

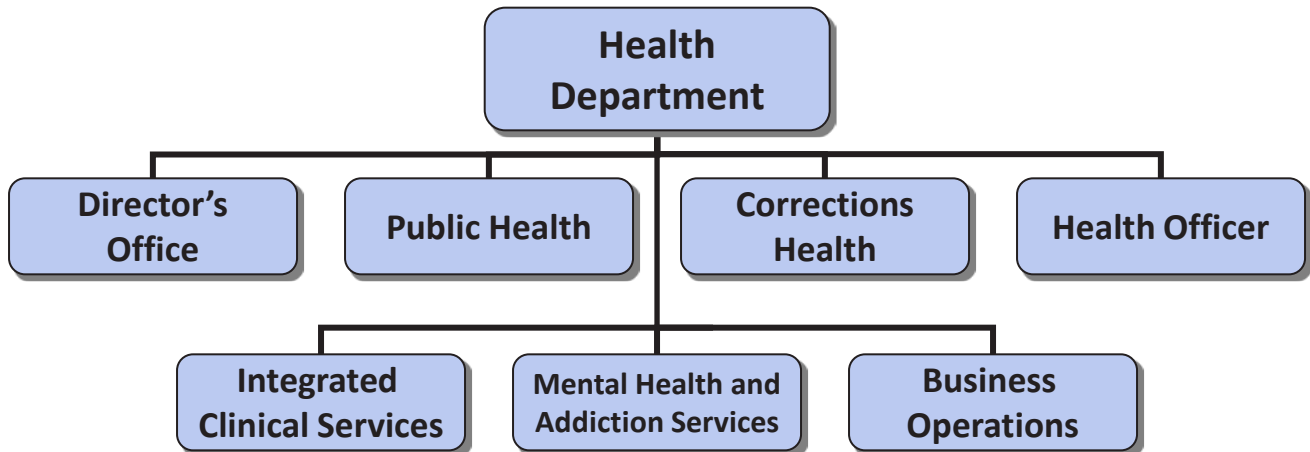
### Department Overview

The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Department seeks to protect against threats to health, to ensure access to healthcare for Multnomah County residents, and to promote health. The Health Department does this by focusing its limited resources on creating policies that promote and protect the community’s health, preventing the conditions that lead to illness and disease, and by forming public and private partnerships to stretch its capacity to achieve its mission.

The Health Department’s Two Year Strategic Plan for 2014-2016, establishes the following Strategic Priorities:

1. Improve health outcomes and health equity.
2. Provide leadership in assuring quality, affordability, and access to healthcare for poor and vulnerable communities as part of Health System transformation.
3. Support a healthy and sustainable organization.

The Health Department’s mission, vision, values, and strategic plan directly support the County’s mission, vision, and values statement issued by the Board of County Commissioners. Like the broader County, the Health Department prioritizes the health needs of the most vulnerable while promoting and protecting the health of the whole community. The Health Department incorporates the values of social justice, integrity, stewardship, innovation, and sustainability into what the department does and how the department does it.



### Budget Overview

The FY 2016 budget for the Health Department is \$321.5 million with 1,379.29 FTE. A little over 40% - \$131.4 million – of the budget comes from the General Fund, with the remaining \$190.1 million coming from Federal/State revenue.

The FY 2016 budget represents a 92%, or \$153.9 million, increase in total spending over the FY 2015 adopted budget. This is made up of a \$35.3 million, or 37%, increase in the General Fund and a \$118.6 million, or 166%, increase in funding from Federal and State sources. The most significant factor is the transfer of the Mental Health and Addiction Services Division from County Human Services to the Health Department. This Division represents 41%, or \$132.9 million, of the total Health Department FY 2016 budget.

The FY 2016 FTE have increased from 1,003.70 in FY 2015 to 1,379.29 in FY 2016, a 37% increase. The Mental Health and Addiction Services Division is comprised of 214.22 FTE, with 10.00 FTE in Business Operations support.

The Health Department is experiencing an increase in revenue related to higher than projected enrollment into insurance coverage as a provision of the Affordable Care Act. This mostly relates to clinical services. The budget for the Integrated Clinical Services Division increased by 14% - \$12.6 million - between FY 2015 and FY 2016 and FTE increased by 89.93.

General Fund increases for new programs are:

Medical Examiner Supervision (40052B) - \$118,483

Corrections Health Mental Health Services (40059A) - \$411,631

One-time-only General Funds are:

HIV Grant Backfill (40012B) - \$153,000

School Based Health Centers - Medical Van (40024B) - \$120,000

Violence Prevention Initiatives/STRYVE (40038B) - \$323,000

Training Community Health Workers for Immigrant and Refugee Community (40038C) - \$140,000

Other Funds are:

Crisis Services – Call Center Staffing (40069B) - \$491,760

Budget Trends	FY 2014	FY 2015	FY 2015	FY 2016	Difference
	Actual	Current Estimate	Adopted Budget	Proposed Budget	
Staffing FTE	1,007.93	1,051.54	1,003.70	1,379.29	375.59
Personnel Services	\$108,319,293	\$112,225,157	\$112,541,444	\$153,300,961	\$40,759,517
Contractual Services	13,016,687	11,687,232	14,100,206	114,350,001	100,249,795
Materials & Supplies	14,019,351	14,712,770	14,322,830	16,833,619	2,510,789
Internal Services	24,750,983	24,982,713	26,427,690	36,877,135	10,449,445
Capital Outlay	<u>172,664</u>	<u>161,452</u>	<u>214,475</u>	<u>120,000</u>	<u>(94,475)</u>
<b>Total Costs</b>	<b>\$160,278,978</b>	<b>\$163,769,324</b>	<b>\$167,606,644</b>	<b>\$321,481,716</b>	<b>\$153,875,072</b>

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

## Successes and Challenges

1. More People with Health Insurance Resulting in More Patients Obtaining Care and Financial Stability for Clinical Services: The Affordable Care Act expansion of the Oregon Health Plan (OHP) has been hugely successful in providing health insurance to people in poverty, some who have never had insurance before. This resulted in a dramatic shift in the number of patients the department is seeing in clinical services who have OHP coverage. Because funding for the system of care is based upon OHP payment, funding for direct clinical services has stabilized.
2. Expanding Access to Healthcare: Although the Health Department is serving more patients, the department currently does not have the capacity to see all of the patients that have been assigned to Multnomah County for primary care through the two Oregon Health Plan coordinated care organizations. In response to this demand, the department is expanding access by adding healthcare teams and support staff within existing locations. This improves access without capital costs and utilizes current facilities more efficiently.
3. Completed Report Card on Racial and Ethnic Disparities: On December 11, 2014, the Health Department presented the Racial and Ethnic Health Disparities Report Card to the Board of County Commissioners. This report portrays a picture of higher incidence of disease, earlier death, and worse economic and social circumstances among racial minority and ethnic communities compared to the majority white community within Multnomah County. While this is a national issue, the disparities here may be greater than in other urban communities. The Health Department is focused on addressing these disparities. The Department will also participate in a cross county effort to address these disparities since only through collective impact can the health of families, friends, neighbors, and co-workers in the diverse Multnomah county be improved.
4. Statewide Future of Public Health Taskforce Recommendations: Last biennium, the state legislature created a taskforce to explore the structure and funding of public health services statewide. Their report recommends a minimum level of specific public health services be available to all Oregonians. Building this capacity statewide will require increased funding and a clear definition of which services the Oregon Health Authority provides and those which counties provide. This level of service statewide may also require the regionalization of some public health functions that have traditionally been provided by counties. The implementation of these changes is expected to occur over the next four years and two legislative sessions.
5. Mental Health and Addiction Services Becomes a Division of the Health Department: This change alone will not change services offered by the Mental Health and Addiction division. However, it creates the opportunity for further integration of behavioral health care with physical and dental care. It also creates an opportunity for closer alignment between the County's Public Health responsibilities and the Public Mental Health responsibilities which have many areas of overlap.

### Diversity and Equity

The Health Department’s mission is, “Healthy People in Healthy Communities.” The department’s diversity and equity programs and projects are aimed at reducing health disparities so everyone can benefit from good health. The activities include:

1. Racial and Ethnic Disparities Report Card: In 2014, developed a comprehensive look at 33 racial and ethnic health disparities in Multnomah County, and proposed reallocation of funds in FY 2016, to begin addressing disparities.
2. Multicultural Vision: Implement new models to address a multicultural vision of cultural competency.
3. Healthy Birth Initiative: Received a multimillion dollar Centers for Disease Control and Prevention grant to promote healthy families in the African American community.
4. Diversity & Quality Team: Monitors the progress of Health Department strategies, policies, and activities in the areas of diversity, quality, and equity.
5. Health Equity Initiative: Works to address the root causes of socioeconomic and racial injustices that lead to health disparities; leads the Department in implementation of the Health Equity Lens for decision making.
6. Recruitment: Attract, hire, and retain qualified diverse employees to provide quality public health services.

### Budget by Division

Division Name	FY 2016 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,791,926	\$0	\$2,791,926	16.80
Health Officer	5,756,857	1,417,272	7,174,129	38.45
Public Health	24,749,304	24,756,068	49,505,372	305.62
Integrated Clinical Services	49,183,038	51,273,240	100,456,278	613.05
Business Operations	12,875,859	0	12,875,859	87.65
Corrections Health	15,682,284	81,449	15,763,733	103.50
Mental Health and Addiction Services	<u>20,326,551</u>	<u>112,587,868</u>	<u>132,914,419</u>	<u>214.22</u>
<b>Total Health Department</b>	<b>\$131,365,819</b>	<b>\$190,115,897</b>	<b>\$321,481,716</b>	<b>1,379.29</b>

### Director's Office

The Director's Office is responsible for providing dynamic, thoughtful leadership in line with the Health Department's vision of Healthy People in Healthy Communities. Its mission is to ensure, promote, and protect the health of Multnomah County residents and to intentionally set its strategic direction to fulfill this mission. The Director's Office leads more than 1,500 employees and is responsible for more than \$321 million in state, county, and federally funded programs and services.

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

The Department Leadership Team is responsible for the provision of quality best practice services; strategic partnerships; leadership and direction for public health issues; stewardship of public resources; continuous improvement of service delivery systems; public health emergency preparedness; and maintenance of a diverse qualified workforce with high job satisfaction.

### Significant Changes

In FY 2016, Health Transformation continues to be a major focus for the Director's Office. The Oregon Health Authority reports that the purpose of Oregon Health Transformation is, "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral and oral health to free up dollars trapped in an inefficient system, increase focus on prevention and improve care." The Health Department is working across County departments, counties, and private organizations, such as hospitals, to implement this transformation.

This year also brings the Mental Health and Addiction Services Division from the Department of County Human Services to the Health Department. This change is the next step in the process of integrating behavioral health care with physical and mental health care at Multnomah County.

### Health Officer

The Office of the Health Officer provides physician consultation, technical direction, and leadership to support public health activities and clinical services in Multnomah County, fulfilling a requirement from the Oregon statutes. The Health Officer oversees deputy health officers for Multnomah, Clackamas, and Washington counties to improve the consistency and quality of public health service in the Tri-County area and to ensure public health input on regional issues including health reform.

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

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

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

### Significant Changes

The Multnomah County Deputy Health Officer's time has been increased in order to provide adequate response to increasingly complex community health needs.

The Medical Examiner's Office has reinstated the position of Chief Deputy Medical Examiner. When the position was vacated in 2005, a Lead Deputy Medical Examiner replaced the Chief Deputy position. This created a gap in service capacity and supervision. There was no longer on-site administrative/technical oversight; adequate 24/7 staffing to respond to death investigations; personnel oversight, adherence to safety standards, and formalized program procedures were compromised.

Reinstating the Chief Deputy Medical Examiner reinstatement will result in:

1. improved on-site leadership/supervision;
2. increased personnel available to respond;
3. improvement of program operations/efficiency;
4. enhanced relationships with first responders.

### Public Health

Public Health is the art and science of preventing disease, prolonging life, and promoting health through organized efforts of society (Acheson, 1988; WHO). The division promotes and protects health and prevents disease of all residents and diverse communities within Multnomah County. Strategies include direct services, policy interventions, community partnerships, planning, and assessment. The Public Health Division currently organizes its work into three units:

Community Health Services carries out core public health work across several major content areas including: Communicable Disease Services, STD/HIV/Hepatitis C programs, Community Epidemiology, Early Childhood Services & the Healthy Birth Initiative, Environmental Health Services, and Women, Infants, and Children (WIC).

Community Initiatives works in partnership with communities to promote health and pursue health equity by limiting chronic disease, preventing community violence, whereby building capacity in communities to identify and address their own health issues.

The Health Equity Initiative aims to reduce health inequities by identifying causes of and solutions to health inequities, identifying interventions, exploring and advancing policy solutions, and raising the visibility of equity and empowerment efforts.

### Significant Changes

The Public Health Division was established in 2015 to combine existing programs working across the full range of public health functions to support and strengthen the Department's overall impact on population and community health.

The department received the Racial and Ethnic Approaches to Community Health (REACH) grant to improve health for Multnomah County's African American community. REACH will target tobacco and nutrition policies. Also, maternal and child health programs are aligning to better integrate and coordinate services for African American families. To better target disparities experienced by immigrant and refugee communities, community based culturally-specific service providers will conduct early childhood home visiting with these families. The Future Generations Collaborative received a Northwest Health Foundation grant to expand work with community health workers and connect to other culturally-specific programs to address policies that perpetuate the root causes of health inequities in Native communities.

The Health Equity Initiative is increasing staff and evaluation capacity to strengthen community relationships and leverage partnerships to address health inequities in Multnomah County. Solutions will include staff development, clinical improvements, policy changes related to public health and social determinants of health, as well as promoting equitable and community-informed planning and decision-making.

### Integrated Clinical Services

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

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

### Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. Pharmacy services hired Clinical Pharmacists to partner with the patient centered medical home teams to support clients to better manage their chronic health conditions and complicated medication regimens. This is a best practice.

Eligibility and enrollment staff helped to enroll nearly 17,000 members of the public as Oregon implemented expanded Medicaid eligibility. Primary Care and Dental staff are working diligently to meet increased patient demand for services.

Implementation of a patient portal, "MyChart," began in October 2014, and will be completed in 2015. MyChart provides patient access to key areas of their health records, such as lab results and vaccination records. More functionality will be introduced over time.

Clients continue to represent the county's diverse community, with 35% indicating they are best served in a language other than English. Health centers serve clients speaking over 60 languages.



### Business Operations

Business Operations provides leadership, policy and strategic direction to the Health Department . This division includes Workforce Development, Human Resources, and Training for more than 1,500 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable, and Contracting services manage a budget of over \$321 million. The division is a bridge to the Department of County Assets (e.g. IT, facilities) and the Department of County Management (HR, Finance, Budget) for the provision of services and assuring compliance with County policies.

Operations is responsible for the development and maintenance of the strategic plan, communications, and priority setting for IT and data resources.

Human Resources and Workforce Development provide guidance and consultation in administrative procedures, recruitment, employee/labor management issues, management competency, labor contract interpretation, legal compliance, and specialty training for the healthcare workforce.

Business Services is responsible for financial reporting, budget development and monitoring, medical account services, contracts, and purchasing.

### Significant Changes

Healthcare transformation changes continue to dominate the landscape for Business Operations. The Health Department is working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers for Medicare and Medicaid Services to anticipate changes that impact operations.

Implementation of an alternative payment method for Federally Qualified Health Center (FQHC) services started in 2014. It requires new systems and methods for tracking patients and services to ensure the Health Department makes the most of available revenue.

The 10th revision of the International Classification of Disease (ICD-10) was postponed until the fall of 2015. It will impact all medical practices in the United States, changing the way clinicians document and code their services.

This year, the Mental Health and Addiction Services Division from the Department of County Human Services became part of the Health Department. This has a significant impact on Business Operations. The division has 214.22 FTE, a budget of \$132.9 million, numerous contracts and intergovernmental agreements, and the largest Medicaid managed mental health care organization in Oregon.

### Corrections Health

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

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

At the juvenile facility, licensed nursing staff provide services 16 hours a day, including screening, symptom evaluation, and treatment for over 2,000 youth per year. More than 35% of the youth are receiving mental health treatment, including medications. Health promotion and sexually transmitted disease (STD) treatment are a focus for the youth to improve their health and lower the rate of STD transmission once they return to the community. Healthy transition from jail to the community is a focus of Corrections Health's work.

### Significant Changes

Corrections Health continues to implement quality improvement activities across all services and facilities. This year, Corrections Health, in collaboration with the Director of Nursing Practice, received the program's first-ever federal grant to focus on discharge planning for inmates who have complex medical, mental health, substance abuse, and housing needs.

Great strides have been made in reducing the number of inmates placed on suicide watch. The mental health staff added this year helped reduce the number of inmates on suicide watch from 11.3 daily to 4.8 daily. This has significantly reduced the amount of time spent by Sheriff's Office staff monitoring inmates on suicide watch.

By placing enrollment and eligibility staff in Corrections Health early, a high percentage of Corrections Health clients are now enrolled in the Oregon Health Plan. Now, when inmates are hospitalized for more than 24 hours, hospitals bill Medicaid instead of Multnomah County for the hospital stay. In the first six months of FY 2015, outside medical costs are half the cost for the same period last year.

### Mental Health and Addiction Services

The Mental Health and Addiction Services Division (MHASD) provides a comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in adults, youth, and children. Through consumer-focused, culturally responsive, and evidence-based practices, MHASD serves low-income, uninsured, and homeless individuals and families, as well as anyone who is in crisis. Crisis system services provide a 24 hour crisis line, direct call transfer from 911, mobile crisis services, involuntary commitment services, and respite services to residents who require immediate assistance.

Multnomah County is the Mental Health Managed Care Organization for Medicaid. MHASD is a subcontractor of the Coordinated Care Organization HealthShare of Oregon. MHASD programs provide early intervention for those at high risk of a drug/alcohol or gambling addiction and/or mental illness. Jail Diversion programs partner with the corrections system to link residents to services in the community to avoid incarceration. School Based Mental Health clinical services are located in 27 schools and 13 School Based Health Clinics. A quality management team ensures privacy and accuracy of medical records and monitors the health and safety of those receiving services by tracking provider compliance with rules/contractual requirements. MHASD endorses peer-delivered services by supporting a drop-in center and hiring peers as staff to ensure that consumer perspective is included in decision making.

### Significant Changes

Medicaid expansion has increased the number of Multnomah Mental Health Members to 131,000. MHASD, as a member of HealthShare of Oregon, continues to participate in regional payment reform and administrative simplification to ease the burden on providers. Due to Medicaid expansion the State of Oregon has reduced funding for individuals who are uninsured. The State continues to redistribute these funds through competitive grants. MHASD was awarded: Crisis Expansion, Addictions Prevention, School Based Health Clinic-Mental Health Expansion, Wraparound services, and funding to assess the readiness to integrate Electronic Health Records.

Mental Health First Aid and suicide prevention programs provide education around mental illness to raise awareness and reduce stigma for people who have mental illness. Because prevention is key to avoiding long-term illness, MHASD created a Prevention Coordinator position to strengthen and focus outreach to the community.

The Crisis System has experienced a significant increase in crisis contacts the past year. The Mental Health Call Center call volume totaled 68,940 calls. The Urgent Walk-in-Clinic experienced a 30% increase in crisis contacts. The Involuntary Commitment program investigated 4,662 psychiatric emergency holds.

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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 2016 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000	Health Department Director's Office	\$1,786,804	\$0	\$1,786,804	6.00
40003	Health Department Leadership Team Support	1,005,122	0	1,005,122	10.80
<b>Health Officer</b>					
40002	Tri-County Health Officer	327,762	330,600	658,362	2.20
40004	Ambulance Services (Emergency Medical Services)	2,487,707	0	2,487,707	10.20
40005	Public Health & Regional Health Systems Emergency Preparedness	26,142	576,672	602,814	3.60
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,669,342	510,000	2,179,342	12.25
40052A	Medical Examiner	1,127,421	0	1,127,421	9.20
40052B	Medical Examiner Supervision	118,483	0	118,483	1.00
<b>Public Health</b>					
40007	Health Inspections and Education	3,588,397	92,715	3,681,112	27.07
40008	Vector-Borne Disease Prevention and Code Enforcement	1,321,892	0	1,321,892	10.00
40009	Vital Records	0	640,872	640,872	5.38
40010	Communicable Disease Prevention and Control	2,733,544	1,206,378	3,939,922	29.50
40011	STD/HIV/Hep C Community Prevention Program	2,596,504	1,905,245	4,501,749	26.20
40012A	Services for Persons Living with HIV	1,062,317	6,771,027	7,833,344	32.92
40012B	HIV Grant Backfill	153,000	0	153,000	0.00
40014	Immunizations	273,978	283,099	557,077	4.00
40015	Lead Poisoning Prevention	108,607	180,000	288,607	1.60
40018	Women, Infants and Children (WIC)	1,509,678	3,182,623	4,692,301	42.85
40025A	Adolescent Health Promotion	521,671	145,153	666,824	6.35
40035	Health Assessment, Planning and Evaluation	1,193,191	2,088,592	3,281,783	18.35
40037	Environmental Health Education, Outreach and Housing	501,819	1,158,148	1,659,967	10.25
40038A	Health Promotion and Community Capacity Building	845,086	471,400	1,316,486	9.80
40038B	Violence Prevention Initiatives / STRYVE	323,000	0	323,000	2.00

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Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
<b>Public Health (cont.)</b>					
40038C	Training Community Health Workers for Immigrant and Refugee Community	140,000	0	140,000	0.00
40045	Health Equity Initiative (Racial Justice Focus)	1,065,701	0	1,065,701	6.60
40047	Public Health Community Initiatives	554,057	134,968	689,025	5.30
40048	Community Epidemiology	640,802	0	640,802	4.50
40053	Racial and Ethnic Approaches to Community Health (REACH)	0	1,286,196	1,286,196	6.45
40054	Nurse Family Partnership	2,108,817	1,558,286	3,667,103	23.20
40055	CaCoon	890,621	836,091	1,726,712	10.10
40056	Healthy Families	1,183,068	1,617,587	2,800,655	8.90
40057	Future Generations Collaborative	436,334	85,000	521,334	1.50
40058	Healthy Birth Initiative	997,220	1,112,688	2,109,908	12.80
<b>Integrated Clinical Services</b>					
40016	Medicaid/Medicare Eligibility	307,815	1,400,811	1,708,626	18.00
40017	Dental Services	9,164,942	8,720,222	17,885,164	113.32
40019	North Portland Health Clinic	2,995,530	2,264,736	5,260,266	33.20
40020	Northeast Health Clinic	4,052,572	2,933,465	6,986,037	45.40
40022	Mid County Health Clinic	6,806,359	4,453,313	11,259,672	71.60
40023	East County Health Clinic	6,658,919	3,816,680	10,475,599	65.90
40024A	School Based Health Centers	3,947,706	2,266,808	6,214,514	37.38
40024B	School Based Health Centers - Medical Van	120,000	0	120,000	0.00
40026A	La Clinica de Buena Salud	1,200,953	1,194,470	2,395,423	14.60
40027	Southeast Health Clinic	2,214,651	3,090,592	5,305,243	32.60
40029	Rockwood Community Health Clinic	3,335,173	2,997,022	6,332,195	36.30
40031	Pharmacy	0	15,157,339	15,157,339	53.15
40032	Lab and Medical Records	4,374,622	0	4,374,622	35.90
40033	Primary Care and Dental Access and Referral	1,637,614	675,576	2,313,190	24.80
40034	Quality Assurance	2,118,847	2,302,206	4,421,053	29.60
40036	Community Health Council and Civic Governance	247,335	0	247,335	1.30
<b>Business Operations</b>					
40039	Human Resources and Training	3,086,322	0	3,086,322	22.65
40040A	Budget & Finance	1,732,512	0	1,732,512	15.40

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Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
<b>Business Operations (cont.)</b>					
40040B	Budget & Finance - Mental Health	700,270	0	700,270	7.00
40041	Medical Accounts Receivable	1,589,697	0	1,589,697	14.00
40042A	Contracts & Procurement	1,122,604	0	1,122,604	9.00
40042B	Contracts & Procurement - Mental Health	328,116	0	328,116	3.00
40043	Health Department Operations	1,851,903	0	1,851,903	12.60
40044A	Health Clinical Data and Reporting	2,464,435	0	2,464,435	4.00
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention	680,828	81,449	762,277	3.90
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,614,908	0	3,614,908	24.10
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,115,366	0	2,115,366	14.60
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,030,092	0	3,030,092	20.50
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,697,217	0	2,697,217	15.70
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,763,826	0	1,763,826	11.50
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,368,416	0	1,368,416	9.00
40059A	Corrections Health Mental Health Services	411,631	0	411,631	4.20
<b>Mental Health and Addiction Services</b>					
40065	Mental Health & Addiction Services Administration	640,260	800,425	1,440,685	6.50
40066	Mental Health (CATC / Jail Diversion)	923,500	0	923,500	0.00
40067	Medical Records for MHASD	674,549	169,996	844,545	8.50
40068	Mental Health Quality Management & Protective Services	1,901,036	3,650,749	5,551,785	30.70
40069A	Behavioral Health Crisis Services	1,322,056	5,971,819	7,293,875	15.54
40069B	Crisis Services - Call Center Staffing	0	491,760	491,760	5.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	1,226,825	2,092,043	3,318,868	0.00
40071	Inpatient, Subacute & Residential MH Services for Children	0	2,655,504	2,655,504	0.00
40072	Mental Health Commitment Services	1,374,676	3,522,240	4,896,916	25.50
40073	Peer-run Supported Employment Center	80,000	0	80,000	0.00
40074	Mental Health Residential Services	868,732	11,702,175	12,570,907	8.00

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Prog. #	Program Name	FY 2016 General Fund	Other Funds	Total Cost	FTE
<b>Mental Health and Addiction Services (cont.)</b>					
40075	Adult Mental Health Initiative (AMHI)	0	3,753,229	3,753,229	9.67
40076	Mental Health Services for Adults	0	35,984,856	35,984,856	7.16
40077	Mental Health Treatment & Medications for the Uninsured	1,221,357	107,418	1,328,775	0.00
40078	Early Assessment & Support Alliance	0	1,422,856	1,422,856	9.45
40079	Mental Health Services for Victims and Survivors of Domestic Violence	67,000	0	67,000	0.00
40080	Community Based MH Services for Children & Families	1,693,293	13,939,232	15,632,525	24.82
40081	Multnomah Wraparound	0	3,193,368	3,193,368	19.47
40082A	School Based Mental Health Services	866,893	1,096,416	1,963,309	14.90
40082B	School Based Mental Health - Expansion	526,647	450,000	976,647	7.81
40083	Mental Health First Aid	208,461	0	208,461	1.00
40084	Culturally Specific Mental Health Services	1,567,513	0	1,567,513	0.00
40085	Adult Addictions Treatment Continuum	3,635,401	15,871,496	19,506,897	7.93
40086	Addiction Services Gambling Treatment & Prevention	0	717,606	717,606	0.17
40087	Addiction Services Alcohol & Drug Prevention	0	331,399	331,399	0.90
40088	Coordinated Diversion for Persons with Mental Illness	273,795	1,445,790	1,719,585	11.20
40089	Addictions Detoxification & Post Detoxification Housing	917,424	1,538,783	2,456,207	0.00
40090	Family & Youth Addictions Treatment Continuum	337,133	611,574	948,707	0.00
40091	Family Involvement Team	0	1,067,134	1,067,134	0.00
<b>Total Health Department</b>		<b>\$131,365,819</b>	<b>\$190,115,897</b>	<b>\$321,481,716</b>	<b>1,379.29</b>

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

**Executive Summary**

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

**Program Summary**

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

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

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Increased access to Health Dept. services as measured by # of clients served.	161,016	105,852	163,592	166,210
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions.)	\$102 mil	\$102 mil	\$111 mil	\$234 mil
Output	# of times MCHD is in local and national news media	63	75	90	90

**Performance Measures Descriptions**

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

## Legal / Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,151,533	\$0	\$1,319,452	\$0
Contractual Services	\$59,100	\$0	\$149,542	\$0
Materials & Supplies	\$199,461	\$0	\$158,402	\$0
Internal Services	\$176,084	\$0	\$159,408	\$0
<b>Total GF/non-GF</b>	<b>\$1,586,178</b>	<b>\$0</b>	<b>\$1,786,804</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,586,178</b>		<b>\$1,786,804</b>	
<b>Program FTE</b>	6.00	0.00	6.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2015: 40000 Health Department Director's Office

**Department:** Health Department

**Program Contact:** Paul Lewis

**Program Offer Type:** Support

**Program Offer Stage:** As Proposed

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

### Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to: (1) Improve the consistency and quality of public health services in the three counties, (2) Increase learning and collaboration across the counties, and (3) Improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties.

