The Commissioner's top priorities include addressing the disparities and inequities affecting District 3, as well as low income and communities of color generally, such as: the lack of transportation options, the need for affordable housing, access to affordable preschool and child care, and mitigating the impacts of climate change and pollution on front line communities.

To address these issues, Commissioner Vega Pederson championed passage of the Preschool for All referral, which will provide free, universal preschool to all 3 and 4 year olds in Multnomah County in the coming years. The Commissioner is working to ensure a smooth and timely implementation of Preschool for All. She also serves on the Portland Children's Levy allocation committee, which awards nearly \$19 million annually in programs touching on early childhood, hunger relief, mentorship, after school activities, child abuse prevention and supports for foster kids.

Commissioner Vega Pederson has also led the County's efforts to combat climate change and pollution, co-sponsoring the County's #100by50 and Environmental Justice resolutions, as well as the County's ordinance regulating wood smoke. She also serves as the County's liaison to the Advisory Committee on Sustainability and Innovation, which provides guidance to the County on sustainability issues affecting our community.

The Commissioner serves on several transportation committees, including the Joint Policy Advisory Committee on Transportation and the TriMet Transit Advisory Committee, where she advocated for expanded service to east Portland, as well as converting the TriMet fleet to electric buses. She also co-chairs the Earthquake Ready Burnside Bridge feasibility project, which aims to create a resilient lifeline crossing over the Willamette River in the event of a major earthquake.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	State/Federal advocacy for transportation, homelessness, housing, and environmental protection.	N/A	8	12	12
Outcome	Respond to all constituent emails, phone calls, and meeting requests in a timely manner.	100%	100%	95%	100%
Output	Community engagement and constituent outreach via neighborhood meetings and community events.	17	12	14	12
Output	Convene, attend or participate in meetings on preschool or childcare needs and policy.	N/A	N/A	N/A	8

Performance Measures Descriptions

As District 3 continues to work on preschool and early learning, the office will convene, attend or participate in 8 meetings this FY focused on Preschool for All implementation and/or childcare. The office will continue its community engagement and constituent outreach events, either in person or virtually. It will also maintain its timely response to constituent inquiries and its federal and state advocacy, meeting with lawmakers, community groups and advocacy organizations.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$592,184	\$0	\$606,229	\$0
Materials & Supplies	\$25,983	\$0	\$34,110	\$0
Internal Services	\$85,331	\$0	\$84,361	\$0
Total GF/non-GF	\$703,498	\$0	\$724,700	\$0
Program Total:	\$703,498		\$724,700	
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 2021: 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

Commissioner Stegmann's office focuses on place-based anti-poverty strategies and efforts to increase economic mobility without displacement. This vision guides involvement in conversation about East County growth and continued investment. The core value of this is to mitigate the impacts of poverty and negative systemic interactions for all residents of East Multnomah County.

Specific policy areas include: increasing housing stability and affordability, improved access to health and human services, reducing disparities for communities of color and residents involved in the justice system, and effective, ongoing conversations with East County communities about coordination of future growth strategies.

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 convener of the East County Caring Community. She represents Multnomah County through leadership with Greater Portland, Inc., East Metro Economic Alliance, Visitor's Development Fund, the Library Advisory Board, the Commission on Economic Dignity and the NE Multnomah County Community Association. Appointed to the Association of Oregon Counties board and the Governor's Metro Regional Solutions leadership team, Commissioner Stegmann continues to bring East County needs to regional and state resource discussions.

She continues her leadership on the National Association of Counties Economic Mobility leadership cohort examining best practices and policies to address inequities in counties across the United States and bringing those efforts home to East Multnomah County. Commissioner Stegmann is committed to implementing the Equity and Empowerment Lens in all policy discussions and decisions that may disproportionately impact communities who are underrepresented in those discussions.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Primary Measure	2,500	2,500	2,500	2,500
Outcome	Increase in awareness of East County issues	75%	75%	75%	75%
Output	Number of meetings convened in East County	30	30	30	30
Outcome	Increase in knowledge of East County resources	75%	75%	75%	75%

Performance Measures Descriptions

1) Measured by the number of individuals involved in topic-specific meetings, gathered through mailing lists and sign-in sheets. 2) Measured by surveys administered at monthly issue forums. 3) Measured by the number of publicized and completed meetings hosted or led by Commissioner Stegmann and her staff. 4) Measured by surveys administered at monthly issue forums.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$590,507	\$0	\$619,933	\$0
Contractual Services	\$3,000	\$0	\$0	\$0
Materials & Supplies	\$26,452	\$0	\$21,040	\$0
Internal Services	\$83,914	\$0	\$83,727	\$0
Total GF/non-GF	\$703,873	\$0	\$724,700	\$0
Program Total:	\$703,873		\$724,700	
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 2021: 10004 BCC District 4

Department: Nondepartmental **Program Contact:** Jennifer McGuirk
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Auditor is elected by voters countywide and answers to the people who live in Multnomah County. The mission of the Auditor's Office is to ensure that County government is efficient, effective, equitable, transparent, and fully accountable to all who live in our county. To meet this mission, we conduct performance audits and special studies that provide accountability to the public and help to improve Multnomah County programs, services, and operations.

Program Summary

County Charter requires the County Auditor to perform duties including conducting performance audits of all county operations and financial affairs, as well as studies intended to measure or improve the performance of county efforts. Since 2007, the Office has operated the Good Government Hotline for employees and the public to report potential fraud, waste, or abuse. Per County Code, the Auditor's Office provides technical and clerical support to the Audit Committee, which is a liaison to the Board of County Commissioners, management, and the external auditor for the external financial audits required under Oregon law. All of our reports and audit schedule are online.

Guided by a commitment to equity, the Auditor prioritizes auditing county programs that directly impact people's health and safety. Audits involve hundreds of hours of work, including research, interviews, onsite observations, and data analysis. Auditors use an equity lens tool in every step of the work, from audit planning through the development of recommendations. For example, our audit process includes identifying community groups affected by an audit, engaging thoughtfully with those groups, and providing acknowledgment to them about how their knowledge and experiences shaped audit objectives, findings, and/or recommendations. Audit work includes a comprehensive fact-checking process. Based on sufficient, appropriate evidence, we arrive at logical conclusions. We acknowledge the good work taking place in county programs and identify impediments to achieving the County's mission to help people. We develop recommendations that are meaningful to community members, provide county leaders with information to help build policies that support racial equity and other forms of equity, and support continuous improvement.

In FY 2022, we will complete Commissioner District apportionment. We do this in accordance with County Charter 3.15, state guidance, and the Voting Rights Act to ensure that districts are not drawn for the purpose of diluting the voting strength of any language or ethnic minority group.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of audit reports and special studies issued.	8	6	5	6
Outcome	For reports with recommendations, percent with at least one rec. focused on supporting racial equity.	N/A	N/A	N/A	100%
Outcome	Recommendations in progress or implemented within five years.	95%	92%	92%	94%

Performance Measures Descriptions

The first output measure includes reports on audits, special studies, and annual reports on the Good Government Hotline and the Auditor's Office's work. The second output measure ensures that audit reports will consider and support equity. The outcome measure reports the percentage of audit recommendations that auditees state are implemented or in progress over a rolling five-year period.

Legal / Contractual Obligation

County Charter 8.10 states "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted government auditing standards [GAGAS]. The auditor may also conduct studies intended to measure or improve the performance of county efforts." GAGAS include continuing education requirements and regular external reviews. Charter requires the Auditor to appoint the Salary Commission and apportion Commission districts. County Code created the Auditor's role to support the Audit Committee.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,466,055	\$0	\$1,503,487	\$0
Contractual Services	\$173,040	\$0	\$176,330	\$0
Materials & Supplies	\$37,248	\$0	\$38,138	\$0
Internal Services	\$152,400	\$0	\$159,745	\$0
Total GF/non-GF	\$1,828,743	\$0	\$1,877,700	\$0
Program Total:	\$1,828,743		\$1,877,700	
Program FTE	8.59	0.00	8.84	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10005A Auditor's Office

In FY 2022 this program offer is increased by 0.25 FTE; 0.88 FTE increased by 0.12 FTE to fund a 1.00 FTE staff assistant and 0.80 FTE increased by 0.13 FTE to fund a 0.93 FTE staff assistant.

Department: Nondepartmental **Program Contact:** Craig Gibons
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Tax Supervising and Conservation Commission (TSCC) carries out statutory mandates (ORS 294.605-710) to oversee budget, debt, and property tax issues of local governments in Multnomah County. TSCC protects and represents public interest, ensures local government compliance with Local Budget Law, promotes economy and efficiency within those local governments, and provides budgetary advice and assistance.

Program Summary

The Tax Supervising and Conservation Commission (TSCC), established by the Oregon Legislature in 1919, is an independent and impartial panel of five governor-appointed citizen volunteers that review and monitor the financial affairs of local governments in Multnomah County. The TSCC reviews the budgets of all 43 local governments to ensure compliance with local budget law.

The review and oversight includes checking to see that budgets are balanced, property tax revenue projections are reasonable, and that the budget processes comply with state and local budget laws. TSCC staff works closely with the county assessor's office as a double check that property tax levies are requested and calculated accurately. These efforts reduce violations of local budget law, especially if the error results in a property tax levy that exceeds authority.

Along with their other budget review actions, the TSCC Commissioners monitor the spending and progress of subject jurisdictions' Diversity, Equity and Inclusion (DEI) programs. The Commissioners expect jurisdictions to have performance measures for such programs and they monitor those measures year to year. For those districts for which the Commission holds hearings, they ask at least one and usually multiple questions about the districts' efforts in this area. In addition to its legally mandated oversight role, the TSCC offers budget training and consulting services to member jurisdictions. The Commission has also held workshops highlighting member districts' DEI means and programs.

The Commission considers the whole community to be its primary, if indirect, customers and seeks to make the financial affairs of local governments more transparent and accountable to those living within each community. Funding for the TSCC comes from three sources as directed by ORS 294.632: the County General Fund, member districts, and the state's County Assessment Function Funding Assistance (CAFFA) Grant.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Hold public hearings on subject jurisdiction budgets and property tax ballot measures.	17	13	13	15
Outcome	Reduce the number of recommendations and objections to district budgets	4	6	4	4

Performance Measures Descriptions

Legal / Contractual Obligation

ORS 294.625 (1) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations exceeding 200,000 and are subject to local budget law. (12 Districts) ORS 294.625 (2) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations not exceeding 200,000 that are subject to local budget law and have not formally opted out of TSCC jurisdiction. (29 Districts of which 12 have opted out). The number of non-members has declined as three districts have rejoined TSCC in the last three years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$398,710	\$0	\$400,000	\$0
Contractual Services	\$4,400	\$0	\$6,000	\$0
Materials & Supplies	\$17,100	\$0	\$30,413	\$0
Internal Services	\$3,990	\$0	\$4,787	\$0
Total GF/non-GF	\$424,200	\$0	\$441,200	\$0
Program Total:	\$424,200		\$441,200	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Although not budgeted directly in TSCC, the program is supported by the following countywide revenue:
Revenue from other member districts: \$154,816
Revenue from CAFFA Grant: \$57,158

Significant Program Changes

Last Year this program was: FY 2021: 10006 Tax Supervising and Conservation Commission

Department: Nondepartmental **Program Contact:** Julie Sullivan-Springhetti
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Communications Office is the lead workgroup charged with conveying Multnomah County's values, plans, actions and emergency directives to residents and employees. We do this by accurately researching, writing, photographing and audio and video recording information, news developments and events in a racial equity-centered way, then curating and presenting that information in a timely manner through multiple platforms. As the lead liaison between County leaders and employees and the public, we conduct public engagement, respond to all public records requests, elevate County expertise and work constructively with the media. We provide crisis communications 24/7 for all internal and external emergencies, through the rapid development of messages, graphics and websites.

Program Summary

The Communications Office tells the County's story, and strives to use its funding and services to create accessible materials, engage under-reached audiences and inform employees, the public and policy makers of County initiatives and news developments and their impact through writing, photography, video, audio recordings and graphic design. With that in mind, all our communication strives to provide representation, accessibility and content that reflects the County's values of safety, trust and belonging. We are constantly striving to analyze, lift up and respond to how policies and events impact racial inequities, and other disparate treatment experienced by staff, clients, neighborhoods and partners because of gender, age, disability and language. Our effort to reach a full audience drives decision-making from spotlighting diverse voices in every product, to expanding language translation in graphics, social media and videos, to increasing investments in culturally specific advertising for county initiatives.

The Office creates and maintains content on nearly two dozen websites and amplifies that information on the County's main social media accounts: Facebook, Twitter, Instagram. The Office responds to all media requests, connecting journalists to County leaders and staff. The Communications Office team creates photos, videos and news stories for multco.us and for use by news organizations ranging from culturally specific newspapers and broadcasters to national and international television networks. Staff develop emergency health and safety communications for the public and employees. They support County leadership by developing position statements, op-eds and news releases. The Office develops public education campaigns and convenes public meetings. The staff receive and complete public records requests. The Office also connects all County employees through the weekly Wednesday Wire newsletter. Staff implement the County style guide, assuring a consistent and cohesive brand across the organization.