### Program Summary

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by four public health physicians including 1.7 FTE in Multnomah County and, by contract, 0.5 FTE in both Clackamas and Washington Counties.

In Multnomah County the Health Officer is also the TriCounty Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, STI, TB, and Environmental Health Programs. The Health Officer oversees the EMS Program, the Public Health Emergency Preparedness Program, and the regional 7 county Hospital Preparedness Program. In addition the Health Officer supervises the Medical Director of the FQHC and provides technical consultation to the maternal child health program and health promotion efforts.

The deputy Health Officers working in Clackamas and Washington Counties have broad roles in supporting their respective administrators with an emphasis on Communicable Disease Control given the limited FTE.

Broadly speaking, the Health Officers, (1) participate in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and (4) participates in department administration.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control including a large increase in tuberculosis in Clackamas County, lead the development of regional opiate prescribing standards, lead regional Ebola response planning, provide technical support for board presentations on maternal child health, disparities, and e-cigarettes.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	90%	90%	100%	100%

### Performance Measures Descriptions

2) measured by renewal of intergovernmental agreement through FY16. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY16 will be negotiated and finalized by June 30, 2015. These will provide guidance for work priorities and program activities.

## Legal / Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$313,525	\$293,212	\$292,251	\$289,234
Contractual Services	\$0	\$0	\$10,616	\$0
Materials & Supplies	\$2,620	\$5,858	\$10,315	\$11,657
Internal Services	\$16,101	\$39,930	\$14,580	\$29,709
<b>Total GF/non-GF</b>	<b>\$332,246</b>	<b>\$339,000</b>	<b>\$327,762</b>	<b>\$330,600</b>
<b>Program Total:</b>	<b>\$671,246</b>		<b>\$658,362</b>	
<b>Program FTE</b>	1.10	1.20	1.00	1.20

Program Revenues				
Indirect for Dept. Admin	\$23,090	\$0	\$19,876	\$0
Intergovernmental	\$0	\$339,000	\$0	\$330,600
<b>Total Revenue</b>	<b>\$23,090</b>	<b>\$339,000</b>	<b>\$19,876</b>	<b>\$330,600</b>

## Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by \$330,600 in revenue from Clackamas and Washington counties.

## Significant Program Changes

Last Year this program was: FY 2015: 40002 Tri-County Health Officer

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Joanne Fuller
<b>Program Offer Type:</b>	Support	<b>Program Offer Stage:</b>	As Proposed
<b>Related Programs:</b>	40000		
<b>Program Characteristics:</b>			

**Executive Summary**

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

**Program Summary**

The Department Leadership Team (DLT) support team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, special projects, minutes and project support for the Department Director, Deputy Director of Public Health, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Community Health Services Program Manager Senior and senior managers, Strategic Operations Manager and direct staff. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

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

**Performance Measures**

<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	% of projects completed on time with an error rate not to exceed 3%.	90%	92%	92%	92%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	9	9	9

**Performance Measures Descriptions**

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

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$595,001	\$0	\$889,124	\$0
Contractual Services	\$5,000	\$0	\$0	\$0
Materials & Supplies	\$29,713	\$0	\$23,959	\$0
Internal Services	\$70,773	\$0	\$92,039	\$0
<b>Total GF/non-GF</b>	<b>\$700,487</b>	<b>\$0</b>	<b>\$1,005,122</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$700,487</b>		<b>\$1,005,122</b>	
<b>Program FTE</b>	7.00	0.00	10.80	0.00

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

**Explanation of Revenues**

**Significant Program Changes**

**Last Year this program was:** FY 2015: 40003 Health Department Leadership Team Support

Four positions have been added due to Director's Office restructuring and addition of department deputy directors.

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

**Executive Summary**

Multnomah County Emergency Medical Services (EMS) plans, regulates, coordinates, and provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contractor and the fire departments in the County.

**Program Summary**

- The MC EMS Program has five major functions:
- 1) Administration of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.
  - 2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.
  - 3) MC EMS establishes quality standards for EMS services provided to the public and uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided.
  - 4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.
  - 5) Coordination of medical first response and 911 medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 911 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR).

Additionally, MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, social worker outreach to frequent callers of 911, and EMS disaster planning in the county.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Ambulance response times ≤ 8 min. 90% of calls	90.9%	90%	90.2%	90%
Outcome	Cardiac arrest survival to hospital	49%	35%	37%	35%

**Performance Measures Descriptions**

A major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less. Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital.

## Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. It is the County's choice as to how much to invest to achieve this mandate.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$776,112	\$418,391	\$1,371,900	\$0
Contractual Services	\$789,779	\$12,600	\$830,349	\$0
Materials & Supplies	\$152,558	\$10,956	\$191,205	\$0
Internal Services	\$100,625	\$0	\$94,253	\$0
<b>Total GF/non-GF</b>	<b>\$1,819,074</b>	<b>\$441,947</b>	<b>\$2,487,707</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,261,021</b>		<b>\$2,487,707</b>	
<b>Program FTE</b>	5.40	4.00	10.20	0.00

Program Revenues				
Fees, Permits & Charges	\$980,239	\$0	\$1,019,692	\$0
Intergovernmental	\$67,141	\$441,947	\$67,208	\$0
Other / Miscellaneous	\$114,784	\$0	\$114,785	\$0
Service Charges	\$744,552	\$0	\$733,951	\$0
<b>Total Revenue</b>	<b>\$1,906,716</b>	<b>\$441,947</b>	<b>\$1,935,636</b>	<b>\$0</b>

## Explanation of Revenues

Program costs are recovered from licenses, fees and fines. The fees are established and collected through agreements with AMR and other jurisdictions. The County Ambulance Services contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements.

Ambulance License Fees: \$1,019,692  
 Medical Direction Fee contracts: \$67,208  
 Charges for Services: \$733,951  
 Ambulance Fines: \$114,785

## Significant Program Changes

Last Year this program was: FY 2015: 40004 Ambulance Services (EMS)



**Preparedness**

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

**Executive Summary**

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multi-jurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies.

**Program Summary**

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate and analyze an emergency's health impacts).

Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Trainings provided to Incident Management Team members	12	12	12	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced")	N/A	N/A	N/A	Established
Outcome	Improved regional healthcare system emergency response	95%	98%	96%	98%
Quality	Program satisfaction	91%	98%	90%	93%

**Performance Measures Descriptions**

- 1) Output: Training provided to Incident Management Team members (reduced in quantity; improved in depth)
- 2) Outcome: Improved response capability through achieving Centers for Disease Control's capabilities.
- 3) Outcome: Stakeholders express program has improved healthcare system emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

## Legal / Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$505,173	\$0	\$491,428
Materials & Supplies	\$0	\$15,037	\$0	\$4,704
Internal Services	\$49,194	\$122,013	\$26,142	\$80,540
<b>Total GF/non-GF</b>	<b>\$49,194</b>	<b>\$642,223</b>	<b>\$26,142</b>	<b>\$576,672</b>
<b>Program Total:</b>	<b>\$691,417</b>		<b>\$602,814</b>	
<b>Program FTE</b>	0.00	3.59	0.00	3.60

Program Revenues				
Indirect for Dept. Admin	\$43,742	\$0	\$34,670	\$0
Intergovernmental	\$0	\$642,223	\$0	\$576,672
<b>Total Revenue</b>	<b>\$43,742</b>	<b>\$642,223</b>	<b>\$34,670</b>	<b>\$576,672</b>

## Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with Oregon Department of Human Services. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$277,072  
 OHA, Health Security, Preparedness, and Response Program: \$296,100  
 NACCHO – Medical Reserve Corps grant: \$3,500

## Significant Program Changes

**Last Year this program was:** FY 2015: 40005 Public Health & Regional Health Systems Emergency Preparedness

Education reduction - the overarching goal is to decrease the size of the incident management teams and the number of trainings in order to focus on depth and effectiveness of training.

Scores in TAR to ORR - the ORR process is new from the CDC as a replacement for TAR. There are no numerical scores assigned. Once we have gone through the ORR process, we will have a better understanding of how best to quantify and report this measure.

**Department:** Health Department      **Program Contact:** Jae Douglas  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40008A, 40037  
**Program Characteristics:**

**Executive Summary**

This fee-supported program helps protect the public from disease and injury by investigating food and waterborne disease, educating about food safety practices, and performing inspections of licensed facilities. Participation in the Federal Department of Agriculture (FDA) Program Standards helps us align our program with national standards. The inspection program received an outstanding rating in the 2014 triennial review.

**Program Summary**

This legally mandated program protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions. Program Components: 1) Inspected Facilities: The Health Inspections program has responsibility for assuring health and safety in 4,403 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, and jails. Most facilities receive two inspections per year. 2) Swimming pools and spas: The program inspects and licenses 553 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 40 pool operators each year. 3) Schools, Child and Adult Foster Care Facilities: The program inspects 798 schools, childcare centers, and other service providers to ensure they handle food properly, and are clean and are free of health and safety hazards. 4) Small Drinking Water Systems: 43 small water systems are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. We also monitor 12 additional systems and respond to alerts. 5) Food-borne Illness Outbreaks: Registered Environmental Health Specialists investigate local food-borne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 24 food-borne Illness investigations (FBI) in food service facilities in FY14. 6) Food Handler Training and Certification: Multi-lingual training about safe food preparation is provided in 7 languages online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 4,135 facilities, which can be used in a robo-calling system. A monthly newsletter/blog has over 2,200 subscribers consisting of food operators, regulators, and community members.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of licenses issued	7,445	8,692	6,965	8,967
Outcome	Priority & Priority Foundation Violations	7,991	8,931	7,372	8,145
Output	Facility inspections	14,979	14,508	15,714	12,889
Output	Total number certified Food Workers eligible for employment	11,610	11,042	11,352	12,319

**Performance Measures Descriptions**

1) Licenses issued exclude facilities inspected but not licensed (ie. schools, day care centers, etc). FY15 estimate for licenses issued is under-count due to outdated data system that does not accurately count all licenses. Number to increase in FY16 with migration to new data system. 2) Priority and Priority Foundation violations are items noted during inspections that can directly affect consumer health, leading to elevated food safety risk and requiring immediate correction.

## Legal / Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,601,301	\$74,017	\$2,768,999	\$64,334
Contractual Services	\$317,530	\$9,282	\$275,770	\$9,120
Materials & Supplies	\$114,019	\$1,125	\$106,020	\$10,848
Internal Services	\$436,185	\$8,291	\$437,608	\$8,413
<b>Total GF/non-GF</b>	<b>\$3,469,035</b>	<b>\$92,715</b>	<b>\$3,588,397</b>	<b>\$92,715</b>
<b>Program Total:</b>	<b>\$3,561,750</b>		<b>\$3,681,112</b>	
<b>Program FTE</b>	25.33	0.72	26.39	0.68

Program Revenues				
Indirect for Dept. Admin	\$6,315	\$0	\$5,574	\$0
Fees, Permits & Charges	\$3,336,417	\$0	\$3,462,350	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
<b>Total Revenue</b>	<b>\$3,342,732</b>	<b>\$92,715</b>	<b>\$3,467,924</b>	<b>\$92,715</b>

## Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Inspection Fees: \$3,342,978; Food Handler Fees: \$119,372

In FY 2013 the Inspections Program received a 5-year, \$70,000 per year, FDA Grant to focus on Hazard Analysis Critical Control Points (HACCP) principles which will help restaurant operators meet food code requirements for conducting special processing of foods in their restaurant kitchens.

Environmental Health receives \$22,715 of support each year from the State of Oregon-Drinking Water Section. Funds are used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40007 Health Inspections and Education

On September 4, 2012 Oregon adopted the 2009 FDA Food Code with 12 new Priority/Priority Foundation rules. We have experienced a 5.6% increase of re-inspections from calendar year 2013 to 2014 and expect to continue to see increases with Inspector trainings. Changes to the Government Entities exemption in the Oregon Food Sanitation Rules, as a result of Senate Bill 631, implemented January 1, 2014 will have impact on the number of licenses issued.

The Inspections database, FirstStar is being replaced with a new web-based program- Accela. It is expected to be fully implemented by late spring 2015.

**Department:** Health Department      **Program Contact:** Jae Douglas  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40007, 40037  
**Program Characteristics:**

### Executive Summary

This program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of rampant outbreaks. Vector-borne diseases are transmitted from animals to humans and include diseases like Hantavirus and West Nile virus. Climate changes in the NW, such as warming winter temperatures, increased rainfall, and urban landscape management, increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, public education, and more.

### Program Summary

Multnomah County's climate supports an ideal mosquito and rat habitat. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930s when malaria was endemic. In 2014, eleven counties in Oregon reported 76 mosquito-cases of West Nile Virus. There were no cases detected in Multnomah County. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A survey of the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

**Objectives:** Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne diseases such as Hantavirus and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least environmental impact, reduce the population by water control and vegetation management to reduce breeding habitats. Educate the average citizen and vulnerable people about preventing vectors and their habitat through community meetings, pamphlets and the media.

**Components:** Mosquito Control – majority of funds/staffing. Rodent Control - primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring specified animals (e.g., bees, livestock, and birds). This program includes enforcement of nuisance codes and solicits input from a Commissioner-appointed Citizen Advisory Committee.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of acres treated for mosquitoes	2142	3100	2600	2600
Outcome	Mosquitoes prevented (In billions)*	1.07	1.55	1.30	1.30
Efficiency	Number of acres treated for mosquitoes per FTE	429	620	520	520
Output	Number of rodent inspections conducted	726	850	850	850

### Performance Measures Descriptions

1) Total acreage subject to variance in weather patterns, etc. 2) Based on industry standard estimate methodology: 500,000 mosquitoes/surface acre of water multiplied by number of acres treated, estimates mosquitoes prevented. \*A mathematical error has been identified and corrected for all columns of this measure. 3) Total acreage treated per FTE. 4) On-site inspections from rodent complaints received. Measures refined to reflect industry standards. For all: FY15 estimates mirror FY 16 offers because program does not anticipate major changes in staffing, workload, or methodology in FY16.

## Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, Indoor Air Quality Act MC 21.500; 6 contractual mandates include grants, contracts, Federal, regional and local mandates.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$944,372	\$0	\$961,155	\$0
Contractual Services	\$69,802	\$0	\$51,000	\$0
Materials & Supplies	\$92,821	\$0	\$110,608	\$0
Internal Services	\$199,463	\$0	\$199,129	\$0
<b>Total GF/non-GF</b>	<b>\$1,306,458</b>	<b>\$0</b>	<b>\$1,321,892</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,306,458</b>		<b>\$1,321,892</b>	
<b>Program FTE</b>	10.00	0.00	10.00	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$100	\$0
Intergovernmental	\$0	\$0	\$3,000	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$352,166	\$0	\$290,935	\$0
<b>Total Revenue</b>	<b>\$353,666</b>	<b>\$0</b>	<b>\$295,035</b>	<b>\$0</b>

## Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund as well as with revenue from intergovernmental agreements with the City of Portland and other local and state jurisdictions.

City of Portland Bureau of Environmental Services: \$224,000

City of Portland specified animal agreement: \$66,935

Agreements with other state/local jurisdictions: \$3,000

Fees from permits and fines: \$1,100

## Significant Program Changes

Last Year this program was: FY 2015: 40008A Vector-Borne Disease Prevention and Code Enforcement

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

**Executive Summary**

Vital Records is a legislatively-mandated, fee-supported program that produces birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed to provide essential public health information that is used to plan prevention and intervention activities for positive health outcomes. The program received high marks on the 2014 state triennial evaluation that assesses the quality and accountability of the program.

**Program Summary**

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

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

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of birth and death certificates issued	40267	40643	40067	41523
Outcome	Average number of days to issue error free certificate	1	1	1	1

**Performance Measures Descriptions**

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$474,533	\$0	\$482,193
Contractual Services	\$0	\$11,839	\$0	\$23,711
Materials & Supplies	\$0	\$17,584	\$0	\$11,987
Internal Services	\$0	\$132,874	\$0	\$122,981
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$636,830</b>	<b>\$0</b>	<b>\$640,872</b>
<b>Program Total:</b>	<b>\$636,830</b>		<b>\$640,872</b>	
<b>Program FTE</b>	0.00	5.58	0.00	5.38

Program Revenues				
Indirect for Dept. Admin	\$43,375	\$0	\$38,530	\$0
Fees, Permits & Charges	\$0	\$636,830	\$0	\$640,872
<b>Total Revenue</b>	<b>\$43,375</b>	<b>\$636,830</b>	<b>\$38,530</b>	<b>\$640,872</b>

## Explanation of Revenues

This is a fee driven, self-sustaining program. Fee revenue for Vital Records in FY2016 is \$640,872.

## Significant Program Changes

Last Year this program was: FY 2015: 40009 Vital Records



**Department:** Health Department      **Program Contact:** Amy Sullivan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40014  
**Program Characteristics:**

### Executive Summary

Communicable Disease Services protects the health of our community by responding to reportable communicable diseases with prompt disease investigation, and by limiting the spread of these diseases by assuring treatment as needed. We uphold Oregon state statues requiring investigation of and response to dozens of reportable diseases, from tuberculosis (TB) and pertussis to E. coli 0157 and suspected Ebola. We respond 24/7 to events of public health importance.

### Program Summary

Communicable Disease Services (CDS) directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. Our vision is to be a trusted community resource that protects the people of Multnomah County from communicable diseases. We conduct investigations that find people who have been exposed to serious diseases, to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who have already got disease like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens. We also serve as the frontline of an international system to track communicable disease threats, collecting and analyzing essential information that is shared with our state and the Centers for Disease Control and Prevention.

Our culturally diverse staff includes highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules. We work closely with other Health Department programs, including Environmental Health and the Office of the Health Officer; and provide educational opportunities for tomorrow's public health professionals. Our work encompasses support for newly arriving refugees, who are disproportionately affected by communicable diseases that are common in their countries of origin. The expertise in our program is also essential for supporting the Health Department's Emergency Response Plan and 24/7 response capacity.

Examples of our work include the following: Comprehensive TB prevention and control activities provided through clinic and home visits, nursing case management, and TB screening; epidemiologic investigation and provision of preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases like Ebola and MERS; public health disease surveillance and analysis to track the communicable disease threats in our community; and provision of OSHA-mandated blood-borne pathogens training and health screenings for county employees. We perform this work with values of innovation, collaboration, diversity, teamwork, excellence, and accountability.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Disease report responses	6,691	5,800	7,050	6,800
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	No contacts	100%	100%	100%
Quality	TB patients completing treatment within 12 months	100%	90%	90%	90%

### Performance Measures Descriptions

1) Output: All disease reports and suspect case referrals received, processed, and responded to. 2) Outcome: Reflects effectiveness of case contact investigation in response to life-threatening diseases. 3) Quality: Measure reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC (standard 90%).

## Legal / Contractual Obligation

ORS Chapters 433, multiple sections

OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting

OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19

OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18; Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Oregon Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. Oregon Health Services and CLHO BT/CD & TB Assurances

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,918,092	\$947,522	\$2,683,884	\$567,711
Contractual Services	\$6,125	\$36,891	\$32,211	\$25,020
Materials & Supplies	\$13,138	\$80,410	\$17,449	\$75,407
Internal Services	\$423,665	\$124,471	\$0	\$538,240
<b>Total GF/non-GF</b>	<b>\$2,361,020</b>	<b>\$1,189,294</b>	<b>\$2,733,544</b>	<b>\$1,206,378</b>
<b>Program Total:</b>	<b>\$3,550,314</b>		<b>\$3,939,922</b>	
<b>Program FTE</b>	18.64	8.06	23.86	5.64

Program Revenues				
Indirect for Dept. Admin	\$73,694	\$0	\$62,880	\$0
Intergovernmental	\$0	\$1,038,142	\$0	\$1,037,487
Other / Miscellaneous	\$0	\$107,299	\$0	\$160,474
Service Charges	\$0	\$43,852	\$0	\$8,417
<b>Total Revenue</b>	<b>\$73,694</b>	<b>\$1,189,293</b>	<b>\$62,880</b>	<b>\$1,206,378</b>

## Explanation of Revenues

The program offer is funded by federal and state grants, client fees, and general fund. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance) that build upon our statutory responsibilities. Internal service reimbursements are for occupational health services provided to county employees and volunteers.

State of Oregon LPHA (Direct State and Federal through State): \$927,487

Refugee Health Promotion (Direct Federal): \$110,000

Medical Fees: \$168,891

## Significant Program Changes

**Last Year this program was:** FY 2015: 40010A Communicable Disease Prevention and Control

The complexity of our infectious disease work has greatly increased in recent years, with more demanding communicable disease investigation expectations and the case management challenges posed by multi-drug resistant strains of TB. We are also expanding outreach to groups disproportionately affected by infectious diseases, including support for newly arrived refugees. Our rapidly changing environment requires nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities. We added two new positions in FY15 - a Community Health Nurse and an Epidemiologist Sr (pending class approval) - for strengthening case and outbreak investigation capabilities and improving local disease response capacity. This budget also incorporates the FY15 addition of a Refugee Health Coordinator (FY 2015 #40010B).

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40012-16, 40025-16  
**Program Characteristics:**

### Executive Summary

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost-effective program prevents and reduces epidemics, and their consequent toll on individual health by making over 40,000 outreach contacts, and by controlling the spread of disease using evidence-based prevention interventions and providing 6,750 clinical STD services for those at highest risk.

### Program Summary

Prevention is the key strategy, using culturally specific, evidence-based population focused approaches. Disease spread is reduced by: 1) Partner Services: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) Community Testing: Staff and subcontractors visit bars, drug treatment, internet and other "hookup" sites to test, educate, and promote behavior change. 3) STD Clinic: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality, culturally competent, timely health care. Provides treatments for rare, complex cases in a judgment-free, culturally relevant manner. STD Clinic is a designated Region X training site for medical providers. Clinicians receive training in physical exams, STD-related laboratory tests, sexual history taking, and behavioral counseling with specific populations. Provides consultations and continuing medical education to medical providers in the community. 4) Partnerships: Collaborates with businesses, community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. 5) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Free condoms are distributed to 40 community locations. Clients who receive opioid overdose training/supplies have reversed large numbers of overdoses. After one year, heroin-related deaths dropped by 29% in Multnomah County. Meanwhile, heroin-related deaths nationwide increased 39% from 2012 to 2013. Program staff were highly involved in drafting legislation, rules, and training protocols for the State's 2013 Naloxone law. Staff continue to be involved in subsequent overdose policy work. 6) Behavior Change/Education: Community-based interventions to reduce risky sexual and drug behavior and to promote sexual health and relationship skills and knowledge.

In place for over 20 years, the STD/HIV/Hep C Community Prevention Program has a strong record of meeting national benchmark performance measures, and is nationally-recognized for innovation and program coordination, high client satisfaction across all demographics. Because these diseases disproportionately affect racial, ethnic, and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. The program is also cost-effective because preventing disease saves money over time. Delayed treatment increases disease spread and costly chronic conditions such as AIDS, liver disease, infertility and poor maternal/child health. Untreated, HIV leads to poverty and inability to work or maintain stable housing.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of community outreach/health promotion encounters	50,292	40,000	49,436	40,000
Outcome	% of all County gonorrhea/syphilis/HIV cases diagnosed through this program	38%	30%	40%	30%
Quality	% of gonorrhea/syphilis/HIV cases investigated	91%	90%	86%	90%
Quality	# of STD and HIV test clinical encounters	7,472	6,750	7,225	6,750

### Performance Measures Descriptions

1) Quantifies the amount of non-clinical community-based outreach and education work the program provides each year. 2) Illustrates the impact of the STD/HIV/Hep C program's ability to find, diagnose and treat reportable STDs, including HIV. Demonstrates capacity to target services to those at highest risk for STDs. 3) 90% goal negotiated with the OR State STD Program, and is comparable to national benchmarks. If resources don't allow all cases to be investigated, a prioritization algorithm is applied. 4) Quantifies the amount of clinical service the program provides each year.

## Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,957,080	\$804,510	\$1,816,196	\$931,300
Contractual Services	\$233,442	\$445,698	\$237,600	\$430,377
Materials & Supplies	\$244,546	\$135,480	\$228,993	\$141,812
Internal Services	\$298,180	\$375,320	\$313,715	\$401,756
<b>Total GF/non-GF</b>	<b>\$2,733,247</b>	<b>\$1,761,007</b>	<b>\$2,596,504</b>	<b>\$1,905,245</b>
<b>Program Total:</b>	<b>\$4,494,255</b>		<b>\$4,501,749</b>	
<b>Program FTE</b>	19.02	7.66	17.75	8.45

Program Revenues				
Indirect for Dept. Admin	\$113,306	\$0	\$114,545	\$0
Intergovernmental	\$0	\$1,538,012	\$0	\$1,367,785
Other / Miscellaneous	\$0	\$18,000	\$0	\$256,465
Service Charges	\$0	\$204,995	\$0	\$280,995
<b>Total Revenue</b>	<b>\$113,306</b>	<b>\$1,761,007</b>	<b>\$114,545</b>	<b>\$1,905,245</b>

## Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority for HIV prevention, STD prevention, opiate overdose prevention and safe prescribing, and SSPH/ disease investigation.

State Local Public Health Authority IGA: \$1,167,785  
CDC STD Surveillance Grant: \$150,000; Medical Fees: \$ 280,995  
Federal Ryan White: \$50,000  
Cascade AIDS Project: \$18,000  
Central City Concern Wound Care Grant: \$238,465

## Significant Program Changes

**Last Year this program was:** FY 2015: 40011 STD/HIV/Hep C Community Prevention Program

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40011-16, 40025-16  
**Program Characteristics:**

**Executive Summary**

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to 2,900 highly vulnerable people living with HIV. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

**Program Summary**

The HIV Clinic serves over 1,400 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. Housing assistance and peer support are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers, and is an AIDS Education and Training Center site training over 40 doctors, nurses, and pharmacists each year. Clients continue to be severely affected by poverty, lack of stable housing, and lack of adequate services to treat mental illness and substance abuse. The Clinic also provides Hep C assessment and treatment to the County's non-HIV Primary Care Patients.

HIV Care Services Program coordinates a regional 6-county care system that promotes access to high quality HIV services through contracts with health departments and community organizations. In the past year HCS served over 2,900 clients. HCS funded services include:

- Early Intervention: Outreach ensures early identification and treatment.
- Care: A coordinated primary care system provides medical, dental, mental health and substance abuse treatment.
- Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.
- Basic Needs: Housing focuses on building life skills and access to permanent housing.
- Health Promotion: Behavioral education provides clients with self-management skills.
- Planning: A community-based council does service planning.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2918	2,450	2,900	2,700
Outcome	% of HCS clients engaged in HIV medical care	91%	90%	85%	85%
Output	# of unduplicated HIV Clinic clients	1,403	1,260	1,450	1,450
Quality	% of HIV clinic clients whose last viral load test is below 200 copies	NA	NA	81%	80%

**Performance Measures Descriptions**

A test result of less than 200 copies reflects a suppressed viral load. Research has shown that suppressed viral load also results in lower transmissibility of the disease so this measure is also a measure of HIV prevention.

## Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$534,685	\$2,781,667	\$904,040	\$2,996,956
Contractual Services	\$1,000	\$2,587,462	\$10,000	\$2,687,913
Materials & Supplies	\$11,717	\$164,135	\$60,765	\$115,329
Internal Services	\$56,271	\$916,304	\$87,512	\$970,829
<b>Total GF/non-GF</b>	<b>\$603,673</b>	<b>\$6,449,569</b>	<b>\$1,062,317</b>	<b>\$6,771,027</b>
<b>Program Total:</b>	<b>\$7,053,242</b>		<b>\$7,833,344</b>	
<b>Program FTE</b>	5.37	23.93	6.48	26.44

Program Revenues				
Indirect for Dept. Admin	\$284,847	\$0	\$323,441	\$0
Intergovernmental	\$0	\$5,471,641	\$0	\$5,712,641
Other / Miscellaneous	\$0	\$5,000	\$0	\$20,000
Service Charges	\$567,792	\$972,928	\$1,030,533	\$1,038,386
<b>Total Revenue</b>	<b>\$852,639</b>	<b>\$6,449,569</b>	<b>\$1,353,974</b>	<b>\$6,771,027</b>

## Explanation of Revenues

Services for Persons Living with HIV receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

HIV Clinic Revenue - Federal grants: \$1,652,014; Medical Fees: \$2,068,919  
 State/Local Revenue contracts: \$156,322; Federal Primary Care Grant: \$38,000  
 HIV Care Services Revenue - Federal Ryan White Part A grant: \$3,021,500  
 Ryan White Part C grant: \$864,805

## Significant Program Changes

**Last Year this program was:** FY 2015: 40012 Services for Persons Living with HIV

The HIV Clinic has begun to offer Hep C assessment and treatment services to non-HIV patients who are served by the County's Primary Care system.

**Department:** Health Department      **Program Contact:** Margy Robinson  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** HIV Care Services (Ryan White federal grant)  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

Employment Support Services will help 100-130 individuals annually who are living with HIV/AIDS find meaningful employment and/or job training. This program will differ from other vocational training programs in that it will provide a more holistic approach to address the client's life needs as they impact employment opportunities. Life needs encompass medical care, housing, mental health or substance abuse treatment, and the trauma of stigmatization. This approach will also address similar issues for transgendered individuals, regardless of their HIV status.

### Program Summary

Employment Support Services will help people living with HIV/AIDS and transgendered individuals return to work or pursue career-related education or training. Data from past comparable programs have shown that many participants have failed at more mainstream vocational rehabilitation programs due to stigma and the unpredictable nature of HIV disease. The program will offer a variety of ways for clients to obtain employment support. A primary strength of the program will be to customize offerings to meet specific individual needs. Program staff will help identify clients' own goals, establish how they wish to achieve those goals and develop a plan for achieving their self-sufficiency goals. The program will collaborate with other community partners to meet a wide variety of needs and address multiple employment-related obstacles. This collaboration will also increase the exchange of resources and reduce duplication of services. For people living with HIV/AIDS and transgendered individuals, notable barriers include experience with complex trauma, lack of stable housing, low-education attainment rates, mental illness, substance abuse and criminal convictions. People who are expected to benefit from this program offer include those who are:

- homeless
- experience mental health challenges
- struggle with substance abuse
- identify as a person of color
- report history with the criminal justice system
- identify as a victim or survivor of domestic violence
- report incomes below the federal poverty level.

Similar programs have been grant funded through HOPWA (Housing Opportunities for People with AIDS) federal funding which has now been discontinued. The program complements the Ryan White grant program which focuses on engagement in medical care. Employment services are specifically disallowed within the Ryan White program. It is expected that a successful program for these individuals will produce rates of successful employment or enrollment in education/training well above those of other programs working with clients with disabilities.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of clients engaged in employment resources	NA	NA	NA	125
Outcome	% of clients engaged in employment resources who find employment	NA	NA	NA	40%
Quality	% of clients who report satisfaction with employment services offered	NA	NA	NA	80%

### Performance Measures Descriptions

1. The measure quantifies the number of people who participate in at least four employment support sessions.
2. This measure documents the percentage of clients who are engaged in the program (see output measure) who find work or enroll in training or education toward their chosen field.
3. Employment support services clients will be asked to complete a client satisfaction survey.

**Legal / Contractual Obligation**

NA

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$153,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$153,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$153,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

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

Last Year this program was:

New Program



<b>Department:</b>	Health Department	<b>Program Contact:</b>	Amy Sullivan
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Proposed
<b>Related Programs:</b>	40010A		
<b>Program Characteristics:</b>			

### Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs; and assuring that schools and childcare facilities comply with state school immunization rules. We also directly provide immunizations for persons in need across our community. Our activities contribute to the community's ability to protect children and at-risk adults from life-threatening, vaccine-preventable diseases.

### Program Summary

As a Program within Communicable Disease Services, the Community Immunization Program's (CIP) vision is to be a trusted community resource that protects the people of Multnomah County from communicable diseases, specifically vaccine-preventable diseases. No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. Likewise, adults at high-risk for vaccine preventable diseases like Hepatitis B infection, should have access to potentially life-saving vaccines regardless of their ability to pay.

CIP ensures that the basic disease prevention needs of our community are met through several interrelated program components. We assure a safe vaccine supply and efficient use of vaccine for the County system of Federally Qualified Health Centers by monitoring the vaccine cold chain. We assure access to immunizations by providing immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay, and any child needing vaccine to stay in school should have timely access to that vaccine. Adults at high-risk for vaccine preventable conditions like Hepatitis B can also access vaccine through our clinics, and we work with community-based organizations to assure that uninsured adults have access to annual flu shots. We conduct activities that uphold state mandates related to school immunization laws – including issuing exclusion orders as needed – and assure that all children in certified day care centers, preschools, kindergartens, Head Start Programs and students in private, alternative and public schools are complete or up-to-date on their immunizations.

Increasing complexity of addressing state school immunization law requirements, combined with decreased Medicaid revenues and flat state funding, challenge all aspects of this program. Our commitment to values of innovation, collaboration, diversity, excellence, teamwork, and accountability keep us looking for solutions to address these challenges, including expanding community partnerships for delivering services and the use of technology to meet training needs for schools and day cares complying with school exclusion rules.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of immunizations directly provided to keep children in school	876	300	700	500
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100%	100%	99%	98%
Output	Number of schools & other facilities assisted with immunization law requirements	370	150	370	150
Output	Proportion of all vaccine administration data for CDS entered within 14 days of vaccine administration	100%	95%	97.5%	95%

### Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Adjusting to FY 2015 school immunization law on-call reductions and healthcare reform impacts; one less clinic planned for FY 2016.

Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2015, compensated by reassigning staff from other CDS programs and receiving a CDC Public Health Associate; pending resources and state ALERT program changes. FY 2016 may see the the lower anticipated values.

## Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047

School Immunization - Amended ORS 433.267, 433.273 and 433.284 (operative March 1, 2014); Administrative Rules 333-050-0010 through 333-050-0140; Oregon Revised Statutes 433.235 through 433.284

ALERT Immunization Registry - Administrative Rules 333-049-0010 through 333-049-0130; Oregon Revised Statutes 433.090 through 433.102

Vaccine Education and Prioritization Plan - Oregon Revised Statutes 433.040; Administrative Rules 333-048-0010 through 333-048-0030

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$150,204	\$230,475	\$207,454	\$186,991
Contractual Services	\$4,787	\$15,772	\$2,109	\$0
Materials & Supplies	\$7,060	\$28,278	\$25,850	\$22,987
Internal Services	\$94,838	\$37,415	\$38,565	\$73,121
<b>Total GF/non-GF</b>	<b>\$256,888</b>	<b>\$311,940</b>	<b>\$273,978</b>	<b>\$283,099</b>
<b>Program Total:</b>	<b>\$568,828</b>		<b>\$557,077</b>	
<b>Program FTE</b>	1.55	2.45	2.08	1.92

Program Revenues				
Indirect for Dept. Admin	\$21,247	\$0	\$17,020	\$0
Intergovernmental	\$0	\$200,884	\$0	\$198,446
Service Charges	\$0	\$111,056	\$0	\$84,653
<b>Total Revenue</b>	<b>\$21,247</b>	<b>\$311,940</b>	<b>\$17,020</b>	<b>\$283,099</b>

## Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund.

Fed/State LPHA Immunization Special Payments: \$198,446

Patient Fees: \$84,653

## Significant Program Changes

**Last Year this program was:** FY 2015: 40014 Immunizations

No significant changes.

From 2006-2013, the number of facilities we directly supported for school exclusion increased by 47% while state funding increased 3%; Immunizations' revenue declined; and county general fund increases did not keep pace with increasing personnel costs. This trend continues into FY 2016, and this budget and continues the FY 2015 reductions to on-call staffing from October through March each year to support facilities and parents in meeting school exclusion requirements.

**Department:** Health Department      **Program Contact:** Jae Douglas  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40037  
**Program Characteristics:**

**Executive Summary**

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funding. Lead causes brain damage in children, resulting in behavior, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood. In addition, environmental investigations, case management, and advocacy for services and community education/outreach are provided by the program.

**Program Summary**

Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home, and to develop into healthy adults. There are an estimated 10,000 older homes with possible lead paint-exposure risk in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program promotes safe housing conditions by identifying and helping residents reduce exposure to the environmental hazards of lead.

Multnomah County Lead Poisoning Prevention program works collaboratively with the City of Portland lead partners and the Oregon Health Authority (OHA) to ensure continuity of care and early intervention for children at risk of lead poisoning. The Lead Program: 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, lead screening, and reducing home lead hazards; 2) Conducts free lead testing clinics for children and pregnant women to screen for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of cases of children with blood levels of 5 or greater (5 or more micrograms per deciliter as set by CDC) by a Certified Lead Risk Assessor who conducts an in home assessment to identify causes of and eliminate exposures to lead for the at-risk child and provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect local trends/risks; 7) Screens for risk of lead exposure of low-income children in support of improving health equity; 8) Educates contractors and residents about EPA lead-based paint rules, 9) Provides education and outreach to medical providers and community.

The Lead Poisoning Prevention Program continues to focus on outreach and education services targeting the most vulnerable populations. This program offer relies largely on grants and contracts.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total number of children screened by MCHD primary care and through community outreach	3,270	3,348	3,358	3,250
Outcome	Total number of successfully identified children with EBLLs who have been reported to Leadline	107	90	95	90
Output	Number of community members receiving information on lead prevention	14,247	17,200	20,669	18,000
Quality	Percentage of home investigations where lead exposure risk hazards/factors are identified for children with EBLL	90%	95%	82%	82%

**Performance Measures Descriptions**

1) Counts lead screening services provided by MCHD clinical providers and lead program outreach testing. 2) Children with Elevated Blood Lead Levels (EBLL) found during screening at community test sites or by MCHD providers. 3) Measure to quantify reach of program through phone counseling, referral, community events, and more. 4) % of home investigations with identified contributing factors for lead exposure. We are using new state data system that provides more accurate data and as a result we have updated program goal to 82%.

## Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$52,779	\$136,011	\$47,453	\$141,977
Contractual Services	\$7,000	\$7,000	\$7,946	\$0
Materials & Supplies	\$375	\$15,843	\$4,081	\$14,606
Internal Services	\$41,022	\$21,146	\$49,127	\$23,417
<b>Total GF/non-GF</b>	<b>\$101,176</b>	<b>\$180,000</b>	<b>\$108,607</b>	<b>\$180,000</b>
<b>Program Total:</b>	<b>\$281,176</b>		<b>\$288,607</b>	
<b>Program FTE</b>	0.20	1.20	0.40	1.20

Program Revenues				
Indirect for Dept. Admin	\$12,261	\$0	\$10,822	\$0
Intergovernmental	\$0	\$180,000	\$0	\$180,000
<b>Total Revenue</b>	<b>\$12,261</b>	<b>\$180,000</b>	<b>\$10,822</b>	<b>\$180,000</b>

## Explanation of Revenues

A contract with City of Portland Water Bureau is expected to be renewed at \$175,000 in FY 2016. An additional \$5,000 is an ongoing contract with the State Lead Program.

## Significant Program Changes

Last Year this program was: FY 2015: 40015 Lead Poisoning Prevention

**Department:** Health Department **Program Contact:** Christy Ward

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

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

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain coverage otherwise. Last year, more than 13,000 clients were screened and 4,000 children insured.

**Program Summary**

The Medicaid Enrollment program provides outreach and education efforts which increase the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at re-certification. The program aims to provide dignified access to health care for County residents in collaboration with existing Multnomah County services, and addresses the Basic Needs strategy to provide access to care, by securing insurance coverage for eligible individuals.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Annual number of clients screened	13,694	14,000	14,000	14,000
Outcome	% of Self-Pay patients in Medical	21%	17%	14%	16%
Outcome	% of Self-Pay patients in Dental	13.2%	17%	11%	12%

**Performance Measures Descriptions**

Output: Annual number of clients completing financial screening to determine eligibility for available programs

Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available.

## Legal / Contractual Obligation

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$319,058	\$955,138	\$298,752	\$1,173,065
Contractual Services	\$0	\$3,150	\$0	\$3,000
Materials & Supplies	\$3,071	\$11,706	\$9,063	\$8,301
Internal Services	\$105,120	\$105,976	\$0	\$216,445
<b>Total GF/non-GF</b>	<b>\$427,249</b>	<b>\$1,075,970</b>	<b>\$307,815</b>	<b>\$1,400,811</b>
<b>Program Total:</b>	<b>\$1,503,219</b>		<b>\$1,708,626</b>	
<b>Program FTE</b>	4.00	11.46	4.00	14.00

Program Revenues				
Indirect for Dept. Admin	\$73,286	\$0	\$84,218	\$0
Intergovernmental	\$0	\$39,360	\$0	\$291,424
Service Charges	\$0	\$1,036,610	\$0	\$1,109,387
<b>Total Revenue</b>	<b>\$73,286</b>	<b>\$1,075,970</b>	<b>\$84,218</b>	<b>\$1,400,811</b>

## Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY16 is based on actual expenses from FY2015. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

Division of Medical Assistance Programs (DMAP): \$1,109,387  
 Federal Primary Care Grant: \$291,424

## Significant Program Changes

**Last Year this program was:** FY 2015: 40016 Medicaid/Medicare Eligibility

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

**Executive Summary**

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 25,000 people in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides unique child based services to uninsured and under-insured clients; focuses on access for patients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

**Program Summary**

The Dental program has three distinct service components. Six dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics include outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The clinical program also focuses on services for pregnant women because recent research indicates that dental hygiene and periodontal services provided during pregnancy may decrease preterm delivery and improves infant health outcomes. The School and Community Oral Health Program provides dental education, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting. For uninsured Multnomah County residents with critical, urgent or specialty dental needs the Dental Access Program (DAP) provides triage and referrals to County dental clinics and private dentists. The Dental program also delivers mandated services within two Corrections Health sites. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

After careful research, MCHD decided to discontinue the school fluoride tablet distribution program beginning in the Fall of 2015. In short, the tablet program was not able to be delivered year round, nor consistently, and its efficacy was questioned. The need for a better utilization of county resources, and ensuring that the dental school services provided are evidence-based, we determined that a better way to tackle childhood oral health concerns was to expand our school sealant program. This program offer includes an expansion of the dental sealant program to 1200-1300 middle school children in Portland Public Schools with free and reduced lunch rates of 40% or more.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	Billable patient visits	60,708	65,470	59,601	67,883
Outcome	Percentage of patients who complete treatment plan within 12 months	52%	60%	55%	58%

**Performance Measures Descriptions**

% of patients who complete treatment plan within 12 months measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health. Discontinued previous Quality measurement "80% of clients strongly agree that they would refer their friends/family to our clinic." 2015 Launching new patient satisfaction and engagement review process and will develop baseline metric for improvement.

## Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$7,553,032	\$3,989,625	\$7,851,918	\$5,402,911
Contractual Services	\$4,180	\$690,173	\$49,669	\$208,692
Materials & Supplies	\$311,980	\$675,981	\$252,364	\$853,327
Internal Services	\$1,024,019	\$2,301,700	\$1,010,991	\$2,255,292
Capital Outlay	\$0	\$165,475	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$8,893,211</b>	<b>\$7,822,954</b>	<b>\$9,164,942</b>	<b>\$8,720,222</b>
<b>Program Total:</b>	<b>\$16,716,165</b>		<b>\$17,885,164</b>	
<b>Program FTE</b>	56.99	43.35	54.16	59.16

Program Revenues				
Indirect for Dept. Admin	\$1,115,566	\$0	\$1,060,457	\$0
Intergovernmental	\$0	\$314,360	\$0	\$314,360
Other / Miscellaneous	\$0	\$475,000	\$0	\$0
Service Charges	\$8,555,581	\$7,033,594	\$8,918,524	\$8,405,862
<b>Total Revenue</b>	<b>\$9,671,147</b>	<b>\$7,822,954</b>	<b>\$9,978,981</b>	<b>\$8,720,222</b>

## Explanation of Revenues

The primary source of revenue is Medicaid funds. Additional revenue is received from the Primary Care 330 federal grant, general fund (to support Billi Odegaard services for the homeless) and patient fees.

Dental Patient Fees: \$17,324,386  
Federal Primary Care Grant: \$314,360

## Significant Program Changes

**Last Year this program was:** FY 2015: 40017A Dental Services

After careful research, MCHD decided to discontinue the school fluoride tablet distribution program beginning in the Fall of 2015 and instead expand our school sealant program. The expanded sealant program is funded with general fund previously used for the fluoride tablet program and dental fees generated from sealant application.



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

### Executive Summary

The Women, Infants and Children Program (WIC) serves more than 17,000 lower-income pregnant, post-partum and breastfeeding women, infants and children (under age five) per month who have health or nutrition risks. WIC provides individual growth and health assessments, education on nutrition and physical activity, WIC vouchers to purchase nutritious food, farmer's market coupons, breastfeeding education and support and referrals to other preventive health and support services. This offer also includes the Breastfeeding Peer Counseling program.

### Program Summary

The mandate of the Women, Infants, and Children Program (WIC) is to provide food, nutrition education, growth monitoring, and support services to Multnomah County's most vulnerable population: low-income pregnant or breastfeeding women, and their infants and children up to five years of age. In addition to food vouchers, all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by Nutrition Assistants on the current best practices for diet during pregnancy, lactation, infancy, and early childhood. Registered Dietitians counsel higher risk clients.

Poor nutrition during the first three years of life can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, and more. Research demonstrates that families on WIC are in overall better health, have less dental-related Medicaid costs, have less underweight infants, and demonstrate a lower prevalence of anemia than low-income children not on WIC. Four and five year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than those that didn't receive WIC benefits. WIC participation positively influences the nutrient intake of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect, and is associated with increased use of preventative care and improved health status of children.

The WIC Program acts as a core referral center for other health and social services and has been key in getting more families enrolled for Medicaid and insurance. WIC operates the Breastfeeding Peer Counseling Program, which provides breastfeeding support pre and postnatally and maintains a caseload of over 600 prenatal clients. Since its inception, breastfeeding rates in Multnomah County have increased 1% per year. WIC served over 30,000 clients last year and provided access to other support services including prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, and more. WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and address disparities experienced by low-income families of color.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average number of clients served each month	18,874	19,000	17,500	17,000
Outcome	% of mothers initiating breastfeeding on WIC	91%	89%	92%	92%
Outcome	Show rate for WIC group nutrition education follow-up	60.5%	69%	57%	59%
Outcome	Children at risk of anemia (2-5 year olds)	13.8	13.0%	15%	15%

### Performance Measures Descriptions

1) Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. 2) Outcome: % of mothers who initiated breast feeding after delivery. 3) Outcome: return for education required each six months to continue participation. 4) Outcome: children with lower than recommended hemoglobin levels. Anemia/low hemoglobin reduces the ability for children to learn.

## Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants and Children is authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$784,665	\$2,648,483	\$760,527	\$2,813,716
Contractual Services	\$3,950	\$17,675	\$0	\$8,800
Materials & Supplies	\$63,336	\$33,989	\$67,194	\$28,547
Internal Services	\$624,916	\$374,075	\$681,957	\$331,560
<b>Total GF/non-GF</b>	<b>\$1,476,867</b>	<b>\$3,074,222</b>	<b>\$1,509,678</b>	<b>\$3,182,623</b>
<b>Program Total:</b>	<b>\$4,551,089</b>		<b>\$4,692,301</b>	
<b>Program FTE</b>	6.71	34.05	9.80	33.05

Program Revenues				
Indirect for Dept. Admin	\$209,389	\$0	\$191,342	\$0
Intergovernmental	\$0	\$3,074,222	\$0	\$3,182,623
<b>Total Revenue</b>	<b>\$209,389</b>	<b>\$3,074,222</b>	<b>\$191,342</b>	<b>\$3,182,623</b>

## Explanation of Revenues

The Women, Infants and Children program's revenue is federal funds included in the intergovernmental revenue agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with county general fund. County general funds assist the WIC Program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program.

State WIC grant: \$2,960,824

Breast Feeding Peer Counselor grant: \$221,799

## Significant Program Changes

Last Year this program was: FY 2015: 40018 Women, Infants and Children (WIC)

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

**Executive Summary**

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care. The clinic provides more than 17,000 visits a year.

**Program Summary**

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of which 70% are below 100% of the Federal Poverty level. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	16,688	18,240	16,956	18,793
Outcome	% of children who are up to date on immunizations at 24 months of age	80%	85%	81%	85%
Efficiency	Number of days for a new patient appointment	7.3	7	7.4	7

**Performance Measures Descriptions**

% of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements CCO contractual obligations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,925,634	\$1,222,309	\$2,565,991	\$1,324,524
Contractual Services	\$0	\$48,581	\$0	\$59,332
Materials & Supplies	\$22,529	\$134,546	\$52,605	\$158,549
Internal Services	\$262,072	\$785,416	\$376,934	\$722,331
<b>Total GF/non-GF</b>	<b>\$2,210,236</b>	<b>\$2,190,851</b>	<b>\$2,995,530</b>	<b>\$2,264,736</b>
<b>Program Total:</b>	<b>\$4,401,087</b>		<b>\$5,260,266</b>	
<b>Program FTE</b>	22.00	6.00	17.90	15.30

Program Revenues				
Indirect for Dept. Admin	\$297,677	\$0	\$315,957	\$0
Intergovernmental	\$0	\$739,577	\$0	\$532,681
Other / Miscellaneous	\$0	\$0	\$185,000	\$0
Service Charges	\$2,191,581	\$1,451,274	\$2,805,631	\$1,732,055
<b>Total Revenue</b>	<b>\$2,489,258</b>	<b>\$2,190,851</b>	<b>\$3,306,588</b>	<b>\$2,264,736</b>

## Explanation of Revenues

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$4,722,686  
Federal Primary Care grant: \$74,949  
Federal Primary Care/Homeless grant: \$394,000  
State Family Planning grant: \$34,343  
State Maternal & Child Health grant: \$29,389

## Significant Program Changes

Last Year this program was: FY 2015: 40019 North Portland Health Clinic

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

**Executive Summary**

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. This clinic provides more than 24,000 visits a year.

**Program Summary**

Northeast Health Clinic primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic serves a culturally diverse population of which 75% are below 100% of the Federal Poverty level. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community. This clinic hours are 8:00am-7:00pm Monday through Friday, in order to meet the access needs and demands of the community and patients that they serve.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	23,991	27,132	24,072	24,938
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	81%	85%	80%	85%
Efficiency	Number of days for a new patient appointment	7.2	7	6.6	7

**Performance Measures Descriptions**

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,481,078	\$1,981,747	\$3,422,690	\$1,626,151
Contractual Services	\$95,606	\$2,000	\$0	\$203,147
Materials & Supplies	\$12,317	\$192,430	\$134,152	\$175,627
Internal Services	\$278,981	\$1,053,790	\$495,730	\$928,540
<b>Total GF/non-GF</b>	<b>\$2,867,982</b>	<b>\$3,229,966</b>	<b>\$4,052,572</b>	<b>\$2,933,465</b>
<b>Program Total:</b>	<b>\$6,097,948</b>		<b>\$6,986,037</b>	
<b>Program FTE</b>	29.70	9.50	26.00	19.40

Program Revenues				
Indirect for Dept. Admin	\$414,417	\$0	\$419,558	\$0
Intergovernmental	\$0	\$1,290,595	\$0	\$772,692
Other / Miscellaneous	\$0	\$0	\$231,000	\$0
Service Charges	\$2,854,436	\$1,939,371	\$3,814,146	\$2,160,773
<b>Total Revenue</b>	<b>\$3,268,853</b>	<b>\$3,229,966</b>	<b>\$4,464,704</b>	<b>\$2,933,465</b>

## Explanation of Revenues

Northeast Health Clinic is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$6,126,955; Federal Primary Care grant: \$688,261  
 State Family Planning grant: \$45,497; State Maternal & Child Health grant: \$38,934  
 Legacy Health CARES grant: \$78,964

## Significant Program Changes

Last Year this program was: FY 2015: 40020 Northeast Health Clinic

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

**Executive Summary**

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and underinsured members of the community. The clinic provides more than 41,000 visits a year.