Key objectives for 2022:

- Increase connections to communities with low use of existing communication channels.
- Increase videos, social media and graphics in multiple languages.
- Support Workforce Equity through news articles and videos lifting up best practices.
- Deepen and diversify the bench of County spokespersons through increased media training and promotion of expertise.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of news stories generated by the office in all media -- TV, print, radio, County website and blogs	1,583	1,500	1,510	1,500
Outcome	Number of multi-media videos/projects produced by the office/ multiple languages	83/27	60/10	60/30	60/30
Outcome	Number of Twitter users for the County	36,164	32,700	36,200	36,500
Outcome	Number of Facebook followers for the County	10,298	6,100	10,300	10,300

Performance Measures Descriptions

The performance measure 1 captures traditional media including the impact of COVID-19, while 3 and 4 capture social media reach. The multi-media projects capture the number of videos produced as well as those in multiple languages other than English.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,536,140	\$0	\$1,605,149	\$0
Contractual Services	\$11,650	\$0	\$11,880	\$0
Materials & Supplies	\$42,700	\$0	\$43,530	\$0
Internal Services	\$152,585	\$0	\$153,441	\$0
Total GF/non-GF	\$1,743,075	\$0	\$1,814,000	\$0
Program Total:	\$1,743,075		\$1,814,000	
Program FTE	10.50	0.00	10.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10007 Communications Office

Department:	Nondepartmental	Program Contact:	Julie Sullivan-Springhetti
Program Offer Type:	Innovative/New Program	Program Offer Stage:	As Adopted
Related Programs:	10007		
Program Characteristics:			

Executive Summary

Every day, people turn to Multnomah County for help. They need to see a doctor, find a lost pet, update their voter registration, apply for a marriage license, anticipate a bridge closure, or pay their taxes. Increasingly — and at an almost unprecedented pace — they turn to the County in a crisis. They want the latest health and safety guidance, to understand the threat of COVID-19 or wildfire smoke, locate rent and food assistance, find shelter in an emergency. They want to see how taxpayer money is spent, to express their opinion on Board and department initiatives and hold their elected officials accountable. They look to the County to see their community celebrated, defended and welcomed. In almost every case, the Communications Office is on point, connecting people to County services and staff.

Program Summary

The Communications Office creates, curates and publishes accurate, timely information 24/7 to the public and media. We share that information in print and web articles, photos, videos, graphics, social media posts, one pagers, OPeds, media interviews and paid advertising. We work across platforms, hosting public meetings, researching and filling public records requests. We elevate County expertise and work constructively with community partners and journalists.

We strive to create products that reflect the County's values of safety, trust and belonging. Our effort to reach a full audience drives our decision-making from spotlighting diverse voices in every product, to expanding language translation and accessibility in news, graphics, social media and videos, to increasing investments in culturally specific advertising for county initiatives.

We know we must do more:

- to increase our connections to communities with low use of existing communication channels.
- to offer more videos, social media and graphics in multiple languages.
- to further equity through news articles and videos lifting up best practices.

This program offer includes an additional multimedia specialist and a Spanish language bilingual/bicultural specialist to expand content and outreach across multiple communities that face communication barriers by creating accessible videos, social media posts and earned media for hard-to-reach populations. Increased video capacity increases the speed and range of messages that can be delivered to multiple audiences quickly. The Spanish language position addresses the increasing need to more fully engage the County's largest culturally specific media audience.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	The number of culturally specific videos produced annually	N/A	N/A	N/A	25
Outcome	The number of Spanish language/bilingual media stories	N/A	N/A	N/A	40

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$307,000	\$0
Materials & Supplies	\$0	\$0	\$33,000	\$0
Total GF/non-GF	\$0	\$0	\$340,000	\$0
Program Total:	\$0		\$340,000	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Jenny Madkour
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The mission of the Office of County Attorney is to provide the highest quality and cost effective legal advice and representation. The Office reviews and advises on the legal aspects of County government operation, defends claims against the County and employees acting in their official capacity, and assists with Federal, State, and County legal requirements. The Office houses the County's Privacy Officer and related Privacy Program. The County Attorney collaborates with Risk Management, provides legal training and advice before legal issues become legal problems.

Program Summary

The Office of County Attorney prepares and reviews legal documents including contracts, Ordinances, Resolutions, Board Orders, Executive Rules, Administrative Procedures, and other legal instruments. It provides legal advice and counsel to the Board of County Commissioners, County elected officials, County Departments and Offices, Advisory Boards, Districts, and Commissions. The Office of County Attorney prepares formal written opinions as deemed necessary by the County Attorney regarding significant interpretations of federal and state laws, the County Charter and Code, and other legal requirements. The Office controls and supervises all civil actions and legal proceedings where the County is a party or has a legal interest. The Office represents and defends any legal action, matter, or proceedings in any court or tribunal and as requested by the Board.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	County Attorney Direct Service Hours	23,443	24,500	23,000	24,500
Outcome	Percentage of County Attorney Time Dedicated to Direct Client Services	95%	92%	93%	94%
Input	Number of Tort Claims Received	174	120	113	155

Performance Measures Descriptions

Legal / Contractual Obligation

The role and duties of the County Attorney are set forth in Multnomah County Code Chapter 25.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$5,393,884	\$0	\$5,703,573
Contractual Services	\$0	\$280,580	\$0	\$285,920
Materials & Supplies	\$0	\$245,931	\$0	\$241,503
Internal Services	\$0	\$552,849	\$0	\$558,644
Total GF/non-GF	\$0	\$6,473,244	\$0	\$6,789,640
Program Total:	\$6,473,244		\$6,789,640	
Program FTE	0.00	26.00	0.00	26.00

Program Revenues				
Other / Miscellaneous	\$0	\$6,473,244	\$0	\$6,789,640
Total Revenue	\$0	\$6,473,244	\$0	\$6,789,640

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 2021: 10008 County Attorney's Office

No significant changes.

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 government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. LPSCC has convened leaders from local governments; public safety, social service and education agencies; private service providers and local communities to collaborate on and improve public safety system outcomes. LPSCC focuses on equity whenever possible by leaning into the requirement that justice reforms and programs must lead with race. The LPSCC staff acknowledge the harm caused by the criminal legal system over the last 400 years, and each project and policy area is evaluated by its impact on BIPOC communities.

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 Commissioner Jo Ann Hardesty.

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 LPSCC office prioritizes racial justice by ensuring leading with race is the lens through which policy development occurs. With the help of data, the staff can also support policy efforts to reduce racial and ethnic disparities in the criminal legal system.

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: coordination between the public safety and mental health systems, decreasing Racial and Ethnic Disparities, and overseeing the Justice Reinvestment Program (House Bill 3194 from 2013) and MacArthur Foundation's Safety + Justice Challenge. It also oversees the operation of Decision Support System-Justice (DSS-J), the County's public safety data warehouse, which is a repository for public safety related data.

In FY 2022, LPSCC will fund the following staff: a full-time Executive Director, who coordinates inter-agency public safety policy discussions; and an Executive Assistant, who provides organizational and communications support. In addition, to support implementation of the MacArthur Foundation's Safety + Justice Challenge (SJC), this year focused on reforming the pretrial justice system, LPSCC funds five Limited-Duration Assignment staff.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percentage of data analyses that evaluate racial and ethnic disparities.	N/A	N/A	100%	100%
Outcome	Percentage of new initiatives/projects that consult ODE, including Equity Lens application	N/A	N/A	100%	100%
Output	Number of diversity, equity, and inclusion trainings attended by each LPSCC office staff each year	N/A	N/A	1	1
Outcome	Percentage/number of policy-level projects that include voices of people with lived experiences.	N/A	N/A	80%	80%

Performance Measures Descriptions

The FY 20 Actuals column is N/A because LPSCC is including new performance measures in the FY 2022 budget. ODE is the Multnomah County Office of Diversity and Equity.

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). In FY 2010, Multnomah County's Board of Commissioners transferred responsibility for the administration of DSS-J to the County's LPSCC, which agreed to oversee the development and maintenance of DSS-J and ensure data accuracy and security through a Policy Committee.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$747,986	\$0	\$1,125,196
Contractual Services	\$0	\$70,000	\$0	\$98,089
Materials & Supplies	\$0	\$22,377	\$0	\$28,510
Internal Services	\$769,000	\$49,197	\$783,100	\$76,025
Total GF/non-GF	\$769,000	\$889,560	\$783,100	\$1,327,820
Program Total:	\$1,658,560		\$2,110,920	
Program FTE	0.00	2.30	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$496,360	\$0	\$422,700
Other / Miscellaneous	\$0	\$393,200	\$0	\$905,120
Total Revenue	\$0	\$889,560	\$0	\$1,327,820

Explanation of Revenues

This program generates \$36,119 in indirect revenues.
 State Department of Corrections through SB 1145 - \$422,700
 MacArthur Foundation - \$905,120

Significant Program Changes

Last Year this program was: FY 2021: 10009A Local Public Safety Coordinating Council

The FY 2021 budget included a 1.00 FTE project manager split 30/70 between this program and HB 3194 Justice Reinvestment (10009B). In FY 2022, the position was reduced to 0.80 FTE and funded fully in 10009B, which explains the 0.30 FTE reduction in this program offer.

The MacArthur Foundation's Safety + Justice Challenge (SJC) grant is funding additional personnel costs in FY 2022. Compared to FY 2021, which included funding for 3 limited duration staff (data analyst, project manager, and community engagement specialist), the FY 2022 budget includes funding for those three staff, as well as two IT positions designed to support the technology needs of the pretrial reform project.

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 the Justice Reinvestment Grant, administered by the Oregon Criminal Justice Commission.

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 Commissioner Jo Ann Hardesty.

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 LPSCC office prioritizes racial justice by ensuring leading with race is the lens through which policy development occurs. With the help of data, the staff can also support policy efforts to reduce racial and ethnic disparities in the criminal legal system.

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 the Multnomah County Justice Reinvestment Program and funding directed to agencies who serve victims of crime from underserved and BIPOC communities.

This program offer includes the funding for victim's services contracts. 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. 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 0.80 FTE LPSCC Project Manager for the Multnomah County Justice Reinvestment Program.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of victims services contracted providers that aim to serve marginalized & underrepresented communities	N/A	N/A	3	3
Outcome	Percentage of MCJRP related analyses that included evaluation of racial and ethnic disparities	N/A	N/A	100%	100%
Outcome	Percentage of policy agreements made motivated by racial equity (i.e.. eligibility)	N/A	N/A	80%	80%

Performance Measures Descriptions

The FY 20 Actuals column is N/A because LPSCC is including new performance measures in the FY 2022 budget.

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). Per the Oregon Criminal Justice Commission, each county's LPSCC is required to be the grant applicant for justice reinvestment funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$217,902	\$0	\$148,641
Contractual Services	\$0	\$470,928	\$0	\$434,048
Internal Services	\$0	\$1,500	\$0	\$4,771
Total GF/non-GF	\$0	\$690,330	\$0	\$587,460
Program Total:	\$690,330		\$587,460	
Program FTE	0.00	0.70	0.00	0.80

Program Revenues				
Intergovernmental	\$0	\$690,330	\$0	\$587,460
Total Revenue	\$0	\$690,330	\$0	\$587,460

Explanation of Revenues

This program generates \$4,771 in indirect revenues.

State HB 3194 Criminal Justice Commission (CJC) - \$587,460

This revenue estimate is based on the amount included in the Governor's budget, and assumes that Multnomah County will receive 17.75% of the statewide allocation for the base/formula funding (\$493,484). The estimate also includes \$93,974 of supplemental funding from the State for this program.

The FY 2022 budget for the Justice Reinvestment Program (HB 3194/3078) totals \$4.7 million across four departments (DCJ, MCSO, MCDA, and LPSCC), which includes \$305,394 of one-time-only carryover funding from the FY 2019-2021 biennium.

Significant Program Changes

Last Year this program was: FY 2021: 10009B HB3194 Justice Reinvestment

The FY 2021 budget included a 1.00 FTE project manager split 70/30 between this program and LPSCC (10009A). In FY 2022, the position was reduced to 0.80 FTE and funded fully in 10009B, which explains the 0.10 FTE addition in this program offer.



Department: Nondepartmental **Program Contact:** Abbey Stamp
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC), as detailed in the legislation and County resolution establishing its creation, 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 year, LPSCC embarked on a bold, multi-sector effort to Transform Justice to create a more just, equitable, and service-oriented non-criminal legal response to communities and individuals in need.

Program Summary

At the What Works Public Safety conference in January 2020, the criminal legal system leaders, health system administrators, behavioral health experts, advocates for victims of crime, and a number of government leaders in attendance agreed to embark on a large scale planning and implementation process that will transform the future of local justice policy. This future system must be equitable and acknowledge the 400 years of institutionalized racism perpetrated by its inception. The system currently lacks a North Star, requiring the criminal legal system to often be the intervention for housing, behavioral health, and public health crises.

In order to effectively develop and implement a new vision, an outside firm is required to usher and facilitate all of the subject matter experts engaged in LPSCC and related initiatives and meetings. The vendor was selected through a competitive, formal RFP process.