**Program Summary**

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	40,695	46,296	38,772	43,153
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	80%	85%	77%	85%
Efficiency	Number of days for a new patient appointment	8.3	7	6.8	7

**Performance Measures Descriptions**

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$5,713,682	\$2,127,882	\$5,776,668	\$2,385,085
Contractual Services	\$0	\$464,027	\$0	\$434,387
Materials & Supplies	\$408,359	\$461,298	\$83,558	\$440,174
Internal Services	\$568,748	\$1,748,617	\$946,133	\$1,193,667
<b>Total GF/non-GF</b>	<b>\$6,690,789</b>	<b>\$4,801,824</b>	<b>\$6,806,359</b>	<b>\$4,453,313</b>
<b>Program Total:</b>	<b>\$11,492,613</b>		<b>\$11,259,672</b>	
<b>Program FTE</b>	61.80	8.10	58.40	13.20

Program Revenues				
Indirect for Dept. Admin	\$755,887	\$0	\$676,554	\$0
Intergovernmental	\$0	\$380,832	\$0	\$375,648
Other / Miscellaneous	\$0	\$0	\$370,000	\$0
Service Charges	\$6,296,008	\$4,420,992	\$6,429,939	\$4,077,665
<b>Total Revenue</b>	<b>\$7,051,895</b>	<b>\$4,801,824</b>	<b>\$7,476,493</b>	<b>\$4,453,313</b>

## Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), county general fund, and medical fees.

Medical Fees: \$10,323,608  
 State Refugee Screening grant: \$553,996  
 Federal Primary Care grant: \$246,956  
 State Family Planning grant: \$69,349  
 State Maternal & Child Health grant: \$59,343

## Significant Program Changes

Last Year this program was: FY 2015: 40022 Mid County Health Clinic



**Department:** Health Department  
**Program Offer Type:** Existing Operating Program

**Program Contact:** Lynne Wiley  
**Program Offer Stage:** As Proposed

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The East County Health Center (EHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive health care services because of where they live, the language they speak and their higher level of complex health care needs. The clinic provides more than 35,000 visits a year.

### Program Summary

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population, 80% whose incomes are below 100% of the Federal Poverty Level. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	34,757	37,632	36,456	38,384
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	90%	85%	88%	85%
Efficiency	Number of days for a new patient appointment	7	7	6.7	7

### Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$4,311,184	\$1,918,576	\$4,905,456	\$2,511,193
Contractual Services	\$0	\$159,821	\$187,285	\$1,500
Materials & Supplies	\$427,382	\$310,035	\$42,395	\$499,996
Internal Services	\$426,723	\$1,772,081	\$1,523,783	\$803,991
<b>Total GF/non-GF</b>	<b>\$5,165,289</b>	<b>\$4,160,513</b>	<b>\$6,658,919</b>	<b>\$3,816,680</b>
<b>Program Total:</b>	<b>\$9,325,802</b>		<b>\$10,475,599</b>	
<b>Program FTE</b>	46.40	11.60	52.80	13.10

Program Revenues				
Indirect for Dept. Admin	\$608,305	\$0	\$629,307	\$0
Intergovernmental	\$0	\$718,429	\$0	\$527,405
Other / Miscellaneous	\$0	\$0	\$350,000	\$0
Service Charges	\$4,770,508	\$3,442,084	\$6,300,692	\$3,289,275
<b>Total Revenue</b>	<b>\$5,378,813</b>	<b>\$4,160,513</b>	<b>\$7,279,999</b>	<b>\$3,816,680</b>

## Explanation of Revenues

East County Health Clinic is supported by Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$9,939,967; Federal Primary Care grant: \$387,733  
 State Family Planning grant: \$75,265  
 State Maternal & Child Health grant: \$64,407

## Significant Program Changes

Last Year this program was: FY 2015: 40023 East County Health Clinic

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

**Executive Summary**

The School-Based Health Center (SBHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 13 school based health centers. Without this safety net many school-aged youth would not receive necessary health care.

**Program Summary**

The SBHC sites provide critical points of access to health care regardless of insurance status. SBHC's contribute to learning readiness through optimizing the learning environment by linking health and education for student success in school and life. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

The SBHC program operates 13 fully equipped medical clinics. All clinics are located in schools. This program assures access to care by providing service ties beyond regular school times, with one of the sites remaining open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	60%	60%	72%	60%
Outcome	% of patients with persistent asthma prescribed appropriate medications	90%	80%	91%	80%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and CCO contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$3,049,664	\$968,943	\$2,943,570	\$1,371,104
Contractual Services	\$11,599	\$25,375	\$87,837	\$15,295
Materials & Supplies	\$136,839	\$424,877	\$232,526	\$241,611
Internal Services	\$325,518	\$745,549	\$683,773	\$638,798
<b>Total GF/non-GF</b>	<b>\$3,523,621</b>	<b>\$2,164,744</b>	<b>\$3,947,706</b>	<b>\$2,266,808</b>
<b>Program Total:</b>	<b>\$5,688,365</b>		<b>\$6,214,514</b>	
<b>Program FTE</b>	26.66	9.51	21.82	15.56

Program Revenues				
Indirect for Dept. Admin	\$265,124	\$0	\$292,525	\$0
Intergovernmental	\$0	\$982,556	\$0	\$1,071,837
Other / Miscellaneous	\$0	\$159,140	\$206,440	\$80,000
Service Charges	\$1,727,766	\$1,023,048	\$2,392,353	\$1,114,971
<b>Total Revenue</b>	<b>\$1,992,890</b>	<b>\$2,164,744</b>	<b>\$2,891,318</b>	<b>\$2,266,808</b>

## Explanation of Revenues

SBHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,713,764; State SBHC grant: \$689,000  
Federal Primary Care grant: \$302,836  
Providence Outreach grant: \$80,000  
State Family Planning grant: \$80,001

## Significant Program Changes

**Last Year this program was:** FY 2015: 40024 School Based Health Centers

In the Spring of 2014, the school linked clinic moved services from the offsite Teen Clinic in East County to Centennial High School to continue to better serve our east county residents.

A part-time Program Coordinator, Health Educator and a full-time Office Assistant were also added to FY15

**Department:** Health Department      **Program Contact:** Alexandra Lowell  
**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Proposed  
**Related Programs:** SBHC Clinics  
**Program Characteristics:**

**Executive Summary**

For the 2015/16 school year, the SBHC team at Roosevelt will provide services from a mobile site located on the Roosevelt High School campus, while portions of the school building are renovated.

**Program Summary**

The Portland Public School Bond Renovation for Roosevelt High School begins in late June 2015 and requires the Roosevelt School Based Health Clinic (SBHC) to vacate the clinic space on the premises. To provide onsite services during the renovation period, Multnomah County and PPS are partnering to purchase a mobile van. For the 2015/16 school year, the SBHC team will provide services from the two-exam room bus which will be located on an appropriate space on the Roosevelt High School campus. The addition of this van to students and the community is needed in order to not disrupt needed medical services to that location.

The SBHC team will serve a projected 1,200 clinic visits during the 2015/16 school year. This funding also covers maintenance and service of the bus.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Clinic visits	0	0	0	1,200
Outcome		0	0	0	0

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Capital Outlay	\$0	\$0	\$120,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$120,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$120,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

SBHC Roosevelt Clinic closure for PPS remodeling requires that we relocate our clinic to a new location or close the location during remodel. The addition of this van to students and the community is needed in order to not disrupt needed medical services to that location.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40011, 40012  
**Program Characteristics:** Measure 5 Education

### Executive Summary

The Adolescent Health Promotion Program implements community- and school-based parent and youth education and teacher training for more than 5,000 participants, designed to address key health disparities among adolescents, including teen pregnancy, educational attainment, sexually transmitted infections and other health concerns.

### Program Summary

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinos, American Indians, African Americans, and the LGBTQ community when compared to the county as a whole. Teen pregnancy is a factor contributing to low high school graduation rates. Furthermore, STD rates are among the highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and LGBTQ youth. The Adolescent Health Promotion Program provides a core public health function by addressing serious disparities affecting the county's youth of color and LGBTQ youth through school and family education, community outreach, and collaborative partnerships.

This program works to reduce teen pregnancy, delay the onset of sexual activity, increase condom use, and strengthen healthy relationship and sexuality skills of adolescents. Program components are responsive to community concerns, emphasize prevention, and use culturally specific, evidence based, population focused approaches. Program components include youth education and skill building, parent engagement and skill building, community services, and teacher training. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Educators also train youth in peer sexuality education. Sites include public and alternative high schools, SUN programs, public housing units, residential treatment, and juvenile detention and other community sites. Community services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Community capacity is also increased by training community partner organizations and working together on policy advocacy, securing funding, and increasing community awareness. Teacher training: supports school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including training and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology. Culturally specific approaches are implemented by and for African American and Latino communities (Latino education is bilingual).

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in educational sessions/training	4722	5000	4700	1500
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	88%	85%
Quality	% of participants utilizing skills to increase parent-to-youth communication	75%	80%	75%	80%

### Performance Measures Descriptions

1) Output: FY16 reduction in service to 3,600 high school students due to Federal Healthy Marriage Initiative 3-year grant ending. 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills (of those who completed a full evaluation survey). 3) Quality: The percentage of parents that feel confident they can implement new or improved skills to communicate effectively with their youth.

## Legal / Contractual Obligation

Latina Teen Pregnancy Prevention Grant requires 250 youth served with a 6 hours curriculum.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$265,181	\$381,336	\$453,323	\$129,835
Contractual Services	\$0	\$0	\$1,500	\$0
Materials & Supplies	\$15,696	\$5,291	\$10,551	\$1,667
Internal Services	\$61,165	\$41,500	\$56,297	\$13,651
<b>Total GF/non-GF</b>	<b>\$342,042</b>	<b>\$428,127</b>	<b>\$521,671</b>	<b>\$145,153</b>
<b>Program Total:</b>	<b>\$770,169</b>		<b>\$666,824</b>	
<b>Program FTE</b>	2.72	3.53	4.80	1.55

Program Revenues				
Indirect for Dept. Admin	\$29,161	\$0	\$8,727	\$0
Intergovernmental	\$0	\$428,126	\$0	\$145,153
<b>Total Revenue</b>	<b>\$29,161</b>	<b>\$428,126</b>	<b>\$8,727</b>	<b>\$145,153</b>

## Explanation of Revenues

Fed/State Latina Teen Pregnancy Prevention grant: \$87,206  
State My Future-My Choice teacher training curriculum grant: \$30,000  
Healthy Marriage Initiative funding: \$27,947

## Significant Program Changes

**Last Year this program was:** FY 2015: 40025 Adolescent Health Promotion

Federal Healthy Marriage Initiative 3-year grant subcontracted to this program by North West Family Svcs for healthy relationship education in high school, ends September, 2015. (\$309,000). Two health educators removed from FY16 budget.



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

### Executive Summary

La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care and vital services to a population that otherwise may not have access to medical care. The clinic provides more than 6,900 visits a year.

### Program Summary

La Clinica provides culturally appropriate, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Eighty percent are at or below 100% Federal Poverty Level (FLP). La Clinica health and social services team includes: primary, preventive and urgent health care behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. This program supports many of the basic living needs priorities. Of those receiving health services, 32% have no insurance. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	6,856	6,864	6,816	7,262
Outcome	% of children who are up to date on immunizations at 24 months of age	94%	85%	91%	85%
Efficiency	Number of days for a new patient appointment	6	7	7	7

### Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and CCO contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$769,721	\$596,227	\$952,575	\$728,549
Contractual Services	\$100	\$25,863	\$0	\$40,154
Materials & Supplies	\$14,871	\$58,176	\$36,873	\$87,523
Internal Services	\$106,173	\$437,767	\$211,505	\$338,244
<b>Total GF/non-GF</b>	<b>\$890,865</b>	<b>\$1,118,033</b>	<b>\$1,200,953</b>	<b>\$1,194,470</b>
<b>Program Total:</b>	<b>\$2,008,898</b>		<b>\$2,395,423</b>	
<b>Program FTE</b>	4.50	6.90	11.40	3.20

Program Revenues				
Indirect for Dept. Admin	\$135,502	\$0	\$143,900	\$0
Intergovernmental	\$0	\$650,073	\$0	\$599,827
Other / Miscellaneous	\$0	\$0	\$100,000	\$0
Service Charges	\$871,386	\$467,960	\$1,099,030	\$594,643
<b>Total Revenue</b>	<b>\$1,006,888</b>	<b>\$1,118,033</b>	<b>\$1,342,930</b>	<b>\$1,194,470</b>

## Explanation of Revenues

La Clinica de Buena Salud is supported by a Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$1,793,673; Federal Primary Care grant: \$288,927  
 Federal Primary Care/Homeless grant: \$256,414; State Family Planning grant: \$29,361  
 State Maternal & Child Health grant: \$25,125

## Significant Program Changes

Last Year this program was: FY 2015: 40026 La Clinica de Buena Salud

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

### Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or under-insured and otherwise might not have access to health care. Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. The clinic provides more than 10,600 visits a year.

### Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (34th/Powell). Dental services are provided at this site. The clinic provides comprehensive, culturally appropriate primary care services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a medical home for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	10,605	11,784	10,188	13,268
Outcome	% of children who are up to date on immunizations at 24 months of age	38%	85%	50%	85%
Efficiency	Number of days for a new patient appointment	7	7	7	7

### Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

SEHC primary care complies with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and CCO contractual obligations. SEHC primary care meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$967,905	\$1,330,273	\$1,615,065	\$2,057,389
Contractual Services	\$0	\$380,417	\$73,253	\$245,335
Materials & Supplies	\$21,514	\$108,904	\$24,343	\$163,903
Internal Services	\$141,010	\$785,051	\$501,990	\$623,965
<b>Total GF/non-GF</b>	<b>\$1,130,429</b>	<b>\$2,604,645</b>	<b>\$2,214,651</b>	<b>\$3,090,592</b>
<b>Program Total:</b>	<b>\$3,735,074</b>		<b>\$5,305,243</b>	
<b>Program FTE</b>	12.00	8.20	10.40	22.20

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$253,051	\$0	\$317,372	\$0
Intergovernmental	\$0	\$1,728,742	\$0	\$1,612,623
Other / Miscellaneous	\$0	\$0	\$258,584	\$0
Service Charges	\$1,110,609	\$875,903	\$1,929,719	\$1,477,969
<b>Total Revenue</b>	<b>\$1,363,660</b>	<b>\$2,604,645</b>	<b>\$2,505,675</b>	<b>\$3,090,592</b>

## Explanation of Revenues

Southeast Health Clinic is supported by federal BPHC grant, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep the Primary Care grant and to serve uninsured patients.

Medical Fees: \$3,666,272  
Federal Primary Care grant: \$470,706  
Federal Primary Care/Homeless grant: \$1,098,585  
State Family Planning grant: \$23,351  
State Maternal & Child Health grant: \$19,981

## Significant Program Changes

Last Year this program was: FY 2015: 40027 Southeast Health Clinic

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

### Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community. Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care. The clinic provides more than 17,500 visits per year.

### Program Summary

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of annual client visits	17,546	20,256	15,456	19,711
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	68%	85%	58%	85%
Efficiency	Number of days for a new patient appointment	8.3	7	8.2	7

### Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

## Legal / Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and CCO contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,066,860	\$1,280,979	\$2,552,510	\$1,461,767
Contractual Services	\$600	\$95,956	\$0	\$360,484
Materials & Supplies	\$23,347	\$195,359	\$170,373	\$447,288
Internal Services	\$238,714	\$851,784	\$612,290	\$727,483
<b>Total GF/non-GF</b>	<b>\$2,329,521</b>	<b>\$2,424,078</b>	<b>\$3,335,173</b>	<b>\$2,997,022</b>
<b>Program Total:</b>	<b>\$4,753,599</b>		<b>\$6,332,195</b>	
<b>Program FTE</b>	23.00	7.00	18.50	17.80

Program Revenues				
Indirect for Dept. Admin	\$321,499	\$0	\$370,919	\$0
Intergovernmental	\$0	\$777,818	\$0	\$1,172,176
Other / Miscellaneous	\$0	\$0	\$265,000	\$350,000
Service Charges	\$2,296,087	\$1,646,260	\$3,067,161	\$1,474,846
<b>Total Revenue</b>	<b>\$2,617,586</b>	<b>\$2,424,078</b>	<b>\$3,703,080</b>	<b>\$2,997,022</b>

## Explanation of Revenues

Rockwood Community Health Center is supported by Federal BPHC grant, State Family Planning grant, State funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$5,157,007; Federal Primary Care grant: \$955,672

HRSA Facility Improvements grant: \$159,608

State Family Planning grant: \$30,660; State Maternal & Child Health grant: \$26,236

## Significant Program Changes

Last Year this program was: FY 2015: 40029 Rockwood Community Health Clinic

**Department:** Health Department      **Program Contact:** Vanetta Abdellatif  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective, and based on proven best practices.

**Program Summary**

Medical services:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.

Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	80% (or more) of providers are mtg their visit target minimum productivity goals.	70	75	75	75
Outcome		0	0	0	0
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

**Performance Measures Descriptions**

1) October 2014, start of Alternative Payment Methodology (APM) pilot. This pilot incentivizes whole person care. We will evaluate a more appropriate target in this fiscal year and will move away from productivity as a stand alone goal.

## Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, and CCO contractual obligations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,612,167	\$96,219	\$1,427,537	\$423,637
Contractual Services	\$18,069	\$0	\$37,069	\$12,000
Materials & Supplies	\$70,299	\$7,780	\$98,576	\$14,022
Internal Services	\$100,425	\$10,212	\$106,160	\$60,341
<b>Total GF/non-GF</b>	<b>\$1,800,960</b>	<b>\$114,211</b>	<b>\$1,669,342</b>	<b>\$510,000</b>
<b>Program Total:</b>	<b>\$1,915,171</b>		<b>\$2,179,342</b>	
<b>Program FTE</b>	8.10	0.10	8.60	3.65

Program Revenues				
Indirect for Dept. Admin	\$7,779	\$0	\$25,092	\$0
Intergovernmental	\$0	\$114,211	\$0	\$510,000
<b>Total Revenue</b>	<b>\$7,779</b>	<b>\$114,211</b>	<b>\$25,092</b>	<b>\$510,000</b>

## Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. The Director of Nursing Practice office has a 3 year grant from HRSA to do Corrections Care Management. The budget for this grant includes three new staff. Additionally the Department receives a small stipend from OCHIN for Community Health Applied Research Network (CHARN) - Building Research Infrastructure to Develop and Generate Comparative Effectiveness Studies (Bridges).

HRSA Nurse Education, Practice, Quality, and Retention - InterProfessional Collaborative Practice (NEPQR-IPCP) grant: \$500,000  
 OCHIN CHARN Bridges stipend: \$10,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

The negotiated COLA for all Physicians is budgeted here.  
 Three Nurse Development Consultants are in this budget, increased from 2 last year.



<b>Department:</b>	Health Department	<b>Program Contact:</b>	Chris Carter
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Proposed
<b>Related Programs:</b>			
<b>Program Characteristics:</b>			

### Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy program fills approximately 350,000 prescriptions per year. Clinical pharmacy services are provided to clients referred from MCHD Primary Care.

### Program Summary

Pharmacy Services utilizes various contracts to procure medication for dispensing to Health Department clients. Medications are dispensed to uninsured and under-served clients, including significant number of clients with lack of secure housing and/or mental health concerns; clients of public health programs such as the Sexually Transmitted Disease Prevention and the Tuberculosis Clinics; as well as youth in School Based Health Clinics. The program bills third parties for insured clients, assists uninsured clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultations and patient education regarding medications. Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Uninsured; public health programs (TB, STD, CD); and School Based Health clients comprise close to 30% of the total work of the program. Clinical pharmacists assist primary care at seven sites, working closely with the clinical team to improve patient adherence to and management of their medication regimens. Clinical pharmacists provide improved care coordination with the reconciliation of client medications following hospital admission.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Prescription Volume	348,436	360,000	350,000	370,000
Outcome	Average prescription cost	36	38	39	40
Quality	Appointment Based Refills	40	100	100	200

### Performance Measures Descriptions

Prescription volume (prescriptions filled) reflects staffing needs, materials and supplies, expenditures and revenue. Average prescription cost reflects prescription volume, expenditures, staffing, materials and supplies but not revenue. Appointment Based Refills reflects clients enrolled in program for those clients with difficulty managing their medication regimens, by having set time periods to obtain their medication with additional review by a pharmacist to confirm current and correct therapy.

## Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$0	\$6,740,384	\$0	\$6,860,292
Contractual Services	\$0	\$198,200	\$0	\$230,100
Materials & Supplies	\$0	\$5,189,466	\$0	\$6,212,786
Internal Services	\$0	\$1,774,690	\$0	\$1,854,161
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$13,902,740</b>	<b>\$0</b>	<b>\$15,157,339</b>
<b>Program Total:</b>	<b>\$13,902,740</b>		<b>\$15,157,339</b>	
<b>Program FTE</b>	0.00	54.05	0.00	53.15

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$946,936	\$0	\$911,270	\$0
Service Charges	\$0	\$13,902,740	\$0	\$15,157,339
<b>Total Revenue</b>	<b>\$946,936</b>	<b>\$13,902,740</b>	<b>\$911,270</b>	<b>\$15,157,339</b>

## Explanation of Revenues

Pharmacy is funded exclusively through prescription fees and revenue from pharmacy patient assistance programs.

Prescription Fees: \$14,891,424

Patient Fees: \$231,779

Patient Assistance Programs: \$34,136

## Significant Program Changes

**Last Year this program was:** FY 2015: 40031 Pharmacy

This program offer includes funding for system improvements in the pharmacy software management program, to increase staff productivity, enhance client satisfaction, and decrease reliance on multiple computer programs to perform program operations.

**Department:** Health Department

**Program Contact:** Chris Carter

**Program Offer Type:** Support

**Program Offer Stage:** As Proposed

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

Lab, and Health Information Management provide essential clinical support to health delivery and emergency preparedness programs in the Health Department. These programs support the delivery of care to clients of Health Department services (including Primary Care, School Based Health Clinics, Disease Prevention Clinics, Dental and Corrections Health.) The lab handles approximately 240,000 specimens per year. Medical Records fulfills 12,000 medical records request per year.

**Program Summary**
**Laboratory:**

Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and other emergencies and the surveillance of emerging infections. The laboratory assists in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities.

**Health Information Management:**

Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of records requests completed	13,066	13,000	11,235	12,000
Outcome	Number of laboratory specimens handled	240,000	260,000	260,000	270,000
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory services. The Electronic Health Record (EHR) and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,720,564	\$0	\$3,504,544	\$0
Contractual Services	\$7,950	\$0	\$7,320	\$0
Materials & Supplies	\$85,878	\$0	\$195,500	\$0
Internal Services	\$449,556	\$0	\$667,258	\$0
<b>Total GF/non-GF</b>	<b>\$3,263,948</b>	<b>\$0</b>	<b>\$4,374,622</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,263,948</b>		<b>\$4,374,622</b>	
<b>Program FTE</b>	26.90	0.00	35.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$95,773	\$0
Other / Miscellaneous	\$0	\$0	\$650,000	\$0
Service Charges	\$0	\$0	\$943,000	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,688,773</b>	<b>\$0</b>

## Explanation of Revenues

Revenue for laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department, as well as to deliver mandated public health services.

Alternative Payment Method (APM): \$943,000

Patient and Population Centered Primary Care Home Payment Model (PCPM): \$650,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40032A Lab and Medical Records

There are no anticipated changes to this program for FY16.

**Department:** Health Department      **Program Contact:** Christy Ward  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Primary Care and Dental Access and Referral (PCARD) Program is the gateway for new patients assigned to Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for established uninsured patients referred into community specialty care. MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

**Program Summary**

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental, social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs, and for established patients who access specialty care in the community.

Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and those who have limited English proficiency, receive culturally competent interpretation.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of new patients who receive appointments	20,528	27,160	22,236	24,000
Outcome	# of uninsured patients who receive specialty care	700	400	300	400

**Performance Measures Descriptions**

Output: Number of new patients who receive a new patient appointment (medical and dental).

Outcome: Number of uninsured patients who receive specialty care referrals, this measures the success of efforts to connect uninsured clients to community charity care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$588,124	\$240,629	\$1,484,986	\$267,051
Contractual Services	\$88,400	\$0	\$20,000	\$90,000
Materials & Supplies	\$19,296	\$674	\$20,112	\$806
Internal Services	\$139,326	\$23,697	\$112,516	\$317,719
<b>Total GF/non-GF</b>	<b>\$835,146</b>	<b>\$265,000</b>	<b>\$1,637,614</b>	<b>\$675,576</b>
<b>Program Total:</b>	<b>\$1,100,146</b>		<b>\$2,313,190</b>	
<b>Program FTE</b>	7.60	2.00	20.80	4.00

Program Revenues				
Indirect for Dept. Admin	\$18,050	\$0	\$103,813	\$0
Intergovernmental	\$0	\$265,000	\$0	\$675,576
Service Charges	\$0	\$0	\$1,051,170	\$0
<b>Total Revenue</b>	<b>\$18,050</b>	<b>\$265,000</b>	<b>\$1,154,983</b>	<b>\$675,576</b>

Explanation of Revenues

Primary Care and Dental Access and Referral is funded with county general fund and is also supported with revenue from the Bureau of Primary Health Care.

Alternative Payment Method (APM): \$1,051,170  
 Federal Primary Care grant: \$675,576

Significant Program Changes

Last Year this program was: FY 2015: 40033 Primary Care and Dental Access and Referral



**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,760,300	\$785,757	\$1,719,073	\$1,702,844
Contractual Services	\$102,000	\$24,500	\$0	\$117,000
Materials & Supplies	\$42,261	\$187,489	\$62,848	\$112,210
Internal Services	\$288,946	\$245,247	\$336,926	\$370,152
<b>Total GF/non-GF</b>	<b>\$2,193,507</b>	<b>\$1,242,993</b>	<b>\$2,118,847</b>	<b>\$2,302,206</b>
<b>Program Total:</b>	<b>\$3,436,499</b>		<b>\$4,421,053</b>	
<b>Program FTE</b>	15.50	7.10	13.70	15.90

Program Revenues				
Indirect for Dept. Admin	\$186,829	\$0	\$257,461	\$0
Intergovernmental	\$0	\$1,230,993	\$0	\$2,230,206
Other / Miscellaneous	\$1,500,000	\$12,000	\$1,980,188	\$72,000
<b>Total Revenue</b>	<b>\$1,686,829</b>	<b>\$1,242,993</b>	<b>\$2,237,649</b>	<b>\$2,302,206</b>

**Explanation of Revenues**

Quality Assurance and Quality Improvement activities are funded with County General Fund and HRSA grant revenue. In past years this program received funding through the State's Patient Centered Medical Home and CareOregon's Primary Care Renewal Innovation funding. Program leadership are working with CCO's to support quality payments that can support this program long-term.

Primary Care Renewal / Primary Care Quality incentives (in the General Fund: \$1,980,188)

Federal Primary Care grant: \$2,230,206

Volunteers of America grant: \$12,000

Kaiser Permanente Center for Health Research CHR-Stop CRC: \$60,000

**Significant Program Changes**

**Last Year this program was:** FY 2015: 40034 Quality Assurance

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. During this transition to more performance based care, it will be important to provide quality and IT support to demonstrate evidence of quality improvement and other metrics.



**Department:** Health Department      **Program Contact:** Consuelo Saragoza  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions by providing research, evaluation, and program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and disparities, procures grant funds, and develops and evaluates evidence-based programs. They respond to data requests, prepare reports to inform and educate the community, and last year wrote 52 grants proposals.

**Program Summary**

Health Assessment, Planning and Evaluation provides support through three program areas: Grants Development, Health Assessment and Evaluation (HAE), and Program Design and Evaluation Services (PDES). Grants Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing and grant management. Over \$26 million was procured to address health issues in FY 13-14 from foundations, state and federal grants and contracts. Grants Development has secured program funds to support maternal child health through the Healthy Birth Initiative (HBI), clinical services, including primary care and behavioral health expansion, health equity, and public health infrastructure, including population-based prevention focused on nutrition and tobacco use. HAE works cross-departmentally, and analyzes data to inform Health Department planning, quality improvement efforts, and policy decisions. HAE's services include working with partners to identify, prioritize, and summarize health issues facing our community; conducting health-in-all-policies analysis to inform decision makers about the potential health impacts of programs, policies, and plans; providing technical assistance to health department programs using data to inform their efforts; analyzing public health data for community members, the media, and health department leadership; and conducting analysis of population-based and program-service data to support the Grants Development team. Examples include managing the Healthy Columbia Willamette Collaborative; taking the lead on the Racial and Ethnic Disparities Report Card; and providing data to support programs conducting chronic disease prevention. PDES conducts applied public health research projects and provides program evaluation and high-level analytical support to county and state programs to improve community health, shape public policy, and reduce health disparities. PDES collaborates with partners to design public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches. PDES work included securing a grant to develop and evaluate a project that bridges economic development, criminal justice, and public health systems to improve the health and success in community reintegration among incarcerated women; securing grant funds to evaluate the public health impact of privatization of hard liquor sales in Washington; and obtaining funds to assess how anti-bullying legislation in Oregon affects school district-level adoption of policies.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of requests for data analysis (1)	100	200	100	100
Outcome	Number of grant proposals written (2)	52	43	43	43
Outcome	Dollar amount (in millions) of grants funded	\$27m	\$24m	\$24m	\$24m
Output	Number of reports and presentations disseminated	51	45	45	45

**Performance Measures Descriptions**

- (1) Includes HAE planned projects and ad hoc requests.  
(2) Includes Grants Development and PDES proposals.

## Legal / Contractual Obligation

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant and contractual obligations.

Healthy Columbia Willamette Collaborative is supported by funding from all hospitals, CCOs (Coordinated Care Organizations) and public health departments operating in the four county region.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,102,451	\$1,263,884	\$975,647	\$1,284,587
Contractual Services	\$10,000	\$526,207	\$3,500	\$539,000
Materials & Supplies	\$29,816	\$64,636	\$61,506	\$89,368
Internal Services	\$159,803	\$182,133	\$152,538	\$175,637
<b>Total GF/non-GF</b>	<b>\$1,302,070</b>	<b>\$2,036,860</b>	<b>\$1,193,191</b>	<b>\$2,088,592</b>
<b>Program Total:</b>	<b>\$3,338,930</b>		<b>\$3,281,783</b>	
<b>Program FTE</b>	8.90	8.34	7.75	10.60

Program Revenues				
Indirect for Dept. Admin	\$138,732	\$0	\$123,363	\$0
Intergovernmental	\$0	\$1,575,954	\$0	\$1,671,570
Other / Miscellaneous	\$0	\$460,905	\$0	\$417,022
<b>Total Revenue</b>	<b>\$138,732</b>	<b>\$2,036,859</b>	<b>\$123,363</b>	<b>\$2,088,592</b>

## Explanation of Revenues

Health Assessment, Planning and Evaluation is funded by county general fund and grants through the State Local Public Health Agency award, and from other jurisdictions and organizations for evaluation and educational services provided by the Program Design and Evaluation Services (PDES) unit.

Alaska & Washington State evaluation contracts: \$774,464  
 State Local Public Health Agency grant: \$751,496  
 Healthy Columbia Willamette Collaborative contract: \$417,022  
 DHS-OMHS-Disparity Report: \$145,610

## Significant Program Changes

**Last Year this program was:** FY 2015: 40035 Health Assessment, Planning and Evaluation

Restructure of this unit resulted in a reduction of staff; two of HAE staff are now exclusive to Healthy Columbia Willamette Collaborative and two of communications staff are now exclusive to Strategic Operations.

**Department:** Health Department      **Program Contact:** Kimie Ueoka  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Community Health Council (CHC) is a federally mandated consumer-majority governing body that oversees community involvement in Health Center quality assurance, policy approvals, and management accountability for the Health Department's Integrated Clinical Services and also serves in an advisory capacity to Health Department programs and leadership. CHC Coordinator also provides contract management and oversight for the 14 Coalition of Community Health Clinics (CCHC) that have a pivotal role in serving individuals who are under or uninsured in Multnomah County.

**Program Summary**

The Community Health Council must have no less than a 51% consumer – majority membership to meet federally mandated program requirements for FQHCs. The CHC offers an entry point for Health Center clients and non-consumer community members to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's clinical services. Participation on the Council allows them to better understand and influence how the County system works. The Council is currently comprised of 10 members and is a fair representation of the communities served by Health Department's Health Center services.

The 14 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people. The County extends Federal Tort Claims coverage to the volunteer providers at the 15 Coalition of Community Health Clinics' (CCHC). Integrated Clinical Services provides licensing and credentialing for CCHC volunteer health care providers. MCHD extends opportunities for a limited number of OSHA required trainings to CCHC volunteer health care providers.

Through effective partnerships, the County has leveraged millions of dollars in local, state, and federal revenue, increasing access to services for vulnerable populations through funding of the Community Health Council and the Coalition of Community Health Clinics. The County's contract for volunteer indemnification provided an additional \$1,300,000.00 value in volunteer time with an estimated 60,356 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of volunteer hours	60,356	55,000	55,000	55,000
Outcome	Percentage of consumers involved	71%	51%	65%	51%

**Performance Measures Descriptions**

# of volunteer hours includes licensed health care volunteers at the 14 Coalition Clinics who utilize the County's indemnification program as well as Community Health Council volunteers. Percentage of consumers involved includes patient advisory boards represented through the CCHC and consumers represented on the CHC.

## Legal / Contractual Obligation

The Community Health Council is federally mandated by the Bureau of Primary Health Care.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$115,185	\$0	\$118,751	\$0
Contractual Services	\$108,012	\$0	\$108,012	\$0
Materials & Supplies	\$9,315	\$0	\$9,299	\$0
Internal Services	\$18,593	\$0	\$11,273	\$0
<b>Total GF/non-GF</b>	<b>\$251,104</b>	<b>\$0</b>	<b>\$247,335</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$251,104</b>		<b>\$247,335</b>	
<b>Program FTE</b>	1.30	0.00	1.30	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2015: 40036 Community Health Council and Civic Governance

**Department:** Health Department      **Program Contact:** Jae Douglas  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40007, 40008A, 40015  
**Program Characteristics:**

**Executive Summary**

This program supports community health and housing interventions and development of environmental health policy recommendations that reduce health disparities worsened by exposure to environmental, social, and economic factors, including tobacco exposure. This program reaches families living in substandard housing to reduce asthma triggers, exposure to household mold, toxins, and more, while focusing on health and equity impacts of major environmental health issues like climate change, using education, assessment, consultation, health equity analysis, and other strategies.

**Program Summary**

The Environmental Health Education, Outreach and Housing program addresses health inequities in chronic diseases like asthma and cancer by improving the health and livability of the home and addressing environmental-related health concerns. This program has five priority areas (described below): Housing Education; Tobacco Prevention; Environmental Health Education; Consultation, Advocacy, Assessment, and Engagement; and Healthy Homes.

Housing Education Priorities: 1) Conduct community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins and safety; and 2) Integrate environmental health risk reduction with other Multnomah County Health Department (MCHD) initiatives. Tobacco Prevention Priorities: Enforce the Indoor Clean Air Act and provide technical assistance and outreach in public settings. Environmental Health Education Priorities: Conduct environmental health education and outreach related to global climate change, air quality, toxin exposure, brownfields, built environment, housing, diseases transmitted from animals to humans, food-borne illness and food safety, and emerging environmental health issues. Consultation, Advocacy, Assessment, and Engagement Priorities: Bring a public health and environmental justice lens to projects and initiatives by providing data collection and analysis, research and technical consultation, risk communication, community engagement, stakeholder workgroup participation, and policy advocacy. Focus areas include climate change and implementation of the Climate Action Plan, air quality, toxin exposure, chemicals of concern, land use and transportation, and brownfield redevelopment. Healthy Homes (HH) Priorities: 1) Provide home-based environmental & medical assessment/interventions for high-risk asthmatic children; 2) Consult with children's medical providers; 3) Partner with landlords and tenants; 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home; 5) Address substandard housing complaints in unincorporated areas of the county; and 6) Provide housing inspections for seniors and the disabled to identify and reduce health and safety risks. The HH asthma intervention has shown improvements in asthma control, reduced emergency department visits, and improved quality of life.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of families receiving an environmental home inspection from any of the HH programs	94	180	60	162
Outcome	Emergency Dept & hospitalization costs averted	456,234	623,354	207,785	1,467,700
Outcome	Dollars leveraged	869,355	11,19,045	1,049,045	1,032,959

**Performance Measures Descriptions**

1) Total number of homes receiving environmental assessments through the Healthy Homes and Asthma Inspection and Referral (AIR) programs. FY15 purchase increase was due to anticipated increased staff, but staff vacancy and turnover and training has resulted in a Current Year Estimate decrease. 2) Savings estimated from client data obtained and based on number of ER visits and hospitalizations averted. Does not include data such as lost work or school days. 3) Dollars leveraged includes total sum of housing program grants and revenue acquired through Targeted Case Management billing.

## Legal / Contractual Obligation

Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances. Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$207,218	\$769,529	\$301,577	\$779,104
Contractual Services	\$117,069	\$244,980	\$81,628	\$242,060
Materials & Supplies	\$22,186	\$10,588	\$28,444	\$4,727
Internal Services	\$118,382	\$144,677	\$90,170	\$132,257
<b>Total GF/non-GF</b>	<b>\$464,855</b>	<b>\$1,169,774</b>	<b>\$501,819</b>	<b>\$1,158,148</b>
<b>Program Total:</b>	<b>\$1,634,629</b>		<b>\$1,659,967</b>	
<b>Program FTE</b>	2.05	7.30	2.90	7.35

Program Revenues				
Indirect for Dept. Admin	\$79,674	\$0	\$69,629	\$0
Intergovernmental	\$0	\$358,964	\$0	\$346,204
Service Charges	\$0	\$810,810	\$0	\$811,944
<b>Total Revenue</b>	<b>\$79,674</b>	<b>\$1,169,774</b>	<b>\$69,629</b>	<b>\$1,158,148</b>

## Explanation of Revenues

In July 2010, DMAP approved a Targeted Case Management (TCM)\* billing code. In order to collect this revenue we provide 37% in matching general fund. \*Beginning July 1, 2015 TCM will roll over into the Coordinated Care Organization (CCO) global budget.

Tobacco Prevention grant: \$346,204

## Significant Program Changes

Last Year this program was: FY 2015: 40037 Environmental Health Education, Outreach and Housing

**Department:** Health Department      **Program Contact:** Noelle Wiggins  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40045  
**Program Characteristics:**

### Executive Summary

This program builds capacity in communities to improve health and eliminate disparities. Activities include providing empowering training for Community Health Workers and others, conducting community-based participatory research and empowerment evaluation, and managing projects that build community capacity to address priority issues. In addition, we build system capacity to use these culturally-appropriate approaches.

### Program Summary

For more than 15 years, the Community Capacitation Center has pioneered culturally appropriate approaches to build capacity in communities to improve health and eliminate disparities. We use these approaches within three primary activities: 1) education and training; 2) research and evaluation; and 3) project management.

**Education and Training:** The CCC uses popular education to build capacity in Community Health Workers (CHWs), CHW supervisors, and others. CHWs have been identified as key to Oregon's health care transformation. The CCC is by far the oldest provider of training for CHWs in Oregon. Our curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, revenue contracts from many organizations have allowed the CCC to train 191 of the 300 CHWs called for in Oregon's Medicaid waiver. We adapt our curriculum for cultural specificity in communities most affected by inequities. We help build system capacity to use the CHW model effectively.

**Research and Evaluation:** Six organizations currently contract with the CCC for community-based participatory research and empowerment evaluation about CHWs and related models. These forms of research and evaluation build capacity by involving those most affected at every step of the process. We frequently partner with other organizations such as PSU and Providence Center for Outcomes Research and Evaluation (CORE). We build system capacity to identify and fill gaps in CHW research.

**Project Management:** 1) With funds from the CDC, we lead STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence. CHWs and sub-contracts to community agencies are essential to our model. 2) With funds from ELM and Social Venture Partners, the CCC leads the Community Education Worker (CEW) Program. CEWs are trained Community Health Workers who participate in additional training so that they can support parents from communities affected by educational inequities to prepare their children to succeed in kindergarten and beyond. CEWs build community capacity to advocate for needed changes at the school, district and state levels.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of participants in training classes	2199	2,000	2,326	2,200
Outcome	% of participants in training courses who report increased ability to promote health	97%	95%	95%	95%
Outcome	% of participants who report increased understanding of the relationship between inequality and health	95%	93%	93%	93%
Outcome	% of participants in CHW training courses whose empowerment increased from baseline to follow-up	N/A	N/A	63%	65%

### Performance Measures Descriptions

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2 & 3) Percentage of participants in training courses who report increased ability to promote health and increased understanding of the relationship between inequality and health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score.

## Legal / Contractual Obligation

CDC standards for local public health agencies will soon make health promotion a mandatory service. New regulations require that Community Health Workers participate in an approved 80-hour training curriculum in order to be included in a state registry. CHWs' inclusion in the state registry qualifies their employers for Medicaid reimbursement for CHW services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$564,753	\$242,853	\$691,783	\$335,691
Contractual Services	\$0	\$0	\$9,000	\$11,250
Materials & Supplies	\$17,213	\$26,401	\$48,076	\$45,462
Internal Services	\$90,783	\$60,746	\$96,227	\$78,997
<b>Total GF/non-GF</b>	<b>\$672,749</b>	<b>\$330,000</b>	<b>\$845,086</b>	<b>\$471,400</b>
<b>Program Total:</b>	<b>\$1,002,749</b>		<b>\$1,316,486</b>	
<b>Program FTE</b>	5.62	1.94	6.05	3.75

Program Revenues				
Indirect for Dept. Admin	\$22,477	\$0	\$28,341	\$0
Intergovernmental	\$0	\$320,000	\$0	\$375,000
Other / Miscellaneous	\$0	\$10,000	\$0	\$96,400
Service Charges	\$10,000	\$0	\$142,000	\$0
<b>Total Revenue</b>	<b>\$32,477</b>	<b>\$330,000</b>	<b>\$170,341</b>	<b>\$471,400</b>

## Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers, conducting research and evaluation, and managing projects.

Federal STRYVE grant: \$225,000

Local contracts: \$96,400

OHA Health Promotion Chronic Disease Prevention Program: \$150,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40038 Health Promotion and Community Capacity Building

More than \$250k in revenue for CHW training, research and evaluation projects is on the horizon but was not fully committed by the time the budget was submitted.



**Department:** Health Department      **Program Contact:** Rebecca Stavenjord  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

STRYVE increases capacity to prevent youth violence, especially in African-American and Latino communities, and geographic communities which experience higher levels of violence and risk factors.

### Program Summary

STRYVE is currently one of four demonstration sites in the nation dedicated to increasing local capacity to address violence as a health issue. The third year grant report (March, 2013) for the STRYVE project showed that with support from the CDC-funded base grant, the project had leveraged approximately \$400,000 dollars in grants and in-kind donations. Over 700 hours of volunteer time had been logged. STRYVE staff and coalition members had collectively benefited from over 200 hours of training and technical assistance that built capacity of the project. The STRYVE partnership had involved over 100 community organizations and partners, and had increased outreach and awareness with over 1,000 residents. That report was prior to the first year of best practice program implementation which engaged over 50 youth in 170 curriculum sessions and 9,300 total hours of summer employment. The project also completed two street paintings (over 25,000 square feet total), built 150 little lending libraries with over 6,000 books donated, constructed 15 peace poles with eight languages represented, and hosted four National Night Out community events.

The project is now in its fourth year and has expanded from four focus communities to ten across Multnomah County. The implementation model engages Community Health Workers with shared life experiences and utilizes popular education, a methodology that empowers participants to share the expertise borne of their life experiences and equalizes power inequities through social learning and movement activities. The overall strategic plan is connected to national initiatives through the Department of Justice and National League of Cities that help to increase visibility of prevention work through a public health lens.

Through partnership with the Defending Childhood Initiative, STRYVE has increased awareness of trauma-informed practice and exposure to violence, and engaged in conversations that increase awareness of the effects of trauma at an individual, community and systemic level. This partnership has allowed the project to employ two Community Health Workers for two years. The CHWs are responsible for supporting community engagement and best practice training and implementation, as well as a community dialogue about lived experience informing violence as a health issue.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Youth and community members engaged in STRYVE activities	300	500	1612	1000
Outcome	Implementation of the STRYVE Comprehensive Youth Violence Prevention Plan	n/a	n/a	33%	66%
Output	Youth employment hours completed	n/a	n/a	8100	9000
Output	# of STRYVE Coalition meetings	15	n/a	10	10

### Performance Measures Descriptions

STRYVE has previously been included as a program measure output under the Program Offer of the Health Promotion and Capacity Building (40038). Over the last three years, the number of youth and community members engaged in STRYVE activities has increased. In FY16, the program anticipates reaching at least 1,000 youth and community residents through outreach, educational activities, programming and participatory action.

## Legal / Contractual Obligation

The STRYVE project has a cooperative agreement with the Centers for Disease Control and Prevention until August 30, 2016. This agreement supports the base funding for the project but does not allow for full implementation of the STRYVE best practices to reduce youth violence.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$141,434	\$0
Contractual Services	\$0	\$0	\$85,000	\$0
Materials & Supplies	\$0	\$0	\$74,868	\$0
Internal Services	\$0	\$0	\$21,698	\$0
Capital Outlay	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$323,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$323,000</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

STRYVE is housed in the Community Capacitation Center of the Multnomah County Health Department. It is currently supported with base funding from the Centers for Disease Control and Prevention and leverages additional support and partnership from collaborative partners. STRYVE has expanded to serve communities across Multnomah County and seeks to build on the success of its best practice implementation in 2014. This expansion is a step toward sustainability and local ownership of the best practice demonstration site.

**Department:** Health Department      **Program Contact:** Noelle Wiggins  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program provides culturally-centered initial certification training for a maximum of 25 Community Health Workers from African immigrant and refugee communities. It also provides, via a community based organization (CBO), compensation (stipends or salaries) for a smaller number of CHWs who have completed the training course. Finally, it provides support for supervision at the CBO.

### Program Summary

African immigrants and refugees represent the fourth largest immigrant community in Multnomah County. Refugees and immigrants from Africa bring with them substantial strengths and assets, including familial, regional and national networks; high levels of formal education; and health promoting behaviors. However, many refugees and immigrants from Africa have also experienced substantial trauma as a result of war, years spent in refugee camps, dangerous journeys to the US and other factors. Once here, African immigrants and refugees face significant barriers to health and wellness, including racism, non-recognition of educational credentials, and poverty. These factors work together to create health inequities for African immigrant and refugee communities.

This program will respond to these inequities by providing training and support for Community Health Workers from African immigrant and refugee communities. During early months of the program, staff from the Community Capacitation Center (CCC) will spend time with staff from a culturally specific CBO serving these communities to understand the communities and help to identify appropriate co-facilitators. CCC and CBO staff will jointly adapt the CCC's 90-hour basic certification curriculum to community strengths and needs. Members of African immigrant and refugee communities will co-facilitate all sessions in the training, which will be provided for a maximum of 25 participants. Academic credit will be available through a partnership with Portland State University.

After the training is complete, compensation will be provided to a smaller number of CHWs through the CBO. In addition, support will be provided to the CBO to defray the cost of a part-time supervisor for the CHWs. With compensation and adequate support and supervision, CHWs will be able to play a range of roles in their communities, including conducting one-on-one home visits, leading support and education groups, and bringing groups together to identify and address their own most pressing health issues. Support will be provided by the CCC for program development and training of the CHW supervisor.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of CHWs trained	N/A	N/A	N/A	25
Outcome	% of participants in training courses who report increased ability to promote health	N/A	N/A	N/A	95%
Output	Number of community members served by a CHW	N/A	N/A	N/A	450

### Performance Measures Descriptions

Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score. Community members served is equal to the total number of unduplicated encounters between CHWs and community members in either group or 1-on-1 settings.

## Legal / Contractual Obligation

New regulations require that Community Health Workers participate in an approved training curriculum in order to be included in a state registry. CHWs' inclusion in the state registry qualifies their employers for Medicaid reimbursement for CHW services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$0	\$0	\$140,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$140,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$140,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Larry Brown  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Human Resources/Training & Workforce Development Group provides guidance and consultation in administrative procedures, recruitment, employee/labor relations, Class Comp, core management competencies, personnel policies and labor contract interpretation, training facilitation, and legal compliance. Objectives are achieved through (a) applying business best practices, (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance.

**Program Summary**

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) **Organizational Effectiveness:** Provides staff and organization development opportunities that support high performance, nurse development, Facilitative Leadership, change management, and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination, and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) **Public Health Competence:** Assess, identify and provide training resources to employees to strengthen performance in the delivery of the 10 Essential Services of Public Health with attention paid to continuous learning, quality improvement and cultural competence, also achieved via the Cultural Competency Policy Framework.
- 3) **Human Resources:** Ensures Human Resources' systems are implemented and consistently followed to guide and direct all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with County Personnel Rules, department guidelines and labor contracts, and to reduce liability and costs of unlawful employment practices.

Performance Measures below: All new measures for FY16. In FY15, goals were met for annual objectives developed to support the Cultural Competence and Diversity Framework, worked with divisions to review and update Succession Plans, and met the goal for dissemination of communications and dashboards related to HR functions and policies.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	# of cultures operational in the Cultural Competence mapping pool knowledge bank	0	0	8	8
Outcome	% of Health Department staffed trained in Cultural Competence Policy Framework	0	0	10%	10%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	0	0	10%	10%
Output	# of recruitment training events for Health managers and employees	0	0	8	8

**Performance Measures Descriptions**

Continued...Our work will be supported by the Health Workforce Development and Training Plan, the Health Cultural Competence Policy Framework, and Strategic Plans from Health Human Resources, the Health Department, and the County.

## Legal / Contractual Obligation

Three collective bargaining agreements; federal, state, county and department regulations covering classification and compensation, disciplinary action, Affirmative Action, Equal Opportunity, Americans with Disabilities Act, equity, recruitment and vacancies, training, process improvement, vacation and work schedules.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$2,020,549	\$0	\$2,498,570	\$0
Contractual Services	\$54,850	\$10,750	\$229,200	\$0
Materials & Supplies	\$56,782	\$633	\$62,785	\$0
Internal Services	\$285,865	\$1,117	\$295,767	\$0
<b>Total GF/non-GF</b>	<b>\$2,418,046</b>	<b>\$12,500</b>	<b>\$3,086,322</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,430,546</b>		<b>\$3,086,322</b>	
<b>Program FTE</b>	17.05	0.00	22.65	0.00

Program Revenues				
Indirect for Dept. Admin	\$851	\$0	\$0	\$0
Intergovernmental	\$0	\$12,500	\$0	\$0
<b>Total Revenue</b>	<b>\$851</b>	<b>\$12,500</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Business Operations - Human Resources and Training is funded by county general fund.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40039 Business Operations- Human Resources and Training

Human Resources and Workforce Development will be active partners in support of the Mental Health transfer from DCHS in offering quality Human Resources and Training services. Healthcare Transformation and growth within Primary Care (ICS) will also influence the demand for professional Human Resources services and programs.

**Department:** Health Department      **Program Contact:** Robert Stoll  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40041 and 40042  
**Program Characteristics:**

### Executive Summary

This program is responsible for providing all financial reporting and forecasting, grant accounting, budget development and monitoring, and accounts payable for the Health Department. They are liaisons for the department with the Department of County Management (e.g. Budget Office, Central Finance) and are responsible for adhering to County budget, financial and administrative procedures, policies and practices.

### Program Summary

This group manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department's financial reports and forecasting, as well as develops and maintains the Department's budget. Accounts Payable and travel and training services are also provided.

Budget and Finance works closely with County staff in the CFO's office, Budget office, and central finance. Compliance with a multitude of Federal, State and County financial policies and procedures is a key responsibility of this division.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	(new measure) # of invoices processed	7,798	new	8,200	8,500
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	10 days	10 days	8 days	8 days
Quality	Number of audit findings in County's annual financial audit.	no findings	no findings	no findings	no findings

### Performance Measures Descriptions

The first measure was a Contracts output measure, which has been moved to another program offer. The addition of the accounts payable measure, "# of invoices processed," along with "Avg # of days..." and "Number of audit findings" provides a good cross section of accounting measures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,476,341	\$0	\$1,500,388	\$0
Contractual Services	\$50,893	\$0	\$40,500	\$0
Materials & Supplies	\$24,576	\$0	\$29,934	\$0
Internal Services	\$463,927	\$0	\$161,690	\$0
<b>Total GF/non-GF</b>	<b>\$2,015,738</b>	<b>\$0</b>	<b>\$1,732,512</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,015,738</b>		<b>\$1,732,512</b>	
<b>Program FTE</b>	16.30	0.00	15.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40040 Business Operations - Financial Services and Operations

The managers and supervisors in the Health Department's Budget and Finance division will be responsible for the work and supervision of the business services staff supporting the Mental Health and Addiction Services division.