In addition to facilitating sessions with LPSCC and its partners in other sectors, including health care, housing, and community advocacy agencies, the firm will also convene sessions and focus groups with members of the community who have lived justice experience and also with victims of crime. The contract facilitates ways to amplify and include a deeper spectrum of voices and perspectives as policy-makers endeavor to reinvent more just and equitable systems.

Using FY 2021 funding, LPSCC is able to have a contract through June 2021. However, this large project will extend into FY 2022. This program offer seeks to allocate \$200,000 toward this contract to create a more just criminal legal system.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of Steering Committee Mtgs. (incl. community groups, faith leaders, advocates, and people with lived exp.)	N/A	N/A	6	6
Outcome	Percentage of sessions with victims of crime/providers from underserved communities.	N/A	N/A	100	100
Output	# of sessions specifically for members of the community with lived criminal justice/behavioral health experience	N/A	N/A	6	6
Output	Final plan and presentation to Steering Committee (1 each: plan and presentation)	N/A	N/A	1	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$200,000
Total GF/non-GF	\$0	\$0	\$0	\$200,000
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$200,000
Total Revenue	\$0	\$0	\$0	\$200,000

Explanation of Revenues

Beginning Working Capital from SB 1145 funding - \$200,000

Significant Program Changes

Last Year this program was:

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 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. The office connects community members with opportunities to serve on advisory boards and committees, with a focus on elevating the voices of communities historically underrepresented in government decision-making. The office's recruitment process prioritizes applicants from communities most impacted by the county's programs and services.

Program Summary

The Office of Community Involvement coordinates programs and activities designed to engage people from Multnomah County's diverse communities and support the County's community involvement programs. The office conducts continual outreach and recruitment to inform communities about opportunities to engage with Multnomah County by attending community events, fostering relationships with community partners and civic leadership programs, and through communications including social media and email.

The office maintains a community contact list for communications and sends out a quarterly e-newsletter with opportunities to volunteer on County advisory groups and participate in public input processes. The office provides a single point of contact for community members interested in volunteering by maintaining lists of advisory committees and other volunteer opportunities, managing inquiry and application processes, referring inquiries from the public to appropriate opportunities and resources, and maintaining a database of active and potential volunteers. The office also hosts an annual volunteer recognition event for all county departments.

The office staffs the volunteer members of the Community Involvement Committee (CIC), including providing support, training and coordination for CIC meetings. The CIC serves as Multnomah County's advisory body on community engagement and involvement. The office also manages the Community Budget Advisory Committee (CBAC) program by leading recruitment to fill vacancies, coordinating CBAC orientation and report submission deadlines, and serving as a resource for county employees who staff CBACs. The office also provides staffing and technical assistance to the County's Central and Nondepartmental CBACs. The office serves as a resource for offices and departments in the development of effective and inclusive community engagement plans, and coordinates a community of practice for county staff who support advisory boards and committees.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percentage of participants in activities who felt time was well spent	92%	90%	90%	90%
Outcome	Percentage of volunteer positions on CIC and CBACs filled	93%	85%	90%	90%
Outcome	Percentage of new CIC & CBAC members who have not previously served on County advisory group	N/A	N/A	N/A	90%
Outcome	Community meetings & events with partners serving historically underrepresented/hard to reach communities	N/A	N/A	N/A	10

Performance Measures Descriptions

Measure 1 is based on an annual survey of CIC and CBAC members. Measures 3 and 4 are new for FY 2022, to better reflect the office's focus on engaging communities historically underrepresented in county decision-making and commitment to recruiting new community members to serve on advisory groups.

Legal / Contractual Obligation

Multnomah County Home Rule Charter Chapter 3.75; Resolution 95-245; Multnomah County Code 3.250-3.253, 3.300-3.306, 25.810-25.830. The County Charter states that the commission “shall appropriate sufficient funds for the operation of the office and the committee.”

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$229,545	\$0	\$243,929	\$0
Contractual Services	\$6,270	\$0	\$6,390	\$0
Materials & Supplies	\$24,931	\$0	\$33,530	\$0
Internal Services	\$42,224	\$0	\$42,581	\$0
Total GF/non-GF	\$302,970	\$0	\$326,430	\$0
Program Total:	\$302,970		\$326,430	
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 2021: 10010 Office of Community Involvement

This year's program offer includes funds to offer stipends to members of the Community Involvement Committee in order to help offset the costs of participation such as transportation, childcare and technology needs.

Department: Nondepartmental **Program Contact:** Dani Bernstein
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Multnomah County Charter Review Committee, comprised of a group of county residents, will convene in 2021 and 2022 to study the county charter and, if necessary, propose amendments to the charter to appear on the 2022 primary and/or general election ballots.

Program Summary

The Multnomah County Home Rule Charter provides that every six years, a Charter Review Committee will be convened for the purpose of making a comprehensive study of the Charter and, if it chooses, to submit Charter amendments to the voters of Multnomah County. The county charter is like our local constitution, creating the structure of county government and outlining the county's powers.

The Charter Review Committee is charged with studying the Charter by all appropriate means including open hearings and meetings, the taking of testimony and interviews. The committee's meetings are open to the public.

Members of the committee are selected by the state senators and representatives of their senatorial districts. The committee has two members from each senate district with a majority of its voters in Multnomah County, and one member for each senate district with less than a majority of its voters in Multnomah County.

The committee is required to present a report to the people and the Board of County Commissioners that includes their findings, conclusions, and recommendations including any amendments the committee proposes to the Charter. All amendments proposed by the committee will be submitted to the voters of Multnomah County at the 2022 primary or general election.

The committee will begin meeting in September 2021 and must conclude its work by August 2022. As required by Charter, the Office of Community Involvement will convene the meetings of the Charter Review Committee. The office will dedicate staff to provide support and technical assistance at all committee meetings and subcommittee meetings, assist the committee with research, develop communications to keep the public informed of the committee's work, ensure the committee meets all required deadlines, and support the committee to be inclusive, accessible and elevate the voices of communities most impacted by county programs and services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of CRC meetings and subcommittee meetings	N/A	N/A	N/A	15
Outcome	Public testimony received verbally or in writing	N/A	N/A	N/A	25
Output	Updates posted to county's public website & social media on work of CRC	N/A	N/A	N/A	10

Performance Measures Descriptions

Performance measure 1 captures the work to support the committee's comprehensive study of the county charter. Performance measures 2 and 3 capture the work to inform and engage the public in the work of the committee and the charter review process.

Legal / Contractual Obligation

Multnomah County Home Rule Charter Chapter 12.40. The County Charter states that the Office of Community Involvement will convene the meetings of the Charter Review Committee, and that the commission “shall appropriate sufficient funds for the Office of Citizen Involvement to carry out its duties herein.”

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$92,180	\$0
Contractual Services	\$0	\$0	\$19,650	\$0
Materials & Supplies	\$0	\$0	\$20,980	\$0
Total GF/non-GF	\$0	\$0	\$132,810	\$0
Program Total:	\$0		\$132,810	
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:** Marina Hovious
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of the Board Clerk supports the Board of County Commissioners by managing the Board meetings and providing information on items brought before the Board and the public. The Office is responsible for ensuring that notices of Board meetings, the agendas for the meetings, and any official actions taken are posted for the public. The Office is focused on making this information as accessible as possible.

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 are responsible for the following:

- Notifying internal and external customers of scheduled meetings and cancellations
- Processing, posting, and distributing all agenda submissions and official documentation that result from Board action and directives
- Ensuring access for future internal and external inquiries
- Providing members of the public with agenda, notices of public hearings, and access to public records
- Preserving the official County records both electronically and on paper for perpetuity
- Providing information on upcoming Board items

The Office of the Board Clerk focuses on making the Board meetings and the information it provides accessible to as much of the public as possible. For example, during some public hearings, the Board Clerk ensures that translators are available for a variety of different languages so that members of the public can more easily communicate with the Board. The Office of the Board Clerk also provides live closed captioning during Board meetings and posts videos and transcripts after the meetings. During the COVID-19 pandemic, the Office adapted to provide virtual public testimony so that the public could still engage in the public hearings. By making the information more accessible, the goal is that the meetings will be more equitable for people who communicate in different ways.

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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total number of Board related documents processed (digital files).	4,500	5,000	4,000	4,000
Outcome	Board Meeting Minutes uploaded and available to the public within two weeks.	90%	90%	80%	90%
Outcome	Board adopted resolutions, proclamations, orders & ordinances available to public within 1 week.	90%	90%	100%	95%
Outcome	All Board events have accessibility tools-including captioning and interpretation-available to public*.	N/A	N/A	90%	100%

Performance Measures Descriptions

Board related documents include board packets, proclamations, resolutions, orders, & ordinances. The output of documents processed is lower than previous years due to increased efficiency of documents saved electronically. *A new outcome measure has been added to reflect the County's efforts and goal to ensure all members of our community have the tools to listen and engage with the County Board of Commissioners - amidst new virtual formats that have been adopted in light of the COVID-19 pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$299,967	\$0	\$309,462	\$0
Contractual Services	\$33,270	\$0	\$33,910	\$0
Materials & Supplies	\$332,230	\$0	\$300,200	\$0
Internal Services	\$316,080	\$0	\$327,028	\$0
Total GF/non-GF	\$981,547	\$0	\$970,600	\$0
Program Total:	\$981,547		\$970,600	
Program FTE	2.35	0.00	2.35	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10011 Office of the Board Clerk

In 2020, the County added live streaming to YouTube, an online form to receive public comment and budget comments and developed new abilities to accept testimony virtually with language interpretation. These increased community access efforts are now part of program outcome metrics.

Department: Nondepartmental **Program Contact:** Chris 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. During events, MCEM will activate the emergency operations center to facilitate the appropriate response using people and resources throughout the county.

Program Summary

The MCEM program focus includes: 1) County preparedness, 2) Intergovernmental and regional preparedness, 3) 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 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 Operations Center (EOC) 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. Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR).

MCEM can 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.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Annual exercise performance objectives successfully tested.	100%	100%	N/A	N/A
Outcome	Oregon Emergency Management requirements met for annual performance grant.	100%	100%	N/A	N/A

Performance Measures Descriptions

Outcome: There are 8 eligible funding areas, each with multiple planning activities, in the Emergency Performance Grant (EMPG). This annual measurement covers activities for a competent emergency management program. MCEM coordinates disaster preparedness activities including planning, training, exercise and equipment procurement for staff and departments and coordination with cities, special districts and nongovernmental organizations. Measures for FY 2022 are unknown until there is a return to normal operations.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,277,359	\$309,875	\$1,353,598	\$396,041
Contractual Services	\$138,950	\$305,150	\$141,600	\$585,150
Materials & Supplies	\$124,631	\$416,625	\$127,042	\$656,400
Internal Services	\$516,568	\$7,850	\$510,180	\$12,709
Total GF/non-GF	\$2,057,508	\$1,039,500	\$2,132,420	\$1,650,300
Program Total:	\$3,097,008		\$3,782,720	
Program FTE	8.00	2.00	8.00	2.00

Program Revenues				
Intergovernmental	\$0	\$1,039,500	\$0	\$1,650,300
Total Revenue	\$0	\$1,039,500	\$0	\$1,650,300

Explanation of Revenues

This program generates \$12,709 in indirect revenues.
 Emergency Management Performance Grant - \$408,750
 Urban Areas Security Initiative Grants - \$421,650
 State Homeland Security Program - \$779,900
 Hazard Mitigation Grant Program - \$40,000

Due to the COVID-19 response some of this grant funding is carry over from FY 2021 for normal operations.

Significant Program Changes

Last Year this program was: FY 2021: 10012A Office of Emergency Management

The Office of Emergency Management began to respond to COVID-19 in January 2020 and this response continues today. While the office hopes to return to a more normal operation in FY 2022, it is likely to be focusing on COVID-19 response and coordination activities at the beginning of the year. While in a response mode, many of the everyday activities including planning, training, exercises, mitigation, etc. will have limited support. The office also anticipates COVID-19 After Action Report activities to pick up in FY 2022 as response operations diminish, which will also reduce our capability to support more year "typical" activities.

Department: Nondepartmental **Program Contact:** Jeston Black
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of Government Relations represents the Board of Commissioners and county departments before the United State Congress, the Oregon Legislature and local governing bodies to advance Multnomah County's annual state and federal legislative agenda. The office works with smaller cities in Multnomah County to provide insight on County actions and facilitate partnership. These functions are vital in protecting the interests of Multnomah County and its residents.

Program Summary

Government Relations Office services as the primary representative for the County to State and Federal Elected Officials.

The Office of Government Relations works with the Board of Commissioners, County Departments, Regional Partners and Community Groups to advance policy set by the Board of Commissioners at the Federal, State and Local Level. The Office provides policy analysis on Federal and State Legislation.

The Office of Government Relations through partnership with County Departments analysis and tracks impacts that Federal and State Legislation would have on County programs and the people served by those programs. The office does this by conducting

The office also works with other local government partners in the metro region to align priorities and to give other local governments insight on Multnomah County operations and policy.

The Senior Grant Coordinator works across departments and systems to increase the county's capacity to secure, track, and successfully implement competitive grants aligned with the County's mission and values.