**Department:** Health Department      **Program Contact:** Wendy Lear  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40041 and 40042  
**Program Characteristics:**

**Executive Summary**

This program is responsible for budget development and monitoring, accounts payable, grant accounting, and financial reporting and forecasting for the Mental Health and Addiction Services Division, which is moving to the Health Department in FY2016.

**Program Summary**

This group manages all of the specialty financial reporting required for the Medicaid insurance plan managed by the division. This includes management and oversight of contracts for actuarial services, rate setting, third-party administrative services and claims processing.

This group manages all of the financial reporting, accounts payable, billing and collection services for grant-funded programs; prepares the division budget; and prepares, reviews and monitors financial reports for all programs and services within the Mental Health and Addictions Services division.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of invoices processed	0	0	0	8,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system	0	0	0	10
Quality	Number of audit findings in County's annual financial audit	0	0	0	no findings

**Performance Measures Descriptions**

These are new measures for this area, which is why only next years estimates are provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$486,475	\$219,520	\$638,508	\$0
Internal Services	\$0	\$0	\$61,762	\$0
<b>Total GF/non-GF</b>	<b>\$486,475</b>	<b>\$219,520</b>	<b>\$700,270</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$705,995</b>		<b>\$700,270</b>	
<b>Program FTE</b>	5.47	2.53	7.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25002 Business Services

This is the portion of Business Services in the Department of County Human Services that supported the Mental Health and Addictions Services division that is being transferred to the Health Department.

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

**Executive Summary**

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

**Program Summary**

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

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of encounters processed for payment	287,369	300,000	296,244	310,000
Outcome	Percent of Receivables aged (older than 90 days)	18%	21%	23%	21%
Quality	% of FQHC claims rejected or unpaid	0.75%	2.1%	0.4%	> 1%

**Performance Measures Descriptions**

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,200,961	\$0	\$1,324,435	\$0
Contractual Services	\$11,317	\$0	\$8,460	\$0
Materials & Supplies	\$38,779	\$0	\$123,851	\$0
Internal Services	\$153,657	\$0	\$132,951	\$0
<b>Total GF/non-GF</b>	<b>\$1,404,714</b>	<b>\$0</b>	<b>\$1,589,697</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,404,714</b>		<b>\$1,589,697</b>	
<b>Program FTE</b>	13.00	0.00	14.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40041 Business Operations - Medical Billing

This program offer no longer includes the cost of the EPIC system or the Data and Reporting team, now in its own program offer # 40044.

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Darren Chilton
<b>Program Offer Type:</b>	Support	<b>Program Offer Stage:</b>	As Proposed
<b>Related Programs:</b>	40040		
<b>Program Characteristics:</b>			

**Executive Summary**

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

**Program Summary**

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

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

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of contracts or amendments processed	265	n/a	280	300
Outcome	Percent of contracts executed by start of contract	98%	n/a	98%	98%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$940,477	\$0	\$994,599	\$0
Materials & Supplies	\$7,579	\$0	\$13,286	\$0
Internal Services	\$103,639	\$0	\$114,719	\$0
<b>Total GF/non-GF</b>	<b>\$1,051,695</b>	<b>\$0</b>	<b>\$1,122,604</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,051,695</b>		<b>\$1,122,604</b>	
<b>Program FTE</b>	8.00	0.00	9.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2015: 40040 Business Operations - Financial Services and Operations

Contracts and Purchasing was part of the Finance and Operations program offer #40040, but has been separated out this year. There has been no significant change to the content of the program or services provided.

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

**Executive Summary**

Mental Health Contracts and Procurement advises, prepares and processes all contracts, intergovernmental and professional service agreements for the Mental Health and Addictions Services division (MHASD) moving to the Health Department in FY2016. This team also provide purchasing support for the procurement of a wide array of treatment and professional services.

**Program Summary**

Mental Health Contracts and Procurement processes more than 260 contracts, intergovernmental and professional service agreements for the division. They also provide purchasing support for the procurement of a wide array of services, totaling more than \$100 million per year. They safeguard the division from risk; ensure compliance with federal and state public procurement laws and regulations; seek out cost effective high quality services from a wide array of community based service providers, hospitals, clinics and treatment facilities.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of contracts or amendments processed	0	0	0	700
Outcome	Percent of contracts executed by start of contract	0	0	0	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$206,249	\$0	\$301,648	\$0
Internal Services	\$0	\$0	\$26,468	\$0
<b>Total GF/non-GF</b>	<b>\$206,249</b>	<b>\$0</b>	<b>\$328,116</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$206,249</b>		<b>\$328,116</b>	
<b>Program FTE</b>	2.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25003 Contracts Unit

The three staff who support the Mental Health and Addictions Services division will move from the Department of County Human Services to the Health Department when the MHAS division moves in FY2016.



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

### Executive Summary

Health Department Operations provides leadership and operational services in support of the Department's mission, including strategic planning and all business, operational and financial services.

### Program Summary

Strategic Operations is responsible for the development, maintenance and communication of the Health Department's strategic plan, providing more detailed strategic planning assistance as needed. The communications group coordinates and facilitates the flow of consistent, quality information both internally and externally to advance the public's health and support a healthy and sustainable organization. Strategic Operations maintain the department's website, provide graphic design and provide communication services to programs, clinics and public health campaigns, as well as work in partnership with the County's Communications office.

Strategic Operations serves as a link between the Health Department and internal services provided by Department of County Assets (e.g. Facilities, IT) and the Department of County Management (e.g. Central Finance, Budget Office.) Strategic Operations is also the liaison with Facilities and Property Management to inform major renovation and construction projects, including the Health Department Head Quarters. The Facility and Safety Manager who acts as Safety Coordinator is responsible for managing compliance with federal, state and county safety regulations in collaboration with the County's Risk Management Division.

This division facilitates thoughtful prioritization and decision making for the Department's technology investments, data and reporting activities and works in partnership with County IT to ensure that the Health Department meets its IT Strategic Plan, updates and maintains IT infrastructure, and responds to emerging needs.

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

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of technology projects approved and completed through Pipeline Management prioritization process.	n/a	n/a	24	27
Outcome	% of leaders who report increased confidence that IT governance structure and plan improve the efficiency, eff	n/a	n/a	80%	90%
Output	# of health related news stories generated	0	0	0	20
Output	# of communications projects completed (reports, health education videos, posters)	0	0	0	15

### Performance Measures Descriptions

All new measures.

The outcome measure to discern departmental satisfaction with our technology governance structure shall be measured through a mid and year end survey of stakeholders.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$969,604	\$0	\$1,458,697	\$0
Contractual Services	\$0	\$0	\$6,600	\$0
Materials & Supplies	\$35,955	\$0	\$38,855	\$0
Internal Services	\$120,570	\$0	\$347,751	\$0
<b>Total GF/non-GF</b>	<b>\$1,126,129</b>	<b>\$0</b>	<b>\$1,851,903</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,126,129</b>		<b>\$1,851,903</b>	
<b>Program FTE</b>	7.00	0.00	12.60	0.00

Program Revenues				
Other / Miscellaneous	\$6,845,018	\$0	\$9,266,050	\$0
<b>Total Revenue</b>	<b>\$6,845,018</b>	<b>\$0</b>	<b>\$9,266,050</b>	<b>\$0</b>

Explanation of Revenues

General Fund

Significant Program Changes

**Last Year this program was:** FY 2015: 40040 Business Operations - Financial Services and Operations

This program was included in Business Operations program offer #40040. A variety of staff and activities have been consolidated under Strategic Operations in FY2015, providing for clearer direction and coordination of services.

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

### Executive Summary

Health Clinical Data and Reporting includes the annual cost of the EPIC practice management and electronic health record system used by the Health Department. A small number of staff, under the direction of the Medical Accounts Receivable manager, provide report development and analytical services to the department.

### Program Summary

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

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

### Performance Measures

<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	Number of reports created	32	n/a	45	50
Outcome		0	0	0	0

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$334,167	\$0	\$451,996	\$0
Contractual Services	\$235,712	\$0	\$0	\$0
Materials & Supplies	\$1,501,292	\$0	\$2,002,616	\$0
Internal Services	\$0	\$0	\$9,823	\$0
<b>Total GF/non-GF</b>	<b>\$2,071,171</b>	<b>\$0</b>	<b>\$2,464,435</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,071,171</b>		<b>\$2,464,435</b>	
<b>Program FTE</b>	3.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40041 Business Operations - Medical Billing

This was included in the Medical Accounts Receivable program offer #40041, but has been separated out into its own program offer this year. The content however hasn't changed.

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

### Executive Summary

The mission of the Health Equity Initiative (HEI) is to assure and promote the County's commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions affect health. Overarching goals of HEI include: incorporating equity into all programs, policies, and practices; developing and implementing empowering approaches to address inequities; and increasing awareness of the intersections between societal conditions and health outcomes.

### Program Summary

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) advocates addressing racial and ethnic health inequities with an explicit focus on equity and empowerment. We do this by providing technical assistance for Equity and Empowerment Lens applications; serving as internal and external health equity advisors; developing and delivering equity and empowerment trainings; increasing internal capacity to authentically engage and partner with community; utilizing data, research and community input to track and communicate progress toward targeted disparity reduction; and evaluating impact of program activities to highlight/communicate results and ensure continuous quality improvement.

To eliminate racial and ethnic health disparities by addressing root causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies, and practices.

HEI will focus on increasing awareness by providing technical assistance and disseminating case studies that reflect the impacts of societal conditions on health, and the important role that public health can play in achieving positive outcomes for racial and ethnic communities most impacted by the burden of illness, poverty, and powerlessness. HEI will work within the Health Department to develop and implement a clearly defined Equity Strategy for targeted and measurable disparity reduction that directs equity activities and guides HEI's work plan and role in accomplishing these goals. Externally, HEI will continue to build relationships with community partners, increase capacity and accountability within the Health Department to authentically engage and partner with community, and work in partnership with the Office of Diversity and Equity to ensure that best practices are institutionalized throughout the County. In FY16, HEI will support the Health Department to meaningfully engage with the community to reduce disparities by initiating the development of a Community Health Improvement Plan, a requirement of public health accreditation.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of new culturally specific policies, programs or practices implemented to address disparities identified in	NA	0	0	10
Outcome	Number of programs adopting community engagement best practices	NA	0	0	15
Output	Number of programs, practices and policies applying the Equity and Empowerment Lens	20	20	20	30

### Performance Measures Descriptions

Program Measures non-applicable represent the change in management occurring July 2014 and revised program measures based on the publication of the Report Card on Racial and Ethnic Health Disparities, increased focus on research and evaluation capacity, and an expansion of programmatic focus areas to encompass culturally specific engagement and direction strategies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$398,151	\$0	\$760,139	\$0
Contractual Services	\$0	\$0	\$225,000	\$0
Materials & Supplies	\$15,161	\$0	\$41,846	\$0
Internal Services	\$39,349	\$0	\$38,716	\$0
<b>Total GF/non-GF</b>	<b>\$452,661</b>	<b>\$0</b>	<b>\$1,065,701</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$452,661</b>		<b>\$1,065,701</b>	
<b>Program FTE</b>	3.40	0.00	6.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 40045 Health Equity Initiative (Racial Justice Focus)

Informed by strategies identified as necessary to respond to the disparities outlined in the recently released Report Card on Racial and Ethnic Disparities, this program is adding staff to better align existing resources and expertise related to partnerships with community and to facilitate enhanced capacity to develop and maintain sustainable partnerships with communities experiencing a disproportionate share of health inequities. HEI has also set aside pass-through funds to support a community partner in the development and implementation of a disparity focused Community Health Improvement Plan. This program continues to build capacity internally and externally in the application of the Equity and Empowerment Lens and to better articulate the role of Public Health in addressing inequities for communities most impacted by negative health outcomes.

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

**Executive Summary**

The Community Wellness and Prevention Program within the Public Health Community Initiatives Program helps to develop and implement population-based approaches to prevent chronic disease, improve health equity and improve the health of all Multnomah County residents. The Program coordinates policy, planning, and partnerships to address the leading risk factors for chronic disease such as tobacco use, exposure to secondhand smoke, physical inactivity, and poor nutrition.

**Program Summary**

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason is the minimal investment we make in preventing diseases. Seventy five percent of our health care costs are related to preventable conditions. The Community Wellness and Prevention Program focuses on community-related activities designed to prevent diseases from occurring at all, by coordinating efforts to change the community conditions that contribute to poor health outcomes, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or easy access to tobacco and nicotine products by youth. These activities are carried out in collaboration with a wide, diverse network of community stakeholders through coalition building and formation of strategic organizational partnerships.

The Program builds community-wide efforts to combat obesity and chronic diseases and address health inequities by changing policies, systems, and environments that will create sustainable health, promoting changes over time. The Program collaborates to help advance a coordinated public health policy agenda by strengthening linkages with community partners and across Health Department programs. This includes efforts to inform the design of healthy, safe neighborhoods, create strong local food systems, and reduce access to tobacco and nicotine products by youth. The Program supports development and incubation of innovative place-based initiatives such as the Healthy Retail Initiative and the Worksite Wellness Initiative. The Program also develops and implements health promotion campaigns under the "It Starts Here" brand.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of community partnerships Multnomah County Coalition	20	50	40	45
Outcome	Number of policies established to slow and reduce rates of chronic disease	14	16	14	16

**Performance Measures Descriptions**

1) Number of community partnerships. Partners will be tracked by # of partnerships established/strengthened through project and policy teams. 2) Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy.

## Legal / Contractual Obligation

Healthy Communities Grant and Tobacco Prevention and Education Grant funded by Oregon Public Health Division must comply with required work plans and assurances.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$190,725	\$168,018	\$409,505	\$120,245
Contractual Services	\$0	\$5,082	\$0	\$0
Materials & Supplies	\$15,867	\$1,105	\$11,164	\$213
Internal Services	\$130,354	\$18,205	\$133,388	\$14,510
<b>Total GF/non-GF</b>	<b>\$336,946</b>	<b>\$192,410</b>	<b>\$554,057</b>	<b>\$134,968</b>
<b>Program Total:</b>	<b>\$529,356</b>		<b>\$689,025</b>	
<b>Program FTE</b>	1.80	1.77	4.10	1.20

Program Revenues				
Indirect for Dept. Admin	\$13,105	\$0	\$8,114	\$0
Intergovernmental	\$0	\$132,451	\$0	\$134,968
Other / Miscellaneous	\$0	\$59,959	\$0	\$0
<b>Total Revenue</b>	<b>\$13,105</b>	<b>\$192,410</b>	<b>\$8,114</b>	<b>\$134,968</b>

## Explanation of Revenues

The Community Wellness and Prevention Program is funded by:

Healthy Communities grant: \$83,767

State Local Public Health Authority tobacco prevention grant: \$51,201

## Significant Program Changes

Last Year this program was: FY 2015: 40047 Public Health Community Initiatives



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

**Executive Summary**

The Community Epidemiology Services (CES) program provides core public health services to the community. These activities include: epidemiologic surveillance and outbreak response, population health data collection and analysis, application of best and promising evidence-based practices in public health, effective financial management and fiscal accountability, and quality improvement and performance management.

**Program Summary**

The Community Epidemiology Services (CES) program provides the core governmental public health services to the community, in concert with all public health functions in the Department. Population data are analyzed to assist programs in optimizing quality and accountability to the communities they serve. CHS programs provide clinical, technical, field-based outreach, and community engagement functions across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), entomology (vector control), and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes and ordinances to monitor and control disease. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources on preventing disease and promoting health in vulnerable populations. The CES unit leads CHS programs in implementation of efficient and safe service delivery, coordinated public health data, epidemiologic analysis, and coordinated communication activities.

CES optimizes resources to assure quality and effectiveness of clinical services, data management, and prevention projects. The program provides demographic data for strategic program planning and to assist our community partners in coordinating efforts. Outbreak response is provided through epidemiologic support, statistical modeling, and standardized Investigative Guidelines. CES supports the public health programs in quality improvement, technology management and accreditation readiness through the Quality Leadership Team, the Technology Pipeline Management Team, and the Public Health Accreditation Team.

CES also supports the Department with implementation of best practices and coordination with prioritized County initiatives. This program plays a vital role in working toward Public Health Accreditation for the Department. This involves work in community health assessment, community health improvement planning, and assuring that all public health services align with the Multnomah County Health Department Strategic Plan.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of Quality Improvement training and projects for identified priority CHS programs	6	10	8	8
Outcome	Percent of strategic projects completed successfully	NA	95%	94%	95%
Quality	Internal customers are "satisfied" or "extremely satisfied"	NA	92%	92%	92%

**Performance Measures Descriptions**

2) Strategic projects include: epidemiology reports and data asks, quality improvement projects, informatics database improvements, and cross-Departmental collaborations.

## Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$519,031	\$0	\$521,201	\$0
Contractual Services	\$21,000	\$0	\$25,000	\$0
Materials & Supplies	\$25,735	\$0	\$37,453	\$0
Internal Services	\$64,467	\$0	\$57,148	\$0
<b>Total GF/non-GF</b>	<b>\$630,233</b>	<b>\$0</b>	<b>\$640,802</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$630,233</b>		<b>\$640,802</b>	
<b>Program FTE</b>	4.50	0.00	4.50	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2015: 40048 Community Epidemiology

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

**Executive Summary**

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 80 detained youth at any one time (+3,500 per year) from Multnomah, Washington and Clackamas counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

**Program Summary**

This offer ensures that the health needs for 100+ youth meet the standards that ensure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 100+ 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. Staff also ensure clients in the Sendros unit each receive the necessary care required by the ORR Morrison contract. This includes a full intake assessment by an RN, a History and Physical by a Provider and complete vaccination assessment with vaccines if needed. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of client visits conducted by a CH nurse per yr	3,500	3,500	3,500	3,500
Outcome	% of detained youth receiving mental health medications monthly	50%	50%	50%	50%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs brings harm to individuals entrusted to our care and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$545,738	\$0	\$569,134	\$71,639
Contractual Services	\$0	\$0	\$2,800	\$0
Materials & Supplies	\$16,268	\$0	\$27,365	\$2,893
Internal Services	\$70,048	\$0	\$81,529	\$6,917
<b>Total GF/non-GF</b>	<b>\$632,054</b>	<b>\$0</b>	<b>\$680,828</b>	<b>\$81,449</b>
<b>Program Total:</b>	<b>\$632,054</b>		<b>\$762,277</b>	
<b>Program FTE</b>	3.60	0.00	3.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$4,897	\$0
Service Charges	\$68,132	\$0	\$0	\$81,449
<b>Total Revenue</b>	<b>\$68,132</b>	<b>\$0</b>	<b>\$4,897</b>	<b>\$81,449</b>

## Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payors, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. Youth in the Alcohol and Drug Treatment Program have Oregon Health Plan (OHP) coverage so some of their clinic appointments with a physician and medications are billed to the Oregon Health Plan.

Corrections Health Juvenile Detention/Admissions and Housing is funded by county general fund. An additional \$81,449 in funding is provided by the Morrison Child & Family Services Senderos Program.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40049 Corrections Health Juvenile Detention

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

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Summary

Providing health care to all detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 100 newly booked individuals each day. Nurses (24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes health history, chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. Suicide and self harm symptom identification and TB screening are vitally important at booking for safety while incarcerated. The Mental Health Team is composed of PMHNP, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. Over 60% of all medications prescribed are for mental health conditions.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average # of health screenings completed in a month	500	540	540	540
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	50%	55%	55%

### Performance Measures Descriptions

Outcome Measure 1 was changed from a daily accounting of health screenings to a monthly accounting because the daily number fluctuates significantly depending upon the day of the week and the shift during the day.

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$3,087,158	\$185,009	\$3,116,058	\$0
Contractual Services	\$561,753	\$25,000	\$284,924	\$0
Materials & Supplies	\$249,259	\$2,600	\$127,523	\$0
Internal Services	\$209,083	\$1,455	\$86,403	\$0
<b>Total GF/non-GF</b>	<b>\$4,107,252</b>	<b>\$214,064</b>	<b>\$3,614,908</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$4,321,316</b>		<b>\$3,614,908</b>	
<b>Program FTE</b>	24.00	0.00	24.10	0.00

Program Revenues				
Intergovernmental	\$0	\$214,064	\$0	\$0
Service Charges	\$12,342	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$12,342</b>	<b>\$214,064</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40050A Corrections Health Multnomah County Detention Center (MCDC)

**Department:** Health Department **Program Contact:** Nancy Griffith

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

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

### Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operator, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. Also, a nurses station, chart room and a medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care are provided in the jail instead of a high cost hospital. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # inmate medical requests for care evaluated by nurse monthly	1000	980	980	1000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	0	246	180	160

### Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical request evaluations per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.) FY16 narrative reflects the increase in Mental Health Consultant staff who are assessing clients on suicide watch. Now active and constant watches are preformed in the jail.

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,398,934	\$0	\$1,589,196	\$0
Contractual Services	\$623,567	\$0	\$219,011	\$0
Materials & Supplies	\$230,358	\$0	\$194,594	\$0
Internal Services	\$69,946	\$0	\$112,565	\$0
<b>Total GF/non-GF</b>	<b>\$2,322,805</b>	<b>\$0</b>	<b>\$2,115,366</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,322,805</b>		<b>\$2,115,366</b>	
<b>Program FTE</b>	13.72	0.00	14.60	0.00

Program Revenues				
Service Charges	\$6,697	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$6,697</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostics tests and communicable diseases are at no charge.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing



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

### Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average # of inmate medical requests for care evaluated by nurse monthly	1,000	963	980	1,000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	0	246	180	160

### Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical evaluation requests per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,556,464	\$0	\$2,306,981	\$0
Contractual Services	\$596,744	\$0	\$362,541	\$0
Materials & Supplies	\$253,740	\$0	\$215,249	\$0
Internal Services	\$93,591	\$0	\$145,321	\$0
<b>Total GF/non-GF</b>	<b>\$2,500,539</b>	<b>\$0</b>	<b>\$3,030,092</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,500,539</b>		<b>\$3,030,092</b>	
<b>Program FTE</b>	16.20	0.00	20.50	0.00

Program Revenues				
Service Charges	\$8,961	\$0	\$50,000	\$0
<b>Total Revenue</b>	<b>\$8,961</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>

## Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

The program estimates to collect \$50,000 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

**Department:** Health Department      **Program Contact:** Nancy Griffith

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

### Program Summary

MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care.

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 equal to other correctional facilities across the country. This offer represents MCIJ base and clinical services which is administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operatory, one mental health and one triage/treatment room provide office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. X-ray and lab services support diagnosing health problems. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel so health care can be delivered. By providing 24/7 skilled health care on site for this vulnerable, under served population, we minimize the high cost of outside medical care. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # of inmate medical requests for care evaluated by the nursing staff per month.	950	930	930	950
Outcome	Avg # of Provider visits per month	150	200	210	210

### Performance Measures Descriptions

Performance measures reflect the entire facility.

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,967,070	\$0	\$2,127,932	\$0
Contractual Services	\$133,637	\$0	\$220,820	\$0
Materials & Supplies	\$253,396	\$0	\$144,361	\$0
Internal Services	\$205,768	\$0	\$204,104	\$0
<b>Total GF/non-GF</b>	<b>\$2,559,871</b>	<b>\$0</b>	<b>\$2,697,217</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,559,871</b>		<b>\$2,697,217</b>	
<b>Program FTE</b>	13.98	0.00	15.70	0.00

Program Revenues				
Service Charges	\$15,426	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$15,426</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

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

### Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

### Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents a variety of health, mental health, and dental services to 430 men and women in Dorms 4-11 at MCIJ (Dorms 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics support in jail care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # of inmate medical requests for care evaluated by the Nurse monthly.	950	930	930	950
Outcome	Avg # of inmate TB tests per month.	70	65	65	65

### Performance Measures Descriptions

Performance measures reflect the entire facility.

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered, is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,149,317	\$0	\$1,329,425	\$0
Contractual Services	\$67,766	\$0	\$170,421	\$0
Materials & Supplies	\$58,966	\$0	\$144,060	\$0
Internal Services	\$77,726	\$0	\$119,920	\$0
<b>Total GF/non-GF</b>	<b>\$1,353,775</b>	<b>\$0</b>	<b>\$1,763,826</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,353,775</b>		<b>\$1,763,826</b>	
<b>Program FTE</b>	10.20	0.00	11.50	0.00

Program Revenues				
Service Charges	\$8,372	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$8,372</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

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

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Summary**

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit which provides skilled nursing and protective isolation in house and preventing a stay in a hospital and much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	950
Outcome	Avg # of TB tests per month.	70	65	65	65

**Performance Measures Descriptions**

Performance measures reflect the entire facility.

## Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health care professional and a right to receive that care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$887,276	\$0	\$1,030,352	\$0
Contractual Services	\$90,673	\$0	\$138,283	\$0
Materials & Supplies	\$78,898	\$0	\$101,032	\$0
Internal Services	\$103,999	\$0	\$98,749	\$0
<b>Total GF/non-GF</b>	<b>\$1,160,846</b>	<b>\$0</b>	<b>\$1,368,416</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,160,846</b>		<b>\$1,368,416</b>	
<b>Program FTE</b>	7.80	0.00	9.00	0.00

Program Revenues				
Service Charges	\$11,202	\$0	\$50,000	\$0
<b>Total Revenue</b>	<b>\$11,202</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

The program estimates to collect \$50,000 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary



<b>Department:</b>	Health Department	<b>Program Contact:</b>	Kathryn Richer
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Proposed
<b>Related Programs:</b>			
<b>Program Characteristics:</b>			

**Executive Summary**

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,500 yearly deaths fall into this category. ME Office activities are highly visible to the public when a questionable death occurs in the community. ME staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

**Program Summary**

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME's Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME's Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of deaths requiring investigation	2,268	2,200	2,300	2,380
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	76%	70%	79%	81%

**Performance Measures Descriptions**

Output: Number of deaths in Multnomah County that require investigations. Because census data and occurrence deaths are tracked at the calendar year level, these data are based on calendar years.

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

The outcome measure was effective FY13.

## Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$926,977	\$0	\$951,102	\$0
Contractual Services	\$64,050	\$0	\$13,050	\$0
Materials & Supplies	\$14,731	\$0	\$65,346	\$0
Internal Services	\$89,183	\$0	\$97,923	\$0
<b>Total GF/non-GF</b>	<b>\$1,094,941</b>	<b>\$0</b>	<b>\$1,127,421</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,094,941</b>		<b>\$1,127,421</b>	
<b>Program FTE</b>	9.20	0.00	9.20	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2015: 40052 Medical Examiner

**Department:** Health Department      **Program Contact:** Kathryn Richer  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** Medical Examiner Office  
**Program Characteristics:**

**Executive Summary**

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Their activities are highly visible to the public, provide critical support to law enforcement and work with the families/loved ones of deceased individuals and the emergency response community (fire, mortuary services, accident investigators) on a 24/7/365 basis. This request would add a Chief Deputy Medical Examiner to provide on-site leadership and supervision.