Over the past two budget cycles the Office of Government Relations has expanded its work in developing positive partnerships with cities in East County as well as expanding its budget analysis capabilities to better translate budget impacts in impacted communities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Develop and pass a comprehensive legislative agenda	1	1	1	1
Outcome	Provide an annual report that details bill outcomes and progress on county priorities	1	1	1	1
Output	Number of trainings, planning groups, and presentations to increase county-wide competitive grant capacity	24	30	30	30

Performance Measures Descriptions

The adoption of the legislative agenda is the culmination of a broad process of broad consultation with employees, departments, elected officials, advocacy organizations and community groups. The annual report provides transparency and identifies both positive and negative results. The office also focuses on impacts of Legislation on communities in Multnomah County, not just County operations. Planning groups, trainings and presentations ensures broad access to the knowledge, systems and resources necessary for submitting successful grants.

Legal / Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$864,483	\$0	\$889,313	\$0
Contractual Services	\$121,390	\$0	\$123,700	\$0
Materials & Supplies	\$34,637	\$0	\$35,330	\$0
Internal Services	\$67,621	\$0	\$68,257	\$0
Total GF/non-GF	\$1,088,131	\$0	\$1,116,600	\$0
Program Total:	\$1,088,131		\$1,116,600	
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 2021: 10016A Government Relations Office

Department: Nondepartmental **Program Contact:** Jeston Black
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Over the years, Multnomah County has been increasing engagement, consultation, and investments in the American Indian and Alaska Native community living in the County. Multnomah County recognizes a need for continued partnership and policy development that aligns with Multnomah County’s organizational values of leading with race and advancing equitable outcomes in communities of color.

Program Summary

This program funds a new position in the Office of Government Relations, focusing on Tribal relations. This position will enhance the Counties ability to develop services, engagement and policy recommendations that are informed by the priorities and needs of the American Indian/Alaska Native communities living in Multnomah County and Tribal governments. Prior to creation of the position, Government Relations will engage with American Indian/Alaska Native community members, service providers, government entities and other stakeholders to align position goals. The Tribal Relations Liaison will report to the Government Relations Director and will be responsible for duties including: 1) provide guidance and support to increase understanding within the County of American Indian/Alaska Native community culture, customs, and priorities; 2) explore treaty rights that could have policy implications for the County and develop trainings for key staff members; 3) develop a framework to increase engagement and consultation with tribal governments and the local American Indian/Alaska Native community when appropriate; 4) develop and implement the land acknowledgement related work within the County that has been led by the Regional Tribal Relations Collaborative.

Additionally, the position will:

- Represent Multnomah County in relationships with the Tribal governments and the urban Indian community.
- Advise the BOCC, County departments, and Government Relations on Tribal priorities and best practices on engagement.
- Develop protocols around land acknowledgements, consultation, and engagement.
- Examine where county programs and services intersect with the AI/AN community and recommend engagement strategies.
- Serve on local committees or councils that promote cross-jurisdictional collaboration.
- Explore treaty rights and cultural customs and elevate recommendations that lead to more equitable policy development and
- Develop expertise on tribal histories, treaties, protocols, customs and traditions, natural resources, relevant economic enterprises, cultural properties and issues of sovereignty.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Identify, develop, and engage in policy areas that advance equitable Native-centered priorities.	N/A	N/A	N/A	1
Outcome	Develop engagement strategies with Tribal governments and local American Indian/Alaska Native community.	N/A	N/A	N/A	1

Performance Measures Descriptions

Both measures will focus on engagement strategies and protocols that are culturally responsive.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$163,217	\$0
Materials & Supplies	\$0	\$0	\$1,783	\$0
Total GF/non-GF	\$0	\$0	\$165,000	\$0
Program Total:	\$0		\$165,000	
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:** Ben Duncan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Office of Diversity is a team of subject matter experts focusing on the impacts on Multnomah County residents and employees disproportionately affected by institutional and systemic racism and other identity based oppression. ODE provides countywide leadership, models and builds best practices for equity policy analysis and development, conducts research and evaluation, and creates intersectional and inclusive frameworks for practice, policy and program delivery.

Program Summary

ODE works across the organization, providing leadership, leading initiatives, piloting best practices, consulting, coordinating and collaborating to advance equity. Core to the work of ODE is a commitment to Inclusively Leading with Race and modeling intersectional approaches that recognize how multiple and compounding forms of marginalization impact communities and employee's experience and wellbeing.

ODE advances this work by providing countywide leadership as a multi-racial, multi-identity, and diverse team of experts who are available to provide guidance and counsel across the organization, modeling best practices to inform and influence change.

The offer funds the ongoing implementation of key pillars of ODE work: Workforce equity and the Workforce Equity Strategic Plan through coordination and engagement of the WESP Committee and other stakeholders, developing communication strategies, and evaluating impacts as well as ensuring accountability to performance measures. Training and internal policy to support Safety, Trust and Belonging for all employees. The Civil Rights Policy Unit's work around disability equity and accommodations, compliance reporting, research and evaluation, exit interviews, policy development, and other initiatives that support equity. The ongoing utilization, tools, frameworks and capacity building around the Equity and Empowerment Lens: Racial Justice Focus. Support, coordination and governance of Employee Resource Groups. Leadership for the Multnomah Youth Commission, majority from Black, Indigenous, and People of Color communities, which utilizes youth-adult partnership to advance policies and practices that reflect the priorities of youth across Multnomah County. ODE also convenes the Equity Core Team made up of equity managers across the organization and other key stakeholder groups around specific or emerging organizational equity issues.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of trainings, design sessions, consultations and project collaborations	N/A	N/A	52	60
Outcome	Compliance on Workforce Equity Strategic Plan performance measure adherence and completion	100%	N/A	90%	90%
Outcome	% participants who engage in ODE event, who demonstrate satisfaction with their participation	N/A	N/A	N/A	90%

Performance Measures Descriptions

These new performance measures reflect ODE's intentional work to connect our evaluation with a key goal of: advancing equitable practices across the county, by providing leadership on initiative development, piloting best practices, consulting, and collaboration.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,132,784	\$0	\$1,238,145	\$0
Contractual Services	\$23,450	\$6,000	\$23,900	\$0
Materials & Supplies	\$76,515	\$0	\$78,337	\$0
Internal Services	\$136,262	\$0	\$158,918	\$0
Total GF/non-GF	\$1,369,011	\$6,000	\$1,499,300	\$0
Program Total:	\$1,375,011		\$1,499,300	
Program FTE	7.00	0.00	7.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$6,000	\$0	\$0
Total Revenue	\$0	\$6,000	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 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 (MYC) the official youth policy body for Multnomah County and the City of Portland, is a group of 42 young people, ages 13- 21, from majority Black, Indigenous and People of Color Communities (BIPOC), that strives to amplify youth perspectives on policy impacting and relevant to youth, their families, peers, and community. In addition to its commission role within local government, the MYC works to improve the community through Social Justice projects, and by shifting negative community perceptions about youth. 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 advises and makes recommendations on policies and programs that impact youth through focused, issue-specific committee work, the Elected Official Liaison program, and training and technical assistance. 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 is a nationally recognized model using participatory action research, policy creation and advocacy, and Youth-Adult Partnership as its foundational underpinnings. The MYC has made an intentional and sustained effort over time to ensure that a majority of youth commissioners come from BIPOC Communities and embed equity and social justice into all of the work.

MYC's current policy focus areas are driven and led by youth and selected through youth outreach and engagement. These projects empower youth to take lead and work together to address issues most important to their communities, while highlighting and sharing ideas and experiences to build youth-led solutions. In the past several years, those include:

- Youth Against Violence committee: working to change the way violence is viewed and dealt with, eliminating police violence, gang violence and sexual and dating violence
- Transit Equity and Environmental Advocacy committee: focus on transit justice issues and expanding TriMet's YouthPass program region wide
- Education/Youth Voice committee: organizing candidates forums and working to combat chronic absenteeism by pushing back high school start times to 8:45 am or later.

The Office of Diversity and Equity (ODE) provides leadership and resources for advancing organizational equity and inclusion change efforts. ODE works in collaboration with departments and offices and serves as equity, inclusion and social justice resource at Multnomah County. The MYC sits within the Office of Diversity and Equity.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Youth Commission Meetings held	22	22	22	22
Outcome	Youth-led policies impacted and/or advocated for	12	12	12	12
Output	Number of partnerships established	10	10	10	11
Outcome	Number of Youth-led forums and/or events held	3	3	4	5

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$139,297	\$0	\$147,804	\$0
Materials & Supplies	\$20,003	\$0	\$19,996	\$0
Total GF/non-GF	\$159,300	\$0	\$167,800	\$0
Program Total:	\$159,300		\$167,800	
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 2021: 10017B Multnomah Youth Commission Support

Due to the multiple pandemics of anti-Black racism and COVID-19, and their impact on BIPOC youth commissioners, the work of the MYC has and will continue to shift to respond to changing needs. With continued focus on core areas of work, the MYC is also:

- Increasing the level of collaboration with youth-led organizations and city and county, such as Multnomah County's Emergency Operation Center Youth Liaison Team, co-leading efforts to identify and carry out shared projects and goals to better address the rising needs among youth.
- Addressing and resolving barriers for youth civic engagement including mental health referrals, coaching support, and addressing the digital divide by meeting youth commissioner technology needs in order to participate in meetings and activities.
- Adjusting and pivoting regular civic engagement programming to fit virtual formats.

Department: Nondepartmental **Program Contact:** Ben Duncan
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Employee Resource Groups (ERGs) are county-sponsored, employee-run groups that promote diversity values and strategic efforts of the county while promoting personal and professional growth for county employees with shared lived experience around marginalized identities and improving retention by providing a stronger sense of community within the county.

Program Summary

This program offer reflects ongoing funds for an ERG Coordinator. This position would represent the first full time dedicated position to support Employee Resource Groups.

For over 30 years, Employee Resource Groups at Multnomah County have been catalysts for change, and vital spaces of connection. Currently, ERG spaces represent the full spectrum of diversity in our organization, including employees of color including a specific group for managers of color, employees with disabilities, LGBTQ+ employees, Veterans, older adults, immigrant and refugees, Queer and Trans Employees of Color, and a group focused on those who are caretakers for children and adults.

The ERG Coordinator reflects alignment and investment with workforce equity by building critical infrastructure to support, enhance, and implement the work of 9 Employee Resource Groups across the county. The Coordinator will provide expertise to support the structure and governance of ERGs. This includes ensuring training and professional development opportunities, building and sustaining partnerships for initiatives and projects, technical and administrative support for ERGs to engage with and support diverse employee membership, and build competency and capacity for ERGs to have a meaningful voice to influence countywide practice and policy.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of ERGs supported	9	N/A	9	9
Outcome	Number of cultural events, learning spaces and supportive spaces for employees	N/A	N/A	52	60
Outcome	Percentage of members who express "satisfaction" with ERG experience	N/A	N/A	N/A	80%

Performance Measures Descriptions

ERGs have engaged in surveys of membership prior to this year, but as the Office of Diversity and Equity builds more robust evaluation capacity into our approaches to measuring our impact, we will align the "satisfaction" with engagement in similar ways. ERGs have held cultural events, virtual support circles, and provided training to members. FY 2022 would establish a baseline, as FY 2021 was significantly affected by COVID-19 impacts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$135,539	\$0
Materials & Supplies	\$0	\$0	\$4,461	\$0
Total GF/non-GF	\$0	\$0	\$140,000	\$0
Program Total:	\$0		\$140,000	
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:** 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. Equity and environmental justice are core guiding principles that shape the office's approach to policy and programs.

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 is not only committed to a healthy planet but also firmly roots our work in the County's mission to protect the most vulnerable in our community. This value shapes how we approach sustainability, an approach based on achieving social, economic, and environmental justice.

Major focus areas for FY 2022 include implementing the Climate Justice Initiative, implementation of the Commercial Building Property Assessed Clean Energy program (PropertyFit), planting trees in low income low tree canopy neighborhoods in Gresham, advancing the County's ability to engage in Environmental Justice work through the development of the Board adopted Environmental Justice Snapshot, pursue policies that reduce human exposure to harmful air pollutants, and supporting a culture of resource-conservation in County operations. The Office 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; partnership and co-creation with frontline-led community based organizations and community members; and through research, data analysis, and reporting.

The Office will lead the Climate Action Plan update in a new direction, one fully rooted in a community vision of a just transition and that centers frontline community voices. This reimagining of climate action rooted in environmental justice and committed to a community led process of co-creation will produce a new type of climate action plan based on a community driven consensus on how to build a more resilient and decarbonized community. 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 prioritize the decarbonization of the electric grid.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique County employees engaged with programming offered by the Office of Sustainability.	1,012	1,000	369	1,000
Outcome	Decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	19%	17%	19%	20%
Output	Total number of advisory committee meeting volunteer hours	N/A	N/A	52	100
Outcome	Percent Energy burdened Multnomah County Households	24%	N/A	24%	24%

Performance Measures Descriptions

Greenhouse gas emissions data are several years lagging, in this case the most recent year for which data is available is 2018. These data are also reported on a calendar year basis. An individual or family is considered energy burdened if they spend 6% or more of their income on energy costs. Energy burdened household data comes from <https://energyinfo.oregon.gov/2020-counties/2020/11/1/multnomah-county>

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$656,281	\$40,000	\$698,408	\$15,000
Contractual Services	\$11,260	\$55,000	\$14,000	\$55,000
Materials & Supplies	\$41,362	\$0	\$25,496	\$0
Internal Services	\$63,553	\$0	\$56,486	\$0
Total GF/non-GF	\$772,456	\$95,000	\$794,390	\$70,000
Program Total:	\$867,456		\$864,390	
Program FTE	5.00	0.00	5.00	0.00

Program Revenues				
Intergovernmental	\$0	\$95,000	\$0	\$70,000
Total Revenue	\$0	\$95,000	\$0	\$70,000

Explanation of Revenues

East Multnomah Soil & Water Conservation District Green Gresham/Healthy Gresham Tree Planting Grant - \$70,000

Significant Program Changes

Last Year this program was: FY 2021: 10018A Office of Sustainability

In FY 2021, DEQ Woodsmoke Grant (\$25,000) ended.

Department: Nondepartmental **Program Contact:** John Wasiutynski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This program funds Phase I study of Multnomah County's Fossil Fuel Infrastructure. The program is funded in partnership with the City of Portland. The work will be overseen by the Multnomah County Office of Sustainability and performed by Eco Northwest. The overall study is expected to analyze risks associated with fossil fuels and the value to the public of risk management alternatives. Phase I will review the scope of the issue. The study, which is currently underway, is expected to be complete in the first quarter of FY 2022.

Program Summary

Fossil fuel infrastructure poses both benefits and risks to the residents of Multnomah County. The benefits of the infrastructure notably include the delivery of liquid and gaseous fuels needed to power homes, buildings, and transportation. The risks, however, are many-fold and poorly understood. This study, at a high level, seeks to understand those risks in more detail and to also describe mechanisms by which the public can be insulated from the cost of those risks. Risks associated with fossil fuel infrastructure include, but are not limited to, environmental and human health risks from accidents, infrastructure abandonment, and catastrophic failure due to a seismic event. Risks also include the damage to air quality and the climate system due to the combustion of these fuels.

In an effort to narrow in the scope of analysis the project team has selected the single largest concentration of fossil fuel infrastructure as the unit of analysis, the so called Critical Energy Infrastructure Hub. The hub is a 12 mile stretch of land along the Willamette River and Hwy 30 that houses 12 separate fossil fuel storage facilities. The area epitomizes risk to the community from fossil fuel infrastructure because of the scale and susceptibility to damage from a seismic event. The study funded by this request is examining in detail the seismic vulnerability of the hub, the damage that would occur due to a Cascadia Subduction Zone event, the economic impacts, and legal avenues to recoup costs from such an event. The scope of work also includes community involvement to help inform the analysis.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Completed final report.	N/A	1	0.5	1
Outcome	Study is used to inform legislative decisions by the City and County.	N/A	100%	0%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

The city has established an IGA with the City of Portland to fund half of the study. Those funds have been transferred to the County, and would be carried over into FY 2022. The County also has a contract with Eco Northwest to carry out the study, which is set to expire in December 2021. All work from the contract and IGA is expected to be complete by the end of Q1 FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$40,000	\$50,000	\$0	\$50,000
Total GF/non-GF	\$40,000	\$50,000	\$0	\$50,000
Program Total:	\$90,000		\$50,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$50,000	\$0	\$50,000
Beginning Working Capital	\$40,000	\$0	\$0	\$0
Total Revenue	\$40,000	\$50,000	\$0	\$50,000

Explanation of Revenues

City of Portland - \$50,000

Significant Program Changes

Last Year this program was: FY 2021: 10018B Multnomah County's Fossil Fuel Infrastructure Study - Phase I

Due to the time it took to establish the IGA with the City of Portland, and solicit a vendor, execute the vendor contract, and begin work, all of which were slowed by the impacts of COVID-19, the study will not be complete until the end of Q1 FY 2022. This program offer reappropriates the funding for an additional year to complete the study.

Department: Nondepartmental **Program Contact:** Maidson Cario
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 six key areas: (1) Through Advocacy, RACC helps build support & resource for arts and culture. (2) Grants provide artists & arts organizations with base financial support they need to continue serving our community. (3) Nationally acclaimed Public Art program, including the Multnomah County 2% for Art Ordinance, integrates a wide range of art into public spaces. (4) Other Community Services including workshops for artists, consulting for arts organizations, and a variety of printed and electronic resources; (5) RACC works with arts education specialists supporting the integration of arts into the standard curriculum by providing direct support to art and music teachers 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, seniors & 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 pre-COVID-19, together generated more than \$294 million for the local economy and \$12.5 million for local government coffers every year.

FY 2022 County funding supports: \$257,500 for grants and technical assistance services for artists and arts organizations, \$7,500 for arts education and assessment, \$15,000 for advocacy programs, and \$20,000 for general management and sustaining services such as accounting and information technology/web services. RACC receives separate funding from Multnomah County's 2%-for-art to fund public art projects.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Dollars leveraged from other sources (FY21 includes CARES State funding)	\$12 million	\$11 million	\$21 million	\$8 million
Outcome	Multnomah County children engaged in creative learning (Comprehensive Distance Learning)	9,750	9,750	27,633	35,000
Output	Direct Investment in artists & arts & culture organizations (excluding \$13.2M in State CARES)	N/A	\$4.3 million	\$5.9 million	\$5.4 million
Output	RACC-funded artists who identify as Black, Indigenous, and People of Color and/or reside in East County	N/A	N/A	N/A	40%

Performance Measures Descriptions

RACC will work closely with arts educators to create social-emotional-learning based metrics to measure impact as standard measures of minutes of instruction have been difficult with distance-based platforms. For direct investments, RACC will continue to focus on bringing resources to historically under-served communities, artists, and arts & culture organizations with the goal to increase support for these individuals and communities to represent at least 40%.

Legal / Contractual Obligation

RACC operates as a steward of Multnomah County investments in arts and culture via contract #440000704.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
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 2021: 10020 Regional Arts & Culture Council

In FY 2021, RACC pivoted to streamline granting opportunities to provide more grants and services for artists & arts organizations in underrepresented communities including East County, communities of color, low-income Oregonians, and other marginalized populations. In FY21, RACC adopted a new Strategic Framework 2020-22 to guide our work, the plan outlines five high-level goals: Goal 1: Build an equitable, innovative, sustainable organization, Goal 2: Increase access, Goal 3: Advocate for arts & culture, Goal 4: Diversify & increase resources, Goal 5: Drive innovation & partnership. All of these goals are centered on equity and our decision-making process is guided by our Racial Equity Lens. Responding to the impacts of COVID-19, RACC also advocated for funding opportunities resulting in: State and Federal CARES funding for performance venues (\$13.2M for Multnomah County-based organizations), \$3M in statewide pooled funding grants to arts organizations, administered with an equity lens by the Oregon Community Foundation; and direct support to artists and creatives with three rounds of Emergency Grants to Artists and Creative Workers.

Department: Nondepartmental **Program Contact:** Christian Elkin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer accounts for facilities charges for the State Courts sites downtown and in East County and for the Tax Supervising & Conservation Commission. It also accounts for a portion of the debt service on both the Downtown and East County Courthouse, for pass-through payments to the Multnomah Law Library, and the State Watermaster.

Program Summary

ORS 1.185 requires that counties provide court space for the operation of the state circuit courts. Multnomah County operates courts at the downtown Courthouse, the Multnomah County Justice Center, the Donald E. Long Juvenile Justice Center, and at the East County Courthouse. County-provided courtroom space is a key resource in the County's criminal justice system. Multnomah County courts' central and eastside locations allow easy access to the court system, provide visibility into the public safety system at work.

The County's new 17 story courthouse located at the west end of the Hawthorne Bridge which opened in 2020, houses 44 courtrooms and staff from the District Attorney's Office. The new courthouse was built to acquire a Leadership in Energy and Environmental Design. LEED-Gold certification using less water and energy and reduce greenhouse gas emissions.

The County's Facilities Division is responsible for operating and maintaining County courtrooms. The Facilities Division provides services ranging from planning, construction, and building operations and maintenance to cleaning the buildings and maintaining the grounds for courtrooms located in Multnomah County's owned and leased facilities.

This program also includes:

- A \$5,000 pass thru payment for the State Watermaster.
- Funding for the Law Library. The 2011 Legislature passed several bills that changed the way court fees are allocated among local programs. One local program, the Multnomah Law Library, is a recipient of an allocation of fees through Multnomah County to the Law Library. The allocation will be monitored to see if changes are made for the upcoming State biennium.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Percentage of Preventive Maintenance to Reactive Maintenance	65%	60%	50%	60%
Outcome	Customer Satisfaction Rating	95%	95%	95%	95%

Performance Measures Descriptions

These measures are the same as those used for the County's other building operations see Program Offer 78202. Output: Preventive maintenance work demonstrates the level of effort on proactive monitoring and maintenance of building systems. Focus on preventive maintenance maximizes life cycle and reduces cost of breakdown repair. Output: Customer service surveys are issued with each closed work order notification with a goal of 100% client satisfaction.

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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,005,000	\$0	\$1,005,000	\$0
Materials & Supplies	\$165,019	\$0	\$168,151	\$0
Internal Services	\$9,993,006	\$1,763,475	\$10,462,079	\$1,763,155
Total GF/non-GF	\$11,163,025	\$1,763,475	\$11,635,230	\$1,763,155
Program Total:	\$12,926,500		\$13,398,385	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$1,000,000	\$0	\$1,000,000	\$0
Total Revenue	\$1,000,000	\$0	\$1,000,000	\$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 were \$413,475 per year (net) from FY 2012 through FY 2020, and \$1.7 million per year from FY 2021 through FY 2030.

Significant Program Changes

Last Year this program was: FY 2021: 10021 State Mandated Expenses

Multnomah County's central courthouse was built between 1909 and 1914, when the county had only 250,000 residents and long before modern building code standards for the region's risk of earthquakes were in place. Multnomah County is committed to providing a safe and functional central courthouse. The new 17 story, 44-courtroom courthouse opened in the Fall of 2020 during the COVID-19 pandemic. Due to the COVID-19 pandemic, the court is only continuing essential functions and has limited resources available. It is expected maintain this reduced level of operations will continue through the first half of FY 2022.

Department: Nondepartmental **Program Contact:** Jeff Renfro

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

Related Programs:
Program Characteristics:
Executive Summary

This program offer accounts for Business Income Tax (BIT) collected on behalf of and passed through to the east county cities of Gresham, Troutdale, Fairview, and Wood Village. These payments are prescribed in an intergovernmental agreement (IGA) that shares revenue from the BIT. Under the terms of this agreement, the four cities share 25% of the first 0.68% of BIT collections. In March 2020, the BCC made adjustments to the BIT affecting the rate, as well as the owners compensation deduction and gross receipts adjustments.

Program Summary

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities.

In March 2020, the Board of County Commissioners increased the tax to 2.00%, and increased the owners compensation deduction and gross receipts adjustments. The percent of total collections passed-through was updated to dedicate a portion of the new revenue to East County Cities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The County is obligated to transfer 25% of the revenue associated with the first 0.68% BIT increment.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$8,050,691	\$0	\$9,520,000	\$0
Total GF/non-GF	\$8,050,691	\$0	\$9,520,000	\$0
Program Total:	\$8,050,691		\$9,520,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

The BIT pass-through is 25% of the first 0.68% of BIT collections.

Significant Program Changes

Last Year this program was: FY 2021: 10022 Pass-Through Payments to East County Cities

Department: Nondepartmental **Program Contact:** Eric Arellano
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. The County plans to request renewal of the levy for another 5 year period through 2025-26.

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, improved collections development and care, and new and compelling exhibits and programming. OHS is committed to serving the diverse communities of Multnomah County and the State of Oregon, and it reflects that commitment in every aspect of its operations.

Four east Multnomah County historical societies-- East County Historical Organization, Gresham Historical Society, Troutdale Historical Society, and Crown Point Country Historical Society--will together receive \$160,000 annually from the levy proceeds. These funds are critical to the continued operation of these four organizations. The levy allocates the balance, estimated at \$3.2 million in FY 2020-21 to the Oregon Historical Society for its programs and operations.

In 2019, OHS opened a new 7,000 square foot permanent exhibit, Experience Oregon. The exhibit has received wide praise for how it honestly addresses all of Oregon history, including the mistreatment of minority populations. The new exhibit, Never the Less They Persisted: Women's Voting Rights and the 19th Amendment, was to open on March 13, 2020 but was subsequently closed due to the pandemic. We are the Rose City! A History of Soccer in Portland is another exhibit viewing that was cut short due to the pandemic. However, both exhibits are being held over to 2021 in the hopes OHS can be open to the public. Thanks to the levy funding, virtual public programs and events continued to serve our mission and engage a wide audience.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Multnomah County citizens admitted free of charge	31,298	35,000	907	1,500
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	326	330	152	200
Quality	Care of Collections through additional curator/registrar	3	1	0	0

Performance Measures Descriptions

Due to the COVID-19 pandemic and protests in downtown Portland the OHS saw unprecedented drop in attendance numbers and drop in programs and events. OHS was able to pivot to virtual programs and events once the decision was made to utilize the features available in the zoom program. Logistics and training took approximately month and a half after closure for virtual programs and events to begin.

Legal / Contractual Obligation

Measure 26-174 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.

This levy will will expire at the end of FY 2020-21. The County will be referring a 5 year levy extension through 2025-26.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$3,403,091	\$0	\$3,436,940
Internal Services	\$0	\$7,500	\$0	\$7,500
Total GF/non-GF	\$0	\$3,410,591	\$0	\$3,444,440
Program Total:	\$3,410,591		\$3,444,440	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$3,385,430	\$0	\$3,403,655
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$22,161	\$0	\$37,785
Total Revenue	\$0	\$3,410,591	\$0	\$3,444,440

Explanation of Revenues

This program generates \$7,500 in indirect 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 2021: 10023 OHS Local Option Levy

Department: Nondepartmental **Program Contact:** Jeff Renfro

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. The law was not reauthorized for FY 2019, 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	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
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	\$80,000	\$0	\$80,000
Interest	\$0	\$100	\$0	\$100
Beginning Working Capital	\$0	\$200	\$0	\$200
Total Revenue	\$0	\$80,300	\$0	\$80,300

Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$60,000 over the past several years.

Significant Program Changes

Last Year this program was: FY 2021: 10024 County School Fund

Department: Nondepartmental **Program Contact:** Eric Arellano
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. A report prepared in 2018 by Crossroads Consulting Services documents the dollar impact of the visitors facilities managed by Metro. The report estimated the total economic impact at \$773 million.

The Visitors Facilities Intergovernmental Agreement (VFIGA) was amended in FY 2020. The VFIGA supports regional visitor facilities and visitor industry development in the Portland-Multnomah County area. The agreement is between the City of Portland, Multnomah County, and Metro. The amended agreement established the Multnomah County "Livability and Safety Support Services" allocation. The funding supports services and programs for people experiencing homelessness, or who are at risk of becoming homeless, and services and programs addressing the community livability and safety concerns associated with homelessness.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Impact (\$ in millions) of Convention Center Visitors to County Economy	530	600	N/A	443
Outcome	Number of Employees in Travel/Tourism Industry (Est.)	4,870	6,000	N/A	4,070

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. Due to the COVID-19 pandemic, the Convention Center has not been open to visitors. However, the Convention Center has met tremendous community challenges by opening for distanced shelters for individuals experiencing homelessness, wildfire evacuee sheltering and COVID-19 testing and mass vaccination center.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$51,234,050	\$0	\$30,187,210
Total GF/non-GF	\$0	\$51,234,050	\$0	\$30,187,210
Program Total:	\$51,234,050		\$30,187,210	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$51,190,913	\$0	\$30,091,530
Interest	\$0	\$8,000	\$0	\$8,000
Beginning Working Capital	\$0	\$35,137	\$0	\$87,680
Total Revenue	\$0	\$51,234,050	\$0	\$30,187,210

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 2021: 10025 Convention Center Fund

The travel industry has been one of the hardest hit by the COVID-19 pandemic. Lodging occupancy rates have been at historical lows locally and nationally. Transient Lodging Taxes are estimated to be down nearly 70% in FY 2021 with a significant increase in FY22 but only to about 60% of peak level collections. Motor Vehicle Rental Taxes are estimated to be down nearly 40% in FY 2021 with an increase in FY 2022 to about 70% of peak level collections.

Department: Nondepartmental **Program Contact:** Eric Arellano
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 (\$11.3 million) - Full Faith & Credit (portion refunded under FFC Series 2021)
- Series 2017 (\$164.4 million) - Full Faith & Credit
- Series 2019 (\$16.075 million) - Full Faith & Credit (Bank Placement)
- Series 2021 (\$89.6 million) - Full Faith & Credit (Refunding)

The outstanding debt issues have funded a number of capital improvements and acquisitions. These include the construction of the East County Courthouse and the new Multnomah County Courthouse, the Sellwood Bridge replacement project, the new Health Department Headquarters building, the implementation of a new ERP system, and the NEPA phase of the Burnside Bridge replacement project. All binding obligations were approved by the Board of County Commissioners.

Multnomah County's credit is rated Aaa by Moody's Investors Services and AAA by Standard & Poor's - both represent the highest rating awarded for governmental debt. The firms cited Multnomah County's strong budget management, low debt, moderate pension burden, adequate reserves and large and growing tax base from a strong economy.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$3,000	\$0	\$3,000
Debt Service	\$0	\$28,603,811	\$0	\$27,690,421
Unappropriated & Contingency	\$0	\$6,252,737	\$0	\$5,805,685
Total GF/non-GF	\$0	\$34,859,548	\$0	\$33,499,106
Program Total:	\$34,859,548		\$33,499,106	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$299,413	\$0	\$276,733
Other / Miscellaneous	\$0	\$27,475,535	\$0	\$26,415,688
Interest	\$0	\$136,000	\$0	\$125,000
Beginning Working Capital	\$0	\$6,948,600	\$0	\$6,681,685
Total Revenue	\$0	\$34,859,548	\$0	\$33,499,106

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 2021: 10026 Capital Debt Retirement Fund

In January 2021, the County refunded a large portion of its FFC Series 2012 (Sellwood Bridge Project) bonds to take advantage of favorable market interest rates. The refunding will yield the County a net present value savings of approximately 11% (over \$10 million) over the remaining term of the bonds. Bonds fully mature in FY 2033.

Department: Nondepartmental **Program Contact:** Eric Arellano
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Library GO Bond Fund program accounts for the payment of General Obligation Bond principal and interest approved by the voters in November 2020, ballot measure 26-211. The County Library Project will enlarge and modernize eight libraries. The Library General Obligation Bonds were issued in January 2021 in two series (2021A & 2021B) totaling \$387 million. The bonds were delivered on January 26th 2021 and will be fully matured in FY 2029. Revenue to pay the debt is derived from property taxes and interest earned on cash balances.

Program Summary

In November 2020 the voters of Multnomah County approved ballot measure 26-211 for a County Library Capital Construction Project. The measure authorized the County to issue General Obligation Bonds not to exceed \$387m and will be payable from taxes on property or property ownership that are not subject to the limits of section 11 and 11b, Article XI of the Oregon Constitution. The County Library Project will enlarge and modernize eight libraries. Build a flagship library in East County, expand/renovate/or construct seven branches including Albina, Belmont, Holgate, Midland, North Portland, Northwest, and St. Johns, create a central materials handling and distribution center, and provide high speed internet to all libraries.

The County issued debt in January 2021 in two series (2021A & 2021B) totaling \$387 million. The Bonds were delivered on January 26th 2021 and will be fully matured in FY 2029. Revenue to pay debt is derived from property taxes and interest income. Bonds are double rated (Moody's - Aaa and S&P - AAA) and annual debt service will begin in December of 2021. The County has established a dedicated debt service fund (2003) to account for debt payments (principal and interest), all taxes levied, and accrued interest. The capital project will be managed in a separate capital fund (2517) in the Department of County Assets that accounts for bond proceeds, interest accrued on bond proceeds, and all capital expenditures.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Moody's Rating of Aa1 or Better	N/A	N/A	N/A	1
Outcome	Debt Service Payments Made as Scheduled	N/A	N/A	N/A	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 2021, Moody's and Standard & Poor's rated Library GO debt at 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

The County is authorized by ORS 287A.100 to issue general obligation bonds to finance capital costs if such financing is approved by a majority of the governing body. Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$1,000
Debt Service	\$0	\$0	\$0	\$49,935,797
Unappropriated & Contingency	\$0	\$0	\$0	\$499,000
Total GF/non-GF	\$0	\$0	\$0	\$50,435,797
Program Total:	\$0		\$50,435,797	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$0	\$0	\$50,235,797
Interest	\$0	\$0	\$0	\$200,000
Total Revenue	\$0	\$0	\$0	\$50,435,797

Explanation of Revenues

Revenues to pay the debt service is derived from property taxes and interest earned on the cash balances.

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Eric Arellano
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The PERS Pension Obligation Bond Sinking Program accounts for principal and interest payments on pension obligation revenue bonds issued December 1, 1999 in the amount of \$184,548,160 to retire the County's unfunded actuarial accrued pension liability. Revenues that support debt payments are derived from charge backs to departments based on their departmental personnel cost.

Program Summary

The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bond proceeds to finance the estimated unfunded accrued actuarial liability (UAL) of the County to the Oregon Public Employees Retirement System (PERS).

Senate Bill 198-B, effective October 23, 1999, authorized the County to pledge taxes that the County may levy within the limitations of sections 11 and 11b, Article XI of the Oregon Constitution not subject to annual appropriation. On December 1, 1999 the County issued \$184,548,160 in Pension Obligation Bonds to fund its PERS unfunded liability. The bonds have a final maturity date in FY 2030.

Debt service payments are supported by a surcharge against payroll. The surcharge rate has fluctuated, on average, between 6% and 9% of payroll. A reserve has been established to support future escalating debt payments in order to maintain the surcharge at a constant level.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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. (1)-indicates Moody's Aa1, (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 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$10,461,450	\$0	\$461,495
Debt Service	\$0	\$26,615,000	\$0	\$28,110,000
Unappropriated & Contingency	\$0	\$16,315,983	\$0	\$33,654,725
Total GF/non-GF	\$0	\$53,392,433	\$0	\$62,226,220
Program Total:	\$53,392,433		\$62,226,220	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$36,463,961	\$0	\$34,462,926
Interest	\$0	\$332,000	\$0	\$332,000
Beginning Working Capital	\$0	\$16,596,472	\$0	\$27,431,294
Total Revenue	\$0	\$53,392,433	\$0	\$62,226,220

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2022, departments will pay 8.22% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: FY 2021: 10028 PERS Pension Bond Sinking Fund

In FY 2017, the County Board approved a plan to set up four PERS side accounts over a four year period (\$25 million each year). In FY 2020, the County established its fourth and final account, total side accounts \$100 million. FY 2022 includes budgeted expenses also include \$450,000 to account for the County's obligations to members of the Oregon Public Service Retirement Program (OPSRP) who belong to labor unions covered by collective bargaining agreements.

Department: Nondepartmental **Program Contact:** Raffaele Timarchi

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

Related Programs:
Program Characteristics:

Executive Summary

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. This offer ensures training and job placement for youth who face barriers to employment.

Program Summary

The program supports key interventions in the lives of low-income and disadvantaged youth to help stabilize vulnerable individuals, reduce recidivism rates, and create economic opportunities by connecting them to supported work experiences. Participants receive work-readiness training, job coaching, and professional networking opportunities to assist their transition to stability and financial independence.

SummerWorks, a key component of this program, enables youth ages 16 to 24 to gain valuable work experience at Multnomah County or in partnership with external work sites that support the County's mission through flexible paid internships.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participating youth*	485	240	240	138
Outcome	Percentage of youth who complete training and internship hours	75%	80%	80%	80%
Outcome	Percentage of participating youth experiencing barriers to employment**	95%	90%	95%	90%
Outcome	Percentage of youth of color participating	80%	70%	74%	70%

Performance Measures Descriptions

*Defined as youth completing 80% of planned work hours or learning opportunities, and received a positive evaluation from their work site supervisor. **Barriers to employment are self-reported and include, but are not limited to disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$131,104	\$144,575	\$0
Contractual Services	\$0	\$515,000	\$386,000	\$0
Materials & Supplies	\$0	\$23,472	\$5,689	\$0
Internal Services	\$0	\$1,084	\$2,836	\$0
Total GF/non-GF	\$0	\$670,660	\$539,100	\$0
Program Total:	\$670,660		\$539,100	
Program FTE	0.00	1.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10029 Youth Opportunity and Workforce Development Program

This program, when combined with 10029B and 10029C would provide the same level of service as FY 2021. Impacts from COVID-19 included a later start due to navigating social distancing guidelines, fewer internship worksites due to office closures, the implementation of stipend learning opportunities to address learning and household needs in light of fewer internships, and moving toward a year-round model for services.

Department: Nondepartmental **Program Contact:** Raffaele Timarchi
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. This offer ensures training and job placement for youth who face barriers to employment.

Program Summary

The program supports key interventions in the lives of low-income and disadvantaged youth to help stabilize vulnerable individuals, reduce recidivism rates, and create economic opportunities by connecting them to supported work experiences. Participants receive work-readiness training, job coaching, and professional networking opportunities to assist their transition to stability and financial independence.

SummerWorks, a key component of this program, enables youth ages 16 to 24 to gain valuable work experience at Multnomah County or in partnership with external work sites that support the County's mission through flexible paid internships.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participating youth*	see 10029A	see 10029A	see 10029A	50
Outcome	Percentage of youth who complete training and internship hours	75%	80%	80%	80%
Outcome	Percentage of participating youth experiencing barriers to employment**	95%	90%	95%	90%
Outcome	Percentage of youth of color participating	80%	70%	74%	70%

Performance Measures Descriptions

*Defined as youth completing 80% of planned worked hours and received a positive evaluation from their work site supervisor. **Barriers to employment are self-reported and include, but are not limited to disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$140,000	\$0
Total GF/non-GF	\$0	\$0	\$140,000	\$0
Program Total:	\$0		\$140,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 10029 Youth Opportunity and Workforce Development Program

This program, when combined with 10029A and 10029C would provide the same level of service as FY 2021. Impacts from COVID-19 included a later start due to navigating social distancing guidelines, fewer internship worksites due to office closures, the implementation of stipend learning opportunities to address learning and household needs in light of fewer internships, and moving toward a year-round model for services.

Department: Nondepartmental **Program Contact:** Raffaele Timarchi

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

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. This offer ensures training and job placement for youth who face barriers to employment.

Program Summary

The program supports key interventions in the lives of low-income and disadvantaged youth to help stabilize vulnerable individuals, reduce recidivism rates, and create economic opportunities by connecting them to supported work experiences. Participants receive work-readiness training, job coaching, and professional networking opportunities to assist their transition to stability and financial independence.

SummerWorks, a key component of this program, enables youth ages 16 to 24 to gain valuable work experience at Multnomah County or in partnership with external work sites that support the County's mission through flexible paid internships.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of participating youth*	see 10029A	see 10029A	see 10029A	55
Outcome	Percentage of youth who complete training and internship hours	75%	80%	80%	80%
Outcome	Percentage of participating youth experiencing barriers to employment**	95%	90%	95%	90%
Outcome	Percentage of youth of color participating	80%	70%	74%	70%

Performance Measures Descriptions

*Defined as youth completing 80% of planned worked hours and received a positive evaluation from their work site supervisor. **Barriers to employment are self-reported and include, but are not limited to disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$155,000	\$0
Total GF/non-GF	\$0	\$0	\$155,000	\$0
Program Total:	\$0		\$155,000	
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 2021: 10029 Youth Opportunity and Workforce Development Program

This program, when combined with 10029A and 10029B would provide the same level of service as FY 2021. In FY 2021, \$150,000 of the Youth Opportunity and Workforce Development was funded with one-time-only funding. This offer requests restoration of the funding include the cost of living inflation. Impacts from COVID-19 included a later start due to navigating social distancing guidelines, fewer internship worksites due to office closures, the implementation of stipend learning opportunities to address learning and household needs in light of fewer internships, and moving toward a year-round model for services.

Department: Nondepartmental **Program Contact:** Kim Melton

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

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

This program provides support to the Black Economic Prosperity Initiative, which is a program organized through the National Association of Minority Contractors to develop policies and programs to support Black entrepreneurship, create a strategic vision and plan for a regional Center for Black Economic Advancement and potentially create a Black Business Association.

Program Summary

Multnomah County, alongside most communities in the United States, has failed to adequately invest in our Black communities and rectify the long lasting impacts of slavery and systemic discrimination, resulting in compounding, multigenerational economic obstacles that inhibit the fostering of Black entrepreneurship and economic opportunity.

The goal of this program is to support the development of the Black Economic Prosperity Initiative, which is coordinated through the National Association of Minority Contractors. This initiative will seek to improve economic prosperity and resiliency for Black businesses and residents in the region.

Funds from this program will pass through to the National Association of Minority Contractors to support the development of the Black Economic Prosperity Initiative, which includes three deliverables: the creation of a regional Black Economic Prosperity dashboard, including the development and tracking of metrics of Black economic opportunity; the development of a regional strategic plan for Black Economic Prosperity; and the establishment of staffing resources and other administrative needs to support this work.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	100 percent of funds are passed through to NAMC	N/A	N/A	N/A	100%
Outcome					

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$25,000	\$0
Total GF/non-GF	\$0	\$0	\$25,000	\$0
Program Total:	\$0		\$25,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Nondepartmental **Program Contact:** Kim Melton

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

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

Multnomah County will support community capacity building through physical infrastructure development, land acquisition and improvement to better serve culturally diverse communities who have been most impacted by the COVID-19 pandemic.

Multnomah County provides critical services to residents through partnerships with community based organizations. As our county continues to grow and diversify, we have a responsibility to support the growth of our community partners to ensure that the needs of our residents are met.

Program Summary

Research has demonstrated the efficacy of culturally-tailored services led by community based organizations who hold strong relationships with diverse communities in Multnomah County.

This one-time-only program offer will support capital expenditures for one or more culturally-specific population nonprofit organizations serving communities who have been most impacted by the COVID-19 pandemic. Funds will be distributed through a competitive procurement process. A two-tiered funding structure will ensure both smaller and larger organizations have equitable access to these funds. Specialty populations these funds will serve may include specific racial and ethnic communities, as well as LGBTQIA2S+ populations.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Fiscal sustainability plan is identified.	N/A	N/A	N/A	1
Outcome	Improved infrastructure to serve communities most impacted by the COVID-19 pandemic.	N/A	N/A	N/A	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$1,500,000	\$0
Total GF/non-GF	\$0	\$0	\$1,500,000	\$0
Program Total:	\$0		\$1,500,000	
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:** Jeff Renfro
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Neighborhood Prosperity Initiative provides funding to a Prosper Portland program designed to support social equity-based community economic development at the neighborhood level. The program consists of six districts which function as mini-Urban Renewal Areas, with funding decisions made by a community board.

Program Summary

This program invests County General Fund dollars in Prosper Portland's Neighborhood Prosperity Initiative (NPI). Funds are used for economic development opportunities in six low-income, historically disadvantaged communities at the neighborhood scale. In a departure from the staff-centric model used in other urban renewal areas, the NPI utilizes grants, training, and financial support to empower community organizations in each of the six neighborhoods to plan and implement community-identified projects to improve the local commercial district.

Prosper Portland's NPI supports six organizations – Cully Boulevard Alliance, Division Midway Alliance for Community Improvement, Historic Parkrose, Jade District, Our 42nd Avenue, and The Rosewood Initiative. These areas are identified as experiencing lagging commercial investments, a higher poverty rate than city-wide, and high concentrations of businesses that are minority-owned, or that serve only local neighborhoods.

FY 2022 is the final year of the agreement between the County and Prosper Portland.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Private funds leveraged by Neighborhood Prosperity Network	1,052,254	500,000	750,000	500,000
Outcome	Payments made as scheduled	1	1	1	1

Performance Measures Descriptions

Private funds information provided by Prosper Portland. Making payments on time ensures the NPI communities have access to funds when needed. 1=yes; 2=no

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$600,000	\$0	\$225,000	\$0
Total GF/non-GF	\$600,000	\$0	\$225,000	\$0
Program Total:	\$600,000		\$225,000	
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 2021: 10027 Neighborhood Prosperity Initiative

Department: Nondepartmental **Program Contact:** Andrea Damewood
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Complaints Investigation Unit, directed by the Chief Operating Officer, investigates discrimination and harassment complaints based on a protected class made by County employees. CIU allows for countywide coordination and tracking of the investigations and themes. The centralized placement of the complaints unit in Nondepartmental helps employees to come forward when they may otherwise feel uncomfortable reporting to their manager or department and fosters equitable outcomes for employees through the cultural competence of its staff. Complaints unit staff are knowledgeable and experienced with the many aspects of discrimination and harassment. The unit's creation was one of the recommendations made by the Jemmott Rollins Group to support the success of Multnomah County's Workforce Equity Strategic Plan.

Program Summary

The unit employs experienced investigators that have multicultural competency, are knowledgeable in trauma-informed care, and practice conflict resolution skills. The investigators will view complaints, processes, and proposed actions through the Diversity Equity Inclusion Framework adopted by the County. The unit will also meet with department and County leadership on a regular basis to discuss investigations and themes.

In addition to conducting investigations, the Complaints Investigation Unit will:

- Create standardized investigation procedures to help employees have the same experience throughout the organization.
- Work closely with Departmental HR, Office of Diversity and Equity and Organizational Learning to find appropriate ways to resolve complaints that may not require a full investigation and ensure proper corrective action is taken.
- Train HR staff and managers on best practices for conducting non-protected class investigations that departments are responsible for.
- Track protected class complaints and report key themes to County leadership.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Centrally investigate discrimination and harassment complaints filed by employees (except MCSO & DA).	73*	100	100	100
Outcome	Employee discrimination and harassment investigations are completed within 60 days.	24*	100	100	100

Performance Measures Descriptions

The purpose of the unit will be to conduct all of the discrimination and harassment complaints in the county with the exception of MCSO (Sheriff's Office) and District Attorney (DA). A goal of the unit will be to complete the investigations within 60 days. *Numbers are lower than the projected offer for FY 2020 as the unit did not begin taking complaints until November 2019 (Q2 2020). The unit will continue to refine its numbers as more case data becomes available.

Legal / Contractual Obligation

The Complaints Investigation Unit will be responsible for identifying potential violations of State and Federal employment laws and Multnomah County personnel rules.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$989,222	\$0	\$837,741	\$0
Contractual Services	\$25,763	\$0	\$26,250	\$0
Materials & Supplies	\$82,200	\$0	\$83,490	\$0
Internal Services	\$143,540	\$0	\$118,519	\$0
Total GF/non-GF	\$1,240,725	\$0	\$1,066,000	\$0
Program Total:	\$1,240,725		\$1,066,000	
Program FTE	6.00	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 2021: 10040 Complaints Investigation Unit

A Management Analyst was transferred from the Complaints Investigation Unit (CIU) (10040) to the DCM Director's Office (72000A). While the position was budgeted within CIU, it historically supported the work of the Chief Operating Officer (COO) including support to manage the CIU. This transfer better aligns the budget and the work going forward.

Department: Nondepartmental **Program Contact:** Kim Melton

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

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

Executive Summary

The COVID-19 pandemic has significantly increased the need for direct support to community members affected by this global health crisis and its economic and social impacts. This offer funds client assistance resources to meet the basic needs of clients and communities and/or provide a bridge to accessing long term supports.

Program Summary

Direct client assistance plays an important role in supporting community members' ability to address housing instability, food insecurity, and household and family needs. More than \$9.0 million of ARP dollars have been dedicated to client assistance across the County departments including this funding. As state budget impacts are more fully known, this client assistance funding will be allocated to support specific programs and services.

The County utilizes the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. This data enables the County to focus COVID-19 resources and supports on communities most impacted by the pandemic and engage community members directly about how best to provide that support.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Clients or families receiving client assistance	N/A	N/A	N/A	3,000
Outcome	Percent of funding dispersed to communities and residents disproportionately impacted by COVID-19	N/A	N/A	N/A	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$1,861,864
Materials & Supplies	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$0	\$1,861,864
Program Total:	\$0		\$1,861,864	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,861,864
Total Revenue	\$0	\$0	\$0	\$1,861,864

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,861,864

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area. The funds will provide client assistance resources to meet the basic needs of clients and communities impacted by the pandemic and/or provide a bridge to accessing long term supports.

Department: Nondepartmental **Program Contact:** Kim Melton

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

Related Programs:
Program Characteristics:
Executive Summary

With both legislative and executive responsibilities, the Chair sets the County's strategic policy direction and priorities that are aimed at serving the community equitably and effectively, and works closely with the Board of County Commissioners to implement them as mandated by the Home Rule Charter. All departments and non-departmental offices, including the Office of Diversity and Equity, Office of Sustainability, Communications, Government Relations, the Local Public Safety Coordinating Council, Office of Community Involvement, and the Office of the Board Clerk, report to the Chair.

Program Summary

Since the pandemic, the Chair's Office and non-departmental offices have led and managed numerous COVID-19 related projects and new programs. This program adds project management and policy coordination capacity to support increased responsibility and to track and manage COVID-19 related projects.

For Multnomah County and Chair Deborah Kafoury, key priorities for FY 2022 include continuing to invest equitably in the response to the COVID-19 pandemic and ensuring that federal relief funds are allocated in a way that prioritizes communities most impacted by the virus. This public health emergency has exacerbated existing inequities in our community while creating new stressors. The County continues to respond to pandemic-related crises ranging from the devastation in the childcare, food service and hospitality sectors, to surges in community and gun violence and unemployment.

As Multnomah County's Local Public Health Authority and the state's largest social service safety net provider, the County has needed to deepen its community engagement strategies to ensure the effective, equitable and efficient delivery of crisis services and resources. Leading the community response to the COVID-19 pandemic has also required the development of more flexible and creative ways to reach residents, communities and local businesses. The County anticipates continuing to create and deploy new projects to support community recovery efforts.

This program offer adds project management and policy coordination capacity to support the tracking and management of new COVID-19-related projects, including those that support economic and business relief, community violence response and prevention, and other related initiatives.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	COVID-19 policy initiatives developed and implemented	N/A	N/A	N/A	5
Outcome	Tracking and project plans created for key projects	N/A	N/A	N/A	3

Performance Measures Descriptions

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$165,000
Total GF/non-GF	\$0	\$0	\$0	\$165,000
Program Total:	\$0		\$165,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$165,000
Total Revenue	\$0	\$0	\$0	\$165,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$165,000

Significant Program Changes**Last Year this program was:**

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.

Department: Nondepartmental **Program Contact:** Julie Sullivan-Springhetti
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Every day, people turn to Multnomah County for help. They need to see a doctor, find a lost pet, update their voter registration, apply for a marriage license, anticipate a bridge closure, or pay their taxes. Increasingly — and at an almost unprecedented pace — they turn to the County in a crisis. They want the latest health and safety guidance, to understand the threat of COVID-19 or wildfire smoke, locate rent and food assistance, find shelter in an emergency. They want to express their opinion on Board and department initiatives and hold their elected officials accountable. They look to the County to see their community celebrated, defended and welcomed.

Program Summary

The Communications Office is on point, connecting people to County services and staff. The Office creates, curates and publishes accurate, timely information 24/7 to the public and media. We share that information in print and web articles, photos, videos, graphics, social media posts, one pagers, OPeds, media interviews and paid advertising. We work across platforms, hosting public meetings, researching and filling public records requests. We elevate County expertise and work constructively with community partners and journalists.

We strive to create products that reflect the County’s values of safety, trust and belonging. Our effort to reach a full audience drives our decision-making from spotlighting diverse voices in every product, to expanding language translation and accessibility in news, graphics, social media and videos, to increasing investments in culturally specific advertising for county initiatives.

We know we must do more:

- to increase our connections to communities with low use of existing communication channels.
- to offer more videos, social media and graphics in multiple languages.
- to further equity through news articles and videos lifting up best practices.

This program offer expands our connections to communities with low use of existing communication channels, allowing us to offer more videos, social media and graphics in multiple languages and to further equity through new distribution channels which include partnering with community organizations and culturally specific media.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Produce culturally specific videos	N/A	N/A	N/A	5
Outcome	Develop Spanish language/bilingual social media	N/A	N/A	N/A	250

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$300,000	\$0	\$100,000
Contractual Services	\$0	\$100,000	\$0	\$200,000
Total GF/non-GF	\$0	\$400,000	\$0	\$300,000
Program Total:	\$400,000		\$300,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$400,000	\$0	\$300,000
Total Revenue	\$0	\$400,000	\$0	\$300,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$300,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Public Health Emergency Response ARP Priority Area. It adds graphic design and photography to support creation of content. And it adds communication channels through new culturally and geographically specific outreach.

Department: Nondepartmental **Program Contact:** Chris Voss
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer consists of a total of \$2,925,000 ARP Funds to support two initiatives. This first initiative is \$2,500,000 to provide staffing support for the logistics group which maintains equipment and personnel protective gear to support the County's COVID-19 operations and to mitigate the spread of COVID-19 in our community. The second initiative is for \$425,000 and will be utilized for both warehouse space and for the acquisition of vehicles and trucks to transport equipment and supplies to support operations.

Program Summary

This program offer consists of a total of \$2,925,000 ARP Funds to support two initiatives. This first initiative is \$2,500,000 to provide staffing support for the logistics group which maintains equipment and personnel protective gear to support the county's COVID-19 operations and to mitigate the spread of COVID-19 in our community. Specifically, this funding will pay for up to 25 FTE (limited duration) and includes a logistics manager, 2 logistics section chiefs, resource request personnel, inventory specialists, drivers and other key staff to support logistical operations. This team works with County departments, Cities, the State, BIPOC community organizations, County contractors, non-profits, hospitals and other groups to support operations and mitigate the spread of COVID-19. This includes the requesting, purchasing, storage and dissemination of personal protective equipment, the requesting, purchasing, storage and dissemination of supplies to support vaccination clinics throughout the County and the storage and support to shelter operations when they exceed JOHS capabilities due to changes made necessary by COVID-19 distancing.

The second initiative is for \$425,000 and will be utilized for both warehouse space and for the acquisition of vehicles and trucks to transport equipment and supplies to support operations. Specifically, the County is looking to lease over 12,000 square feet to store supplies and equipment necessary to continue COVID-19 operations. This funding will also allow us to consolidate supplies currently being stored in multiple locations including the Multnomah Garage, several hallways and conference rooms in the Multnomah Building, Yeon and other locations. Through consolidation, our efficiency increases as our drivers will not need to make multiple stops to compile a resource request. The warehouse will also allow us to move supplies that are more sensitive to temperature fluctuations into more of a controlled atmosphere which is not possible with the Multnomah Garage. Lastly, a significant cost savings as a result of increased security is also expected. With the movement of these supplies out of temporary locations, they will also be allowed to return to their previous work. A portion of this funding will also be utilized to ensure we have the proper vehicles to transport supplies. All of our current vehicles are on loan from other departments and as they return to more of a normal work environment, the current vehicles will no longer be available.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Conduct regular meetings to respond to changes in need to PPE	N/A	N/A	N/A	12
Outcome	Deliver 95% of processed PPE requests within 3 business days (unless later date is requested by client)	N/A	N/A	N/A	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$2,500,000
Internal Services	\$0	\$0	\$0	\$425,000
Total GF/non-GF	\$0	\$0	\$0	\$2,925,000
Program Total:	\$0		\$2,925,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,925,000
Total Revenue	\$0	\$0	\$0	\$2,925,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$2,925,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

Department: Nondepartmental **Program Contact:** Chris Voss

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

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

Executive Summary

This program offer of \$1.0 million in ARP funds ensures the County has funds to continue to support the COVID-19 response and mitigation activities including the allocation of Personal Protective Equipment (PPE) to County departments, contractors and organizations supporting the County's most vulnerable communities.

Program Summary

Since the beginning of COVID-19 response activities, the County has been a critical resource in providing PPE and other supplies to reduce the spread of the virus. Much of this focus has been on supporting County departments and their employees, County contractors, organizations that support people experiencing homelessness, and organizations that support BIPOC and other underserved communities. Since the beginning of our COVID-19 response, the County has regularly purchased cloth, reusable masks, child size masks, gel hand sanitizer, gloves and other supplies. This funding allows for the County to continue to support these organizations with various PPE.

Although mask guidelines have changed, masks and other PPE remain an important part of the County's strategy to reduce the spread of COVID-19 and we believe a critical resource for many of our underserved communities.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Conduct regular meetings to respond to changes in need to PPE.	N/A	N/A	N/A	12
Outcome	Deliver 95% of processed PPE requests within 3 business days (unless later date is requested by client).	N/A	N/A	N/A	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Materials & Supplies	\$0	\$2,000,000	\$0	\$1,000,000
Total GF/non-GF	\$0	\$2,000,000	\$0	\$1,000,000
Program Total:	\$2,000,000		\$1,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,000,000	\$0	\$1,000,000
Total Revenue	\$0	\$2,000,000	\$0	\$1,000,000

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,000,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

Department: Nondepartmental **Program Contact:** John Wasiutynski
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Community Reaps Our Produce and Shares (CROPS) is a Multnomah County initiative that began in 2009 and was established to address hunger, a growing public health concern, and its links to obesity and chronic diseases. The CROPS Farm, now under the management of Mudbone Grown, will become a hub for community access to fresh culturally appropriate food, and for culturally specific training of new farmers with a particular focus on Black and African immigrant farmers.

Program Summary

In CY 2021 the County officially awarded a 5-year license for the use of the CROPS site to MudBone Grown, a local Black owned farming business specialising in growing organically grown food, and providing farm training to people who are Black, African, Indigenous and veterans. MudBone will operate the CROPS site as an incubator farm for beginning farmers and as a community training site.

In order to fulfill our goals of increasing access to culturally appropriate organically grown food and offering access to economic development opportunities for historically marginalized and discriminated against groups, particularly in relation to farm-land access, the site must be improved with farm infrastructure. The funds will support the creation of farm buildings, irrigation, greenhouse(s), access to electricity, and other related capital expenses that will allow new farmers to have access to a turn-key farm operation. This aspect of the project will be important because new farmers, particularly Black farmers, often lack access to land, and farm equipment and other infrastructure when beginning their business and building a market for their agricultural products.

The project will also integrate with the Multnomah County Health Department REACH program, helping to promote healthy, fresh, locally grown, and culturally appropriate fruits and vegetables through “prescription CSA shares” and institutional procurement.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of farmers using CROPS	N/A	N/A	N/A	4
Outcome	Increase percentage of Black farmers in Multnomah County	N/A	N/A	N/A	1%
Output	Volunteer hours	N/A	N/A	N/A	1,000

Performance Measures Descriptions

According to the USDA only 1.4% of all farmers in the US identify as Black. This small percentage is the result of hundreds of years of discriminatory practices by governments, especially the Federal Government. This project is a deliberate attempt to increase farm training, economic development and access to farmland for Black and African farmers, while also increasing access to fresh, local, organically grown produce and opportunities for culturally specific community engagement in a farm setting for people who are food insecure.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$0	\$200,000
Total GF/non-GF	\$0	\$0	\$0	\$200,000
Program Total:	\$0		\$200,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$200,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area. The program supports community recovery by promoting economic opportunity through access to farmland for beginning farmers and training opportunities, particularly in greenhouse propagation, for Black and African Immigrant farmers. The program will also address the ongoing issue of food insecurity through partnerships with the Health Department REACH program to increase prescription-CSA and institutional food purchases of local, culturally appropriate, organically grown produce.



Program #95000 - Fund Level Transactions

7/2/2021

Department: Overall County **Program Contact:** Jeff Renfro
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

This program offer budgets a number of "fund level" transactions. These include transfers between funds, fund contingencies, and reserves.

Program Summary

This offer includes the following cash transfers:

- Health Headquarters Capital Fund to General Fund - \$1,000,000
- General Fund to Animal Control Fund - \$300,000
- General Fund to IT Capital Fund - \$395,000, \$205,000, and \$245,000
- General Fund to Asset Preservation Fund - \$2,420,000

A full list of cash transfers in the County's budget can be found in the Summaries section of Volume 1 of the Budget.

This offer accounts for the General Fund contingency, which is established at \$1.5 million. The General Fund contingency also contains \$11.3 million for a Business Income Tax reserve set at 10% of anticipated revenues.

This offer accounts for the 10% General Fund revenue reserve as described in the Financial & Budget Policies. The Risk Fund contingency (\$13.5 million) and unappropriated balance are recorded here.

Video Lottery Fund resources of \$6.1 million and contingency of \$0.6 million are recorded in this offer, while expenditures are reported in departmental program offers where they are spent.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of reserve goal met	100%	100%	100%	100%
Outcome	Moody's Bond Rating	0	0	0	0
Outcome	S&P Global Ratings	0	0	0	0

Performance Measures Descriptions

Change in bond rating: (0) = no change, (1) = upgraded rating, (-1) = downgraded rating. On November 17, 2017, S&P upgraded the County's rating from AA+ to AAA. Moody's currently rates the County debt as Aaa.

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 contingencv can be used are limited. in most cases. to one-time-only expenditures.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Debt Service	\$0	\$0	\$0	\$1,000,000
Cash Transfers	\$1,248,091	\$9,192,791	\$3,565,000	\$0
Unappropriated & Contingency	\$86,983,143	\$93,177,143	\$80,022,847	\$96,482,151
Total GF/non-GF	\$88,231,234	\$102,369,934	\$83,587,847	\$97,482,151
Program Total:	\$190,601,168		\$181,069,998	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,629,375	\$0	\$6,093,382
Financing Sources	\$223,494	\$2,607,791	\$1,223,494	\$3,020,000
Interest	\$0	\$1,700,000	\$0	\$1,200,000
Beginning Working Capital	\$300,000	\$93,496,348	\$284,665	\$93,852,813
Total Revenue	\$523,494	\$102,433,514	\$1,508,159	\$104,166,195

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 95000 Fund Level Transactions

No significant changes.

Department: Overall County **Program Contact:** Jeff Renfro

Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** As Adopted

Related Programs:

Program Characteristics:

Executive Summary

This program offer budgets countywide, or 'corporate', revenues that make up the General Fund. The General Fund is the primary source of discretionary revenue that supports county programs across all departments and service areas.

Program Summary

For FY 2022, General Fund resources are estimated to be \$722 million, which includes \$97 million of beginning working capital. The revenues budgeted in this program offer represent approximately 80% of the total General Fund. The primary ongoing revenue sources are property taxes, business income taxes (BIT), and motor vehicle rental taxes (MVRT). The remaining General Fund revenues are budgeted within departmental program offers.

Accurate revenue forecasting is crucial to the development of long range financial plans. It is the goal of the Budget Office to produce revenue estimates that fall within a range of (+/-) 2% of actual collections. The assumptions used to develop revenue forecasts should be clearly articulated to, and understood by, all decision makers in the budget process. The County's Financial & Budget Policies outline the forecast process.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Total:		\$0		\$0
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$7,997,986	\$0	\$7,066,208	\$0
Taxes	\$440,849,232	\$0	\$474,296,853	\$0
Other / Miscellaneous	\$7,719,394	\$0	\$9,142,047	\$0
Financing Sources	\$4,650,000	\$0	\$0	\$0
Interest	\$1,250,000	\$0	\$1,262,500	\$0
Beginning Working Capital	\$97,041,827	\$0	\$90,063,182	\$0
Total Revenue	\$559,508,439	\$0	\$581,830,790	\$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 2021: 95001 General Fund Revenues