**Program Summary**

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

The objective of this proposal is to reinstate a Chief Deputy Medical Examiner (CDME) which was in place from the early 1970s until 2005. When the position was vacated in 2005, a Lead Deputy Medical Examiner replaced the Chief Deputy position. This created a gap in service capacity and supervision. There was no longer on-site administrative/technical oversight; adequate 24/7 staffing to respond to death investigations; personnel oversight, adherence to safety standards, and formalized program procedures were compromised.

Reinstating the Chief Deputy Medical Examiner will result in 1) on-site leadership/supervision; 2) increased personnel available to respond; 3) improvement of program operations/efficiency; and 4) enhanced relationships with first responders.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of deaths requiring investigation	0	0	0	2380
Outcome	Deputy Medical Examiner arrives on-scene within one hour	0	0	0	90%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$118,483	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$118,483</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$118,483</b>	
Program FTE	0.00	0.00	1.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

While Oregon and Multnomah County populations have increased 9% since 2003 (with corresponding deaths), ME staff levels have been reduced by 2.5 FTE, and evening/weekend answering services discontinued. The objective of this proposal is to reinstate a Chief Deputy Medical Examiner which was in place from the early 1970s until 2005, in order to: 1) provide on-site leadership and supervision for the 9 permanent and 7 on-call personnel that has been absent for 10 years; 2) increase the number of personnel available to respond to death notifications and associated activities in a timely manner; 3) assess and improve program operations and efficiency; 4) reduce County liability due to improved personnel safety.

**Department:** Health Department      **Program Contact:** Rachael Banks  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40058  
**Program Characteristics:**

### Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) is a program funded by the Centers for Disease Control and Prevention (CDC) to create policy, systems, and environmental changes to improve health equity for Multnomah County's African American community. REACH focuses on tobacco and nutrition policies and environmental changes in a variety of settings to improve health across the lifespan, from pre-conception to older adulthood.

### Program Summary

More African Americans in Multnomah County die from preventable diseases like diabetes, lung cancer, and heart disease compared to other groups. The Racial and Ethnic Approaches to Community Health (REACH) program addresses pervasive disparities in chronic disease in the African American community by 1) implementing high impact strategies reaching at least 75% of the African American community, 2) decreasing health inequities, and 3) increasing the evidence base by conducting evaluation and research. In partnership with a diverse set of partners through the ACHIEVE coalition, REACH will increase the number of African Americans with improved access to healthy food and decrease the number of African Americans exposed to tobacco and nicotine. Because of REACH, 17,500 African Americans in Multnomah County will have more healthy food in 25 settings, and more transportation options to healthy food retail. Working with the City of Gresham and five community based organizations, REACH will expand the number of healthy retail settings and support retailers to provide healthier options in retail settings. Nutrition policies in faith-based settings and child-care settings will be implemented, and transportation policies will improve access to the newly created healthy food settings.

As a result of this three-year grant, 47,695 African Americans in Multnomah County will have increased access to tobacco/nicotine-free environments. Tobacco strategies will decrease youth access to tobacco and nicotine, provide tobacco cessation for pregnant women, and increase smoke-free policies in places frequented by youth and African Americans. REACH will focus largely in East County to implement nutrition policies in 10 faith-based community institutions/organizations, implement nutrition policies in five child care settings, develop eight healthy retail environments, establish two healthy food access policies, decrease youth access in over 700 tobacco retail settings, initiate tobacco cessation programming across three health care settings, and implement smoke-free policies across 10 community settings.

REACH aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of poor population health by focusing on the social determinants of health and a life course health perspective, and builds capacity in the African American community.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of community settings adopting healthy food and/or tobacco- and nicotine-free policies	NA	NA	2	5
Outcome	% of African Americans with increased access to healthy food and decreased exposure to tobacco and nicotine	NA	NA	2%	15%
Quality	Number of community settings with a completed assessment	NA	NA	2	5

### Performance Measures Descriptions

Note: This is a 3-year grant. Measures of success will be staged with development of program. As the policy development process builds, the number and % of people impacted will grow larger in the second and third years.

Note: Community settings include faith-based, child care, recreation/after-school, and retail.

## Legal / Contractual Obligation

OMB Circular A-87; State/Federal program Requirements; CDC grant requirements (include culturally specific focus on African Americans in Multnomah County) and requirements of the Affordable Care Act.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$589,587
Contractual Services	\$0	\$0	\$0	\$495,490
Materials & Supplies	\$0	\$0	\$0	\$63,439
Internal Services	\$0	\$0	\$0	\$137,680
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,286,196</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,286,196</b>	
<b>Program FTE</b>	0.00	0.00	0.00	6.45

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$77,327	\$0
Intergovernmental	\$0	\$0	\$0	\$1,286,196
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$77,327</b>	<b>\$1,286,196</b>

## Explanation of Revenues

REACH grant award: \$1,286,196

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40055, 40056, 40058  
**Program Characteristics:**

**Executive Summary**

Multnomah County Health Department is the only organization in the County to provide and support the Nurse Family Partnership Program (NFP). NFP is an evidence-based community healthcare program supported by 25 years of extensive research. NFP supports a partnership between low-income, first time mothers with a home-visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy and provide competent care for their children and families. This program serves over 400 families per year.

**Program Summary**

Research shows the conditions of early life have a profound impact on long-term health and life stability. The Nurse Family Partnership Program (NFP) is a nurse home visiting program offered to first-time, low-income pregnant women through two Multnomah County teams, one team located in Northeast Portland, and one team located in East County. Home visiting services begin in early pregnancy and follow families up to their child's second birthday. In 2014, the two NFP teams served 486 families.

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, increased intervals between births, increased maternal employment and improved school readiness. Multnomah County has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Council, and rigorous evaluation support through the NFP National Service Office. NFP aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and addresses underlying causes of poor population health by focusing on a life course health perspective. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

Additional work that is supported in this program offer includes funding a contract for the Right from the Start Coalition that works from a collective impact model to support strategies for childhood obesity prevention in formal and informal childcare settings. Additionally, this program offer supports the core public health work of data monitoring and reporting through the development, maintenance, and dissemination of the Multnomah County Maternal Child and Family Health Databook.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	486	400	486	450
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	65%	60%	65%	60%
Quality	Client retention in prenatal phase of NFP program	71%	80%	71%	71%
Quality	Client satisfaction	NA	95%	98%	98%

**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. OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,417,622	\$1,294,655	\$1,908,070	\$812,909
Contractual Services	\$406,847	\$22,756	\$33,038	\$431,012
Materials & Supplies	\$34,870	\$21,011	\$34,641	\$42,659
Internal Services	\$232,871	\$208,646	\$133,068	\$271,706
<b>Total GF/non-GF</b>	<b>\$2,092,210</b>	<b>\$1,547,068</b>	<b>\$2,108,817</b>	<b>\$1,558,286</b>
<b>Program Total:</b>	<b>\$3,639,278</b>		<b>\$3,667,103</b>	
<b>Program FTE</b>	11.92	10.20	17.80	5.40

Program Revenues				
Indirect for Dept. Admin	\$105,372	\$0	\$93,685	\$0
Intergovernmental	\$0	\$120,000	\$0	\$92,120
Other / Miscellaneous	\$13,516	\$0	\$14,190	\$0
Service Charges	\$0	\$1,427,068	\$0	\$1,466,166
<b>Total Revenue</b>	<b>\$118,888</b>	<b>\$1,547,068</b>	<b>\$107,875</b>	<b>\$1,558,286</b>

## Explanation of Revenues

NFP is funded in part by Medicaid fees from Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and Targeted Case Management (TCM)\* for infants and children up to age 5 years.

\*Beginning July 1, 2015 TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Oregon Babies First grant: \$92,120

## Significant Program Changes

**Last Year this program was:** FY 2015: 40054 Nurse Family Partnership

In FY15, Nurse Family Partnership and Healthy Birth Initiative (HBI) began the process of better connecting the two programs so that African American first time mothers are enrolled in NFP and receive all of the wraparound, culturally-specific services and leadership development of the HBI program. Additional families served through the coordinated programs are reflected in the HBI program offer.

In this Program Offer we have added an additional 0.5 FTE in support staff for both NFP teams to come into full compliance with the staffing levels outlined by the NFP National Service Office and we have added expenses to support an NFP Community Advisory Council, also a model element required by the NFP National Service Office.



**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40056, 40058A  
**Program Characteristics:**

### Executive Summary

Multnomah County Health Department is the only organization in the County that provides and supports CaCoon home visiting services. CaCoon is a nurse home visiting program providing care coordination for children birth through four years of age with special health needs and for families identified as high medical and social risk. CaCoon serves approximately 300 families a year.

### Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. The Multnomah County CaCoon program serves families with children from birth to age four who have (or are at risk of having) a chronic health condition or disability or are identified as high risk in hospital or community settings. CaCoon care coordination services are offered by Community Health Nurses who are specially trained to care for children with special health needs and families that may be drug-affected. Since family members have a central role in the care of their child, all services are planned around the desires and concerns of the family. CaCoon children and their families often have very complex needs requiring coordination across multiple systems of care. Through home visiting, the CaCoon program helps families coordinate their child's care, develop care management skills, and link to appropriate services. Multnomah County has one full CaCoon team located in East County with the ability to serve 300 families a year. Additionally, CaCoon Community Health Nurses provide technical support to all other Multnomah County home visiting programs for families enrolled in non-CaCoon programs in the event a child has developed a special health care need, to families enrolled in the Mt Hood Head Start program, LifeWorks NW, Multnomah Early Childhood Program, and to pregnant/parenting women that are drug-affected in drug treatment and other community settings.

Children that received CaCoon nurse home visits demonstrated significantly higher rates of immunizations, annual well-child visits, and annual dental care visits all resulting in potential Medicaid costs savings, compared to children on Medicaid without CaCoon. CaCoon is recognized by the Association of Maternal and Child Health Programs as a promising practice and is part of a larger network of training, evaluation, and technical support through the Oregon Center for Children and Youth with Special Health Needs.

CaCoon aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. Long-term benefits to the county include healthy children ready to learn; a healthier work force; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served by CaCoon team	346	300	346	300
Outcome	% of participants breastfeeding at 3 months	71%	60%	71%	70%
Quality	Completion of 6 mandatory assessments as directed by State program for families seen more than 3 times	93%	95%	93%	95%
Quality	Client satisfaction	NA	98%	98%	98%

### Performance Measures Descriptions

1) Output: Number of families served includes CaCoon-specific families and high-risk families that do not have a CaCoon diagnosis.

## Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$292,573	\$1,074,617	\$833,305	\$373,388
Contractual Services	\$515,396	\$45,611	\$0	\$141,708
Materials & Supplies	\$19,943	\$53,329	\$22,704	\$19,503
Internal Services	\$304,581	\$143,075	\$34,612	\$301,492
<b>Total GF/non-GF</b>	<b>\$1,132,493</b>	<b>\$1,316,632</b>	<b>\$890,621</b>	<b>\$836,091</b>
<b>Program Total:</b>	<b>\$2,449,125</b>		<b>\$1,726,712</b>	
<b>Program FTE</b>	3.12	8.20	6.94	3.16

Program Revenues				
Indirect for Dept. Admin	\$89,678	\$0	\$50,265	\$0
Intergovernmental	\$0	\$120,499	\$0	\$410,315
Other / Miscellaneous	\$6,758	\$3,333	\$4,256	\$10,000
Service Charges	\$0	\$1,192,800	\$0	\$415,776
<b>Total Revenue</b>	<b>\$96,436</b>	<b>\$1,316,632</b>	<b>\$54,521</b>	<b>\$836,091</b>

## Explanation of Revenues

CaCoon is funded by the following: Medicaid Targeted Case Management (TCM)\*

\*Beginning July 1, 2015, TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Mount Hood Community College Head Start grant: \$37,000; Lifeworks CHN contract: \$10,000  
Oregon Child Development Coalition contract: \$37,000; David Douglas contract: \$216,315  
OHSU CaCoon grant: \$120,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40055 CaCoon

The CaCoon program has added capacity through a contract to provide a Community Health Nurse and a Community Health Worker to work with the Multnomah Early Childhood Program working in a classroom setting to provide family health support for children identified with developmental delays and disabilities. Additionally we have shifted resources working with corrections-involved families to adding a Mental Health Consultant to work with the same population of women enrolled in our Nurse Family Partnership and CaCoon programs. This change was made to respond to the clear need articulated from home visiting staff for Mental Health Consultation for existing programs to begin to support a trauma-informed approach and address higher acuity families enrolled in home-visiting programs.

**Department:** Health Department      **Program Contact:** Rachael Banks  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40055, 40058A  
**Program Characteristics:**

### Executive Summary

Healthy Families of Multnomah County (HFMC; formerly Healthy Start) is an evidence-based early childhood home visiting program that is part of the state-wide Healthy Families of Oregon program serving at-risk families. Overall goals include reducing child abuse and neglect, improving school readiness, and promoting healthy growth and development of young children up to age three. HFMC will screen approximately 2,000 families for eligibility for home visiting services through our Welcome Baby screening program, and serve approximately 600 families through community contracts.

### Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. Healthy Families of Multnomah County (HFMC) serves families with single and subsequent births who screen positive for parenting stress indicators in order to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development of young children up to age three. HFMC uses the Healthy Families America model of home visiting, a best practice model delivered by highly trained staff through community-based agencies. MCHD will serve 500 at-risk families through HFMC community contracts, plus 100 pregnant and parenting teens of color through a continuing Health Resources and Services Administration (HRSA) Maternal Infant and Early Childhood Home Visiting (MIECHV) grant.

HFMC is connected with Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs that seeks to coordinate services across the county to ensure all children in the county are kindergarten-ready. ELM has identified two intersecting groups of children at the greatest risk for not entering school ready to learn: those living at or near the poverty level, and children of color (including English language learners).

HFMC aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. HFMC responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of population health by focusing on a life course health perspective, and builds capacity among community partners. Long-term benefits to the county include healthy children ready to learn; a healthier workforce; decreased costs related to child welfare involvement, school failure, juvenile crime, and chronic disease; and gains in equity for the county's communities of color and low-income communities.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	601	600	600	600
Outcome	% of participating parents who report reading to/with a child at least 3X/week	94%	94%	93%*	94%
Quality	% of families remaining in intensive services for 12 months or longer	66%	66%	61%*	64%

### Performance Measures Descriptions

## Legal / Contractual Obligation

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$464,570	\$453,829	\$514,665	\$338,472
Contractual Services	\$557,062	\$1,016,456	\$659,686	\$1,055,838
Materials & Supplies	\$26,083	\$143	\$8,717	\$26,441
Internal Services	\$156,189	\$145,921	\$0	\$196,836
<b>Total GF/non-GF</b>	<b>\$1,203,904</b>	<b>\$1,616,349</b>	<b>\$1,183,068</b>	<b>\$1,617,587</b>
<b>Program Total:</b>	<b>\$2,820,253</b>		<b>\$2,800,655</b>	
<b>Program FTE</b>	4.64	5.59	4.91	3.99

Program Revenues				
Indirect for Dept. Admin	\$110,091	\$0	\$97,251	\$0
Intergovernmental	\$0	\$1,616,349	\$0	\$1,617,587
<b>Total Revenue</b>	<b>\$110,091</b>	<b>\$1,616,349</b>	<b>\$97,251</b>	<b>\$1,617,587</b>

## Explanation of Revenues

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County paid match of 50%.

## Significant Program Changes

**Last Year this program was:** FY 2015: 40056 Healthy Families

The Health Department will issue an RFP in FY16 to identify culturally-specific service providers with capacity to reach immigrant and refugee families, in order to better target disparities.

Due to program changes at the federal level, the County will be required to submit an RFP to be eligible to continue to operate HFMC, rather than receiving federal funds automatically.

Starting in July, partial funding for HFMC will flow from the State to Early Learning Multnomah (ELM). Per agreements with ELM, MCHD will continue to administer the HFMC program.

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

### Executive Summary

The Future Generations Collaborative (FGC) is a coalition among American Indian and Alaska Native community members, Native-serving organizations, and government agencies to increase healthy pregnancies and healthy births and strengthen families in American Indian and Alaska Native communities.

### Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to American Indian and Alaska Native women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health outcomes, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally-specific effort to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. Since its start in 2011, the FGC has achieved several successes including securing transformation funding from Health Share of Oregon (the funding period for this grant ends in FY15). Most recently, the FGC has secured funding from the Northwest Health Foundation (NWHF) to support a community-based policy coordinator. Additionally, the FGC has increased stakeholder commitments and in-kind support. The work of the FGC is made possible by county general fund, a \$200,000 grant from NWHF, and generous in-kind support from organizational partners. Strategies include providing continued opportunities for community healing; mobilizing, educating, and informing community through peer-to-peer support and training; increasing use of the relational world view and trauma-informed approaches within health and social service systems; and enhancing participation of Native-identified community health workers and community members in policy and systems changes.

The work of the FGC aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This effort responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of population health by focusing on the social determinants of health and a life course health perspective, and build capacity in the Native community and among Native-serving organizations.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	NA	3	7	3
Outcome	% of native community members attending trainings that increase awareness of Fetal Alcohol Spectrum Disorders	NA	90%	100%	100%
Quality	% of collaborative participants that represent Native-serving organizations and/or self-identify as American-Ind	NA	50%	67%	60%
Quality	% of FGC organizational partners reporting that MC operates with a trauma-informed approach in the FGC	NA	NA	88%	90%

### Performance Measures Descriptions

4) We added a quality measure for the coming year to measure partners' perception of Multnomah County operating with a trauma-informed approach. Although we did not include it as a measure last year in the program offer, we did measure it and would like to include it as an ongoing quality measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$60,475	\$5,306	\$143,764	\$0
Contractual Services	\$62,812	\$54,067	\$266,000	\$67,726
Materials & Supplies	\$3,840	\$1,699	\$5,975	\$10,056
Internal Services	\$0	\$0	\$20,595	\$7,218
<b>Total GF/non-GF</b>	<b>\$127,127</b>	<b>\$61,072</b>	<b>\$436,334</b>	<b>\$85,000</b>
<b>Program Total:</b>	<b>\$188,199</b>		<b>\$521,334</b>	
<b>Program FTE</b>	1.00	0.00	1.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$5,110	\$0
Intergovernmental	\$0	\$61,072	\$0	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$85,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$61,072</b>	<b>\$5,110</b>	<b>\$85,000</b>

Explanation of Revenues

Future Generations Collaborative is funded by county general fund and a Northwest Health Foundation grant of \$85,000.

Significant Program Changes

Last Year this program was: FY 2015: 40057 Future Generations Collaborative

The Future Generations Collaborative (FGC) is adding capacity to the program through a Northwest Health Foundation grant to expand work with community health workers and connect to other culturally-specific programs and initiatives to address policy issues that perpetuate the root causes of health inequities across communities through systems work. This additional funding, combined with county general fund, will allow FGC to contract with Native-serving organizations in order to achieve its goal of building capacity in the Native community.

**Department:** Health Department      **Program Contact:** Rachael Banks  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40055, 40056  
**Program Characteristics:**

**Executive Summary**

The Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 125 families, mothers and fathers in the African American community, helping children get a healthy start in life. For 15 years, the Healthy Birth Initiatives Program (HBI) has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of this problem. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

**Program Summary**

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe disparities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health disparities in the county, and therefore MCHD recognizes the work of HBI as part of our core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. With additional funding in FY15, HBI increased the number of families served and expanded the components of service coordination and collective impact. HBI promotes service coordination by working with Coordinated Care Organizations (CCOs) and health systems to ensure program participants have a culturally responsive medical home and are receiving recommended services. Care coordination is promoted between internal Health Department programs, external health and social service providers, and larger systems in order to avoid duplicating maternal, child, and family health activities in the community. HBI also enrolls uninsured members of the African American community in health insurance through internal and external partnerships. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement, and will include participation from CCOs, Early Learning Multnomah, and state, regional, local, and community-based partners.

HBI aligns with the first strategic priority of the Health Department's Strategic Plan: to improve health outcomes and health equity. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, addresses underlying causes of poor population health by focusing on the social determinants of health and a life course health perspective, and builds capacity in the African American community. Long-term benefits to the county of investing in this program include healthy children ready to learn; a healthier work force; decreased costs related to school failure, juvenile crime, and chronic disease; strengthened partnerships; and gains in equity for the county's African American community.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of families served	150	125	150	125
Outcome	% of mothers initiating breastfeeding after delivery	91%	95%	91%	95%
Quality	% of participants who remain in program until child is two years-old	73%	80%	73%	80%
Quality	% of participants who express satisfaction with cultural specificity of program	91%	87%	84%	87%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$988,697	\$104,498	\$640,706	\$687,102
Contractual Services	\$112,530	\$59,106	\$162,383	\$153,563
Materials & Supplies	\$16,058	\$28,811	\$57,242	\$56,733
Internal Services	\$50,338	\$170,273	\$136,889	\$215,290
<b>Total GF/non-GF</b>	<b>\$1,167,624</b>	<b>\$362,688</b>	<b>\$997,220</b>	<b>\$1,112,688</b>
<b>Program Total:</b>	<b>\$1,530,312</b>		<b>\$2,109,908</b>	
<b>Program FTE</b>	10.23	1.00	5.65	7.15

Program Revenues				
Indirect for Dept. Admin	\$24,703	\$0	\$66,896	\$0
Intergovernmental	\$0	\$0	\$0	\$750,000
Service Charges	\$0	\$362,688	\$0	\$362,688
<b>Total Revenue</b>	<b>\$24,703</b>	<b>\$362,688</b>	<b>\$66,896</b>	<b>\$1,112,688</b>

## Explanation of Revenues

Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM)\* Medicaid Maternity Case Management and a Health Resources and Services Administration grant (\$750,000).

\*Beginning July 1, 2015, TCM will roll over into the Coordinated Care Organization (CCO) global budget. The contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep our current TCM programs whole.

Health Resources Services Administration grant: \$750,000

## Significant Program Changes

**Last Year this program was:** FY 2015: 40058A Healthy Birth Initiative

Healthy Birth Initiatives has worked with Health Department programs Healthy Families Multnomah County and Nurse Family Partnership to create a continuum of care, from prenatal health to early childhood, for African American families in need.



**Department:** Health Department      **Program Contact:** Nancy Griffith  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40050-40051  
**Program Characteristics:**

**Executive Summary**

Corrections Health Mental Health Pilot adds 3 shifts of mental health personnel to provide 24/7 suicide watch coverage. This will improve the quality of care for the mentally ill inmates in jail, reduce Multnomah County Sheriff's Office (MCSO) costs and create efficiency for the court system.

**Program Summary**

This program offer will allow Corrections Health to have a mental health consultant available for 24/7 suicide watch coverage. The addition of these staff this past year helped reduce the number of clients on suicide watch from an average of 11.3 daily from January to September to 4.8 daily between October and December. This has significantly reduced the amount of staff needed by the Sheriff's office to watch clients on suicide watch. Additionally, it has allowed for clients to receive more timely mental health care. This has allowed us to identify clients who need mental health treatment earlier in their stay in jail. Being able to provide timely care in our short term setting is essential to assist clients in being able to maintain some level of stability while incarcerated while working towards more active transition plans upon release from jail. Additionally, clients have been able to access mental health staff more than one time per day. This has allowed clients to be reduced from constant suicide watch to active suicide watch much sooner than before these staff were hired.

**Performance Measures:**

We do not want to discourage staff from placing inmates on suicide watch, but the mental health staffing should allow us to evaluate inmates and appropriately release those who don't need to remain on active suicide watch. Currently we have on average 12 people per day who remained on active suicide watch for longer than 24 hours. With the 4.2 FTE MHC staff who were added to the FY15 budget the average daily clients who are on suicide watch, both active and constant has been reduced from January-September of 11.3 to September to December of 4.8. We continue to believe the average will be closer to the 5 clients daily instead of the almost 12 clients that were on during the first 9 months of 2014. For our outcome measure #2 the next year offer of 6 reflects this reduction in overall clients being on suicide watch.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	n/a	246	180	160
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	n/a	9	12	6

**Performance Measures Descriptions**

First performance measure is changed to evaluations per month rather than evaluations per shift.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$406,471	\$0
Materials & Supplies	\$0	\$0	\$5,160	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$411,631</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$411,631</b>	
<b>Program FTE</b>	0.00	0.00	4.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** David Hidalgo  
**Program Offer Type:** Administration      **Program Offer Stage:** As Proposed  
**Related Programs:** 40067, 40068  
**Program Characteristics:**

### Executive Summary

Multnomah County's Mental Health and Addiction Services Division (MHASD) administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices, MHASD serves low-income, uninsured, and individuals who are homeless, as well as any of the 766,000 county residents experiencing a behavioral health crisis. MHASD provides a continuum of services directly and through a provider network. In total, these programs serve more than 35,000 annually.

### Program Summary

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, MHASD Administration provides oversight and management of all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. MHASD is organized into three units: 1) Multnomah Mental Health, the county's managed care organization, a federally funded insurance program for children, youth and adults enrolled in Oregon Health Plan. Multnomah Mental Health is a founding member of the coordinated care organization Health Share of Oregon. 2) The Community Mental Health Program (CMHP) provides safety net and basic services that include involuntary commitment, crisis services, and addiction treatment. 3) Direct Clinical Services (DCS) which encompasses all programs for children, youth, and adults where services are delivered by MHASD staff. These services may be reimbursed by Multnomah Mental Health, by the state, or by another funding source.

MHASD administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. MHASD does this through frequent provider, adult system and child system advisory meetings, focus groups and ad hoc meetings.

MHASD administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The Division monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, MHASD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. MHASD management participates in planning at the state level to influence the policy decisions that affect the community we serve. MHASD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total Adult/Child MHASD Advisory Meetings <sup>1</sup>	23	34	24	24
Outcome	Advisors agree with the statement: Overall, MHASD does its job well <sup>2</sup>	-	0%	67%	0%

### Performance Measures Descriptions

<sup>1</sup>Total number of MHASD AMHSAAC, CMHSAAC, Family Youth Advisory Council, Wraparound CPC, and Wraparound Executive Committee meetings during the measurement period. Meeting volume decrease beginning in FY13/14 was due to the merging of the Family Youth Advisory Council, Wraparound CPC, and Wraparound Executive Committee meetings into the CMHSAAC meeting.

<sup>2</sup> The survey is administered biennially and will be repeated in FY2015. The survey was not conducted in FY2014.

## Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$173,859	\$811,796	\$363,440	\$655,717
Contractual Services	\$25,000	\$103,000	\$188,925	\$17,744
Materials & Supplies	\$18,471	\$73,230	\$28,243	\$63,853
Internal Services	\$14,900	\$89,959	\$59,652	\$63,111
<b>Total GF/non-GF</b>	<b>\$232,230</b>	<b>\$1,077,985</b>	<b>\$640,260</b>	<b>\$800,425</b>
<b>Program Total:</b>	<b>\$1,310,216</b>		<b>\$1,440,685</b>	
<b>Program FTE</b>	0.67	5.33	1.70	4.80

Program Revenues				
Indirect for Dept. Admin	\$17,132	\$0	\$24,430	\$0
Intergovernmental	\$0	\$951,018	\$0	\$656,604
Other / Miscellaneous	\$0	\$126,967	\$349,883	\$143,821
<b>Total Revenue</b>	<b>\$17,132</b>	<b>\$1,077,985</b>	<b>\$374,313</b>	<b>\$800,425</b>

## Explanation of Revenues

\$262,527 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$205,971 - State Mental Health Grant Local Admin: Based on FY15 grant award

\$188,106 - State Mental Health Grant Flex Funding: Based on FY15 grant award

\$143,821 - Care Oregon Incentive: Based on FY15 Estimated cost

## Significant Program Changes

Last Year this program was: FY 2015: 25050 MHASD Administration

**Department:** Health Department      **Program Contact:** David Hidalgo  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40070  
**Program Characteristics:**

### Executive Summary

This offer is a pilot service enhancement to Crisis Assessment and Treatment Center (CATC). The CATC is an alternative to hospitalization and incarceration that offers 16 beds of short-term mental health treatment in a secure locked environment. A Behavioral Health Triage service in the same facility would allow for direct admit to an available bed from Probation and Parole, Corrections Health, Jail Diversion Programs and PBB-Behavioral Health Unit. This service enhancement would increase the value, efficiency and use of the CATC program.

### Program Summary

The Jail Diversion Stabilization Treatment Preparation (STP) Program is a pilot project in conjunction with the Department of Community Justice to assist in the stabilization and preparation of individuals for behavioral health treatment. It will provide 16 beds for temporary stabilization housing for up to 90 days.

CATC Sub-acute is a short-term stabilization program for those individuals who require a secure alternative to hospitalization or incarceration. In order to stabilize or protect an individual, first responders and County Corrections currently use emergency departments and jails as a triage point for CATC. While CATC is less expensive than hospitalization and jail, the program lacks a dedicated Behavioral Health Triage service. This service does not increase the 16 bed capacity in CATC but adds a program enhancement to accommodate direct admits to an available bed. The Behavioral Health Triage service provides rapid medical screening and psychiatric assessment to facilitate admission to an available CATC bed. Dedicated staff include a nurse, counselor, and peer, plus access to a MD when needed. The service would operate during peak hours of need. Consumers assessed to need a lower level of care than CATC, could remain at the triage site while appropriate arrangements are made for transfer and placement. Adding CATC Behavioral Health Triage will reduce overall cost to the system, divert from inappropriate admits to emergency departments, inpatient and booking into jail.

The goal of the STP program is to address the problem of individuals with a mental illness engaged in the criminal justice system by minimizing incarceration times and preventing recidivism. Length of stay in this transitional housing will be from 30 to 90 days. Individuals from the Mental Health and Addiction Services Division Court Diversion programs and Department of Community Corrections-Mentally Ill Offender Unit who are homeless will be eligible for placement. Twenty-four hour a day, seven day a week staffing will ensure a safe living environment. Individuals will have 24/7 support services provided by a Community Addictions and Mental Health provider. Staff members from both the MHASD Court Diversion programs and Department of Community Justice - Mentally Ill Offenders Unit will use the location as a satellite program 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 with permanent housing.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Percent of triage requests accepted	-	-	90%	90%
Outcome	Total Number of individuals who received triage services	-	-	200	720
Outcome	Total number of individuals receiving STP placement	-	-	0	120

### Performance Measures Descriptions

At this time there is no baseline data available from referral sources so there is no benchmark yet to determine performance estimates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$658,721	\$0	\$923,500	\$0
<b>Total GF/non-GF</b>	<b>\$658,721</b>	<b>\$0</b>	<b>\$923,500</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$658,721</b>		<b>\$923,500</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Joan Rice  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40065, 40068  
**Program Characteristics:**

**Executive Summary**

The Medical Records Program is responsible for the internal management of all of the Mental Health and Addiction Services Division's clinical records, including more than 75,000 adult and children's mental health and alcohol and drug client records, and Multnomah Mental Health records required by Oregon Administrative Rules.

**Program Summary**

Mental Health and Addiction Services Division (MHASD) Medical Records Unit ensures that mental health, alcohol and drug, and Multnomah Mental Health managed care records are maintained in accordance with federal and state laws and regulations, and county and departmental rules, policies, and procedures.

Program staff provide multiple client records services including: access; inventory; retrieval; billing and administrative rule compliance auditing; archiving; forms design and management; authorization/release of information; legal requests for records; data analysis; and technical assistance to community agencies and county staff.

In FY13, the Division implemented an electronic health record system (EHR). This required multiple process changes for the Records Unit and the Division. The Records Unit scans collateral documents, including historical and current documents, and attaches them to the client record in the EHR.

As the Local Mental Health Authority, MHASD is responsible for programs such as involuntary commitment, commitment monitor, trial visit and residential services. In FY16, these programs will require the creation of approximately 5,050 individual records. The MHASD programs where services are provided by county staff are expected to serve more than 1,000 individuals, each requiring a medical record.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Count of record items processed annually plus scanned page count. <sup>1</sup>	401,617	250,340	397,314	397,300
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules. <sup>2</sup>	100%	100%	100%	100%

**Performance Measures Descriptions**

<sup>1</sup> Electronic Health Record (EHR) was implemented 2nd Quarter 2013. Some processing tasks have been eliminated while new ones such as scanning are now more accurately reported due to new, more reliable reports in the EHR.

<sup>2</sup> The Records Program auditing function changed from 100% to an audit sample in FY13. This enhancement was the result of report capabilities in the EHR. These audits are then analyzed by health information technicians.

## Legal / Contractual Obligation

The following guidelines are utilized in monitoring MHASD compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM IV "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Chapter 1 Part 2, Public Law 94-142, Public Law 99-57, State of Oregon Mandatory Child Abuse Reporting Laws, Oregon Health Plan, Mental Health Organization Contract, Multnomah Mental Health HSO Policies & Procedures, Practice Guidelines of the American Health Information Management Association, and Centers for Medicare and Medicaid billing regulations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$646,633	\$69,552	\$565,985	\$135,062
Materials & Supplies	\$3,214	\$357	\$5,987	\$1,552
Internal Services	\$79,600	\$8,600	\$102,577	\$33,382
<b>Total GF/non-GF</b>	<b>\$729,447</b>	<b>\$78,509</b>	<b>\$674,549</b>	<b>\$169,996</b>
<b>Program Total:</b>	<b>\$807,955</b>		<b>\$844,545</b>	
<b>Program FTE</b>	8.00	1.00	6.75	1.75

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$5,429	\$0
Intergovernmental	\$0	\$78,509	\$0	\$169,996
Other / Miscellaneous	\$0	\$0	\$596,707	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$78,509</b>	<b>\$602,136</b>	<b>\$169,996</b>

## Explanation of Revenues

\$90,649 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
 \$79,347 - State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25052 Medical Records for MHASD



**Department:** Health Department      **Program Contact:** Joan Rice  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40065, 40067  
**Program Characteristics:**

**Executive Summary**

Quality Management works to assure quality of contracted providers through mental health agency audits, investigations, and monitoring mental health contract performance. The program serves approximately 135,000 Multnomah Mental Health Oregon Health Plan (OHP) members, 52 mental health agencies and 72 residential/foster facilities.

**Program Summary**

Quality Management protects and supports mentally ill adults and children in Multnomah County by providing specific services including: coordinating compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and Multnomah Mental Health contracts; measuring client outcomes; conducting certification audits for community mental health agencies; assuring compliance with grievance procedures; auditing and providing technical support to 52 mental health agencies; coordinating residential quality and tracking approximately 10,000 reportable residential adverse events annually; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; monitoring progress of providers found out of compliance with OARs; and investigating abuse allegations and providing protective services to approximately 250 mental health clients annually. These investigations serve to protect some of the most vulnerable individuals in our mental health system.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of clinical reviews/protective service investigations/incident reports reviewed <sup>1</sup>	11,333	12,091	11,104	11,104
Outcome	Percent of certification reviews conducted within 3 year maximum OAR mandate <sup>2</sup>	100.0%	100.0%	100.0%	100.0%

**Performance Measures Descriptions**

<sup>1</sup> Residential critical incidents + total protective service investigations/screenings + total clinical reviews (treatment records reviewed for mental health agency certification or Multnomah Mental Health compliance)

<sup>2</sup> Percentage of reviews conducted within a 3-year period does not include Oregon Addiction and Mental Health Services Division authorized extensions

## Legal / Contractual Obligation

1) Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management. 2) As a function of the Multnomah County, Mental Health and Addiction Services Division representing the Local Mental Health Authority (LMHA), provides oversight and makes recommendations to the State Addictions and Mental Health Division regarding the issuing of Certificates of Approval held by Community Mental Health Agencies for Medicaid populations as outlined in OARs 309-012-0130 through 309-012-0220. 3) The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$934,780	\$1,640,738	\$1,035,213	\$2,264,343
Contractual Services	\$198,323	\$1,426,576	\$809,220	\$787,063
Materials & Supplies	\$15,841	\$70,283	\$10,700	\$88,181
Internal Services	\$79,476	\$267,631	\$45,903	\$511,162
<b>Total GF/non-GF</b>	<b>\$1,228,420</b>	<b>\$3,405,228</b>	<b>\$1,901,036</b>	<b>\$3,650,749</b>
<b>Program Total:</b>	<b>\$4,633,648</b>		<b>\$5,551,785</b>	
<b>Program FTE</b>	9.53	13.57	9.38	21.32

Program Revenues				
Indirect for Dept. Admin	\$63,094	\$0	\$157,904	\$0
Intergovernmental	\$0	\$3,405,228	\$0	\$3,650,749
Other / Miscellaneous	\$0	\$0	\$1,162,520	\$0
<b>Total Revenue</b>	<b>\$63,094</b>	<b>\$3,405,228</b>	<b>\$1,320,424</b>	<b>\$3,650,749</b>

## Explanation of Revenues

\$2,626,449 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
 \$893,524 - State Mental Health Grant Flex Funds: Based on FY15 grant award  
 \$130,776 - State Mental Health Grant Older/Disabled MHS: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25053 Mental Health Quality Management & Protective Services

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

**Executive Summary**

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system. FY14 services included a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week 15.5-hour walk-in clinic. Total number of people served in FY14 was 76,246.

**Program Summary**

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Call Center – operated by Multnomah County 24/7, 365 days/year. The Call Center coordinates emergency mental health services for all county residents regardless of insurance status. Interpretation services are available as needed. It also provides the following: deploys mobile crisis resources, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorizations for Multnomah Mental Health members, and authorizations for indigent medications, crisis housing and transportation. Total number of calls managed in FY14 was 68,940.

Utilization Review - This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis. The total number of after hours contacts was approximately 8,500.

Project Respond – Mobile outreach service that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to those in crisis regardless of insurance status. In FY14, total number of clients served was 2,198. Hospital Outreach Liaisons- in the Project Respond program assist in diverting individuals in Emergency Departments from Acute care services to appropriate treatment services in the community. Outreach liaisons had 426 face to face contacts in FY14.

Urgent Walk-In Clinic (UWIC) – Clinic based service contracted with a community-based organization, available from 7:30 a.m. to 10:30 p.m., Monday - Friday, that provides crisis evaluation, triage, and stabilization on a walk-in basis. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Clients seen at the clinic are primarily indigent. Total number of clients served in FY14 was 4,682 a 30% increase from FY13.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total Crisis System Contacts <sup>1</sup>	75,820	60,200	79,844	79,844
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED <sup>2</sup>	96.3%	96.0%	96.8%	96.8%

**Performance Measures Descriptions**

<sup>1</sup> Total crisis system contacts actual for FY14 = Call center contacts (68,940), Project Respond contacts (2,198), urgent walk in clinic contacts (4,682).

<sup>2</sup> Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

## Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$24,227	\$1,791,184	\$25,090	\$1,714,948
Contractual Services	\$1,234,533	\$3,904,880	\$1,267,648	\$3,661,106
Materials & Supplies	\$0	\$25,617	\$0	\$30,222
Internal Services	\$0	\$476,452	\$29,318	\$565,543
<b>Total GF/non-GF</b>	<b>\$1,258,760</b>	<b>\$6,198,133</b>	<b>\$1,322,056</b>	<b>\$5,971,819</b>
<b>Program Total:</b>	<b>\$7,456,893</b>		<b>\$7,293,875</b>	
<b>Program FTE</b>	0.20	16.34	0.20	15.34

Program Revenues				
Indirect for Dept. Admin	\$95,582	\$0	\$254,460	\$0
Intergovernmental	\$0	\$4,293,636	\$0	\$5,943,739
Beginning Working Capital	\$0	\$1,904,500	\$0	\$0
Service Charges	\$0	\$0	\$0	\$28,080
<b>Total Revenue</b>	<b>\$95,582</b>	<b>\$6,198,136</b>	<b>\$254,460</b>	<b>\$5,971,819</b>

## Explanation of Revenues

\$4,204,404 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$1,739,335 - State Mental Health Grant Flex Funds: All Based on FY15 Grant award

\$28,080 - Family Care

## Significant Program Changes

Last Year this program was: FY 2015: 25055A Behavioral Health Crisis Services

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

**Executive Summary**

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system that is available to all county residents, regardless of insurance coverage. FY14 services included a 24/7 crisis hot-line, a 24/7 mobile crisis outreach and a seven day a week 15.5-hour walk-in clinic. Total number of people served in FY14 was 76,246.

**Program Summary**

Over the past four years the Multnomah County Crisis Call Center has experienced an increase of approximately 32% in call volume from 52,336 calls received in FY11, to 68,940 calls received in FY14, with no increase in staffing or administrative support. The Crisis Call Center is moving to a new location in April and this funding would address the need for additional line staff and administrative oversight and support. The objective is to safely and effectively meet the needs of all individuals experiencing a mental health crisis.

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Crisis Call Center – operated by Multnomah County 24/7, 365 days/year. The Call Center coordinates emergency mental health services for all county residents regardless of insurance status. It also provides the following: Warm transfers from 911, deploys mobile crisis resources, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorizations for Multnomah Mental Health members, and authorizations for crisis housing and transportation. Total number of calls managed in FY14 was 68,940.

Despite an increased number of Crisis Calls over the past four years the Crisis Call Center has maintained original staffing numbers. A diversified staffing model is needed to best manage various functions of the center. The Crisis Call Center is moving to a new location that will increase the likelihood that it will remain operational in emergency situations. The move will remove the program from direct oversight and support of the MHASD. Additional funding for the Crisis Call Center will provide necessary staffing during high volume call times, training and clinical supervision. Additional administrative oversight will ensure that the program has the proper management leadership for the expanding diversified Behavioral Health Crisis System in Multnomah County.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total calls received by Crisis Call Center	68,940	60,000	74,000	-75,000
Outcome	Percentage of calls answered within standard limits for Call Center Performance	95%	95%	95%	96%

**Performance Measures Descriptions**

Standard limits for Call Center performance is set at a 95% answer rate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$429,846
Contractual Services	\$0	\$0	\$0	\$7,000
Materials & Supplies	\$0	\$0	\$0	\$10,654
Internal Services	\$0	\$0	\$0	\$44,260
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$491,760</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$491,760</b>	
<b>Program FTE</b>	0.00	0.00	0.00	5.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$29,565	\$0
Beginning Working Capital	\$0	\$0	\$0	\$491,760
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,565</b>	<b>\$491,760</b>

Explanation of Revenues

\$491,760 - Behavioral Health Fund Reserves

Significant Program Changes

Last Year this program was: FY 2015: 25055B Crisis Backfill

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

**Executive Summary**

The Mental Health and Addiction Services Division (MHASD) has identified alternatives to inpatient hospitalization as a missing service in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 600 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

**Program Summary**

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

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	Number of admissions that are Multnomah Mental Health members <sup>1</sup>	420	325	442	442
Outcome	Number of Multnomah Mental Health inpatient (hospital) bed days per thousand members	5.5	12.8	6	6
Output	Number of admissions that are indigent Multnomah Residents <sup>1</sup>	216	309	166	166
Output	Number of inpatient days for uninsured/indigent adults <sup>2</sup>	2,911	3,627	-	-

**Performance Measures Descriptions**

<sup>1</sup> Admitted clients would otherwise have been hospitalized or jailed.

<sup>2</sup> A lower number indicates a reduction in use of this highest and most expensive level of care;

## Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Contractual Services	\$1,197,500	\$1,948,795	\$1,226,825	\$1,948,795
Internal Services	\$0	\$302,755	\$0	\$143,248
<b>Total GF/non-GF</b>	<b>\$1,197,500</b>	<b>\$2,251,550</b>	<b>\$1,226,825</b>	<b>\$2,092,043</b>
<b>Program Total:</b>	<b>\$3,449,050</b>		<b>\$3,318,868</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$46,603	\$0	\$101,416	\$0
Intergovernmental	\$0	\$2,251,550	\$0	\$2,092,043
<b>Total Revenue</b>	<b>\$46,603</b>	<b>\$2,251,550</b>	<b>\$101,416</b>	<b>\$2,092,043</b>

## Explanation of Revenues

\$1,686,870 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$405,173 - State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25056 Mental Health Crisis Assessment & Treatment Center (CATC)



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

### Executive Summary

The more intensive mental health needs of adults in Oregon Health Plan are met by local inpatient psychiatric hospitals. Adult subacute services are addressed in program offer 40070-16 CATC. The more intensive mental health needs of children and families enrolled in Oregon Health Plan are met through the following service types: psychiatric inpatient hospitalization services, psychiatric residential treatment services for children, and secure alternatives to psychiatric hospitalization for children.

### Program Summary

Three distinct levels of higher intensity care are available in the mental health service continuum for adults, children and families: Psychiatric inpatient hospitalization is the most intensive and restrictive level of treatment for both adults and children suffering from mental illness. The Mental Health and Addiction Services Division (MHASD) Utilization Management Team (UR) coordinates with hospital and community providers. UR authorizes inpatient psychiatric hospitalization only when community-based care is inadequate to prevent a mental health crisis or manage severe symptoms, based on medical necessity and clinical criteria. The average hospital stay for adults is 7 days and the average length of stay for child is 9 days.

Subacute is a secure alternative to psychiatric hospitalization used to stabilize mental health symptoms for children who would otherwise require inpatient hospitalization. Service is provided at a secure community-based facility that is staffed 24 hours a day with medical and clinical personnel. Treatment includes clinical programming, family therapy, medication management and discharge planning. The MHASD Utilization Management Team authorizes the service. Psychiatric Residential Services is the least intensive of these three service types. Psychiatric residential services treat children who, because of acute mental illness, are unable to manage their own behavior and who often present a threat to themselves and their parents. Highly trained staff provide 24-hour-a-day service, including psychiatric treatment and medication management. The Utilization Management Team manages the authorization of these services and works with providers to discharge children into the community when appropriate.

The program elements combined provide a continuum of services for approximately 140 children, an 720 adults each year who need secure placement outside the home for mental health care.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving inpatient, subacute & residential care <sup>1</sup>	143	153	133	133
Outcome	Average length of stay in psychiatric residential treatment <sup>2</sup>	74	90	78	78

### Performance Measures Descriptions

<sup>1</sup>Total unduplicated children receiving inpatient, subacute, and residential psychiatric care.

<sup>2</sup> Average psychiatric residential treatment length of stay in number of days

## Legal / Contractual Obligation

Mental Health Organization contract with the State of Oregon. Risk Accepting Entity contract with Health Share of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Contractual Services	\$0	\$1,425,000	\$0	\$2,430,000
Internal Services	\$0	\$130,294	\$0	\$225,504
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,555,294</b>	<b>\$0</b>	<b>\$2,655,504</b>
<b>Program Total:</b>	<b>\$1,555,294</b>		<b>\$2,655,504</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$39,256	\$0	\$159,651	\$0
Intergovernmental	\$0	\$1,555,294	\$0	\$2,655,504
<b>Total Revenue</b>	<b>\$39,256</b>	<b>\$1,555,294</b>	<b>\$159,651</b>	<b>\$2,655,504</b>

## Explanation of Revenues

\$2,655,504 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

## Significant Program Changes

Last Year this program was: FY 2015: 25057 Inpatient, Subacute & Residential MH Services for Children

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

### Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, & the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds & ICP staff are required to investigate & determine whether individuals on an E-Hold present a risk of harm to themselves or others & if a court hearing should be recommended. This is a requirement of the county as the Local Mental Health Authority. In FY14 ICP investigated 4,662 total holds; commitment staff monitored 276 patients & 107 trial visits.

### Program Summary

Commitment Services is comprised of several distinct, yet interconnected services:

**Involuntary Commitment Program:** An E-Hold keeps an individual in a hospital while ICP staff investigate the individual's mental health status. Through an investigation staff determine if the person has a mental illness and as such, is dangerous to self or others, or is unable to meet their basic needs. ICP staff file for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge.

**Emergency Hold:** When an individual is appropriately placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

**Commitment Monitors:** Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment and discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial and medical entitlements, and ensure that individuals transition into the most appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

**State Hospital Waitlist Reduction Program (WLRP):** Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care and service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of E-Holds investigated for County residents <sup>1</sup>	4,662	3,500	4,251	4,251
Outcome	% of total E-Holds that did not go to Court hearing <sup>2</sup>	91.4%	90.0%	90.2%	90.2%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment <sup>2</sup>	90.9%	85.0%	90.8%	90.8%
Output	# of commitments monitored annually <sup>3</sup>	383	560	401	401

### Performance Measures Descriptions

<sup>1</sup> This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.

<sup>2</sup> Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

<sup>3</sup> # monitored reflects both new and existing commitments of Multnomah County residents in acute care settings and secure residential placements.

## Legal / Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights; The state delegates the implementation of this statute to the counties.

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$972,617	\$1,850,648	\$1,010,784	\$1,963,392
Contractual Services	\$205,000	\$1,835,128	\$205,000	\$1,267,628
Materials & Supplies	\$1,500	\$62,181	\$23,042	\$42,227
Internal Services	\$0	\$342,859	\$135,850	\$248,993
<b>Total GF/non-GF</b>	<b>\$1,179,117</b>	<b>\$4,090,816</b>	<b>\$1,374,676</b>	<b>\$3,522,240</b>
<b>Program Total:</b>	<b>\$5,269,933</b>		<b>\$4,896,916</b>	
<b>Program FTE</b>	9.00	16.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$3,183,639	\$0	\$3,022,240
Beginning Working Capital	\$0	\$907,179	\$0	\$500,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,090,818</b>	<b>\$0</b>	<b>\$3,522,240</b>

## Explanation of Revenues

\$2,988,640 - State Mental Health Grant Flex Funds: Based on FY15 grant award.

\$500,000 - Beginning Working Capital State Mental Health Grant Flex Funds

\$33,600 - Adult Mental Health Initiative State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25058 Mental Health Commitment Services

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

**Executive Summary**

This program offer provides an ongoing portion of the funding necessary for a peer-run supported employment program. Additional funding will come from private foundations and in-kind donations. These peer-run employment and education programs typically secure funding from federal, state, and local governments including municipal mental health departments and the national Substance Abuse and Mental Health Services Administration (SAMSHA). Every dollar of county general fund would directly provide employment assistance for a person with a mental illness.

**Program Summary**

This program offer would continue to support the peer-run supported employment center through continued funding of positions and operating costs. The Supported Employment center offers employment, wellness and administrative support to adults with a mental illness who want to become employed. Continued funding through this offer would ensure that staff can continue to meet the training standards required for Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Education is tightly linked with income and wealth, and less education is linked with poor health. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, and advocating for reasonable accommodations.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of active members	136	120	200	200
Outcome	Percent of members in paid employment positions	14.7%	14.0%	16.0%	16.0%
Output	Average daily attendance (ADA)	17.7	15	25	25

**Performance Measures Descriptions**

Performance measures reflect gradual increase in the total number of members enrolled in program.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$80,000	\$0	\$80,000	\$0
<b>Total GF/non-GF</b>	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$80,000</b>		<b>\$80,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25059 Peer-run Supported Employment Center

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

**Executive Summary**

This program includes Mental Health Residential Services and Transitional Housing. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Foster Care Homes and a range of semi-independent supported housing programs. Transitional Housing focuses on individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing allows the individual a short-term stable housing opportunity to decrease the likelihood that they will need crisis and acute services.

**Program Summary**

Residential Services provide mental health residential treatment to persons who suffer from severe mental illness, and who require structured care, foster care, and mental health rehabilitative services. Populations served include those who are AMHI-eligible, those who are under the jurisdiction of the Psychiatric Security Review Board, and those who meet neither criteria, but whose mental illness prevents them from functioning safely in the community. Most clients enter the Residential system of care through the Oregon State Hospital, though some enter through the community, i.e., acute care and outpatient mental health provider referral.

Residential Services staff provides regulatory oversight to licensed residential treatment programs, monitoring and supporting the treatment programs' compliance with OARs. Residential staff also provides monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare. This typically occurs in the context of scheduled and unscheduled consultation, problem-solving, participation in client staffings, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. As a part of oversight of safety, health and welfare, Residential Services is responsible for review of program incident reports, referral to protective services where appropriate, and for conducting Critical Incident Reviews with providers. In its role as the regulatory arm of the state, Residential Services also assists state licensors with licensure inspections and quality audits of programs.

FY 14, there were:

- 376 persons referred to 86 residential providers, with 165 persons accepted (44%)
- 31 licensed structured care programs
- 4 supportive housing programs
- 27 licensed adult foster care programs with more in development
- A total of 587 beds

FY 14 Incident reports reviewed: 10,900

- 270 Assaults      • 190 Incidents involving police
- 702 Threats/Intimidation      • 190 critical incident reports reviewed

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of New Residential Services Referrals <sup>1</sup>	376	350	379	379
Outcome	% of Residential Services referrals placed	44.0%	45.0%	40.4%	40.4%

**Performance Measures Descriptions**

<sup>1</sup> This measure indicates the gap between the number of existing residential treatment beds and the number of referrals for placement.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services  
Health Share of Oregon Risk Accepting Entity Participation Agreement  
Revenue Contract with City of Portland Bureau of Housing and Community Development

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$470,392	\$333,662	\$466,802	\$348,602
Contractual Services	\$609,635	\$6,976,695	\$324,980	\$11,276,935
Materials & Supplies	\$9,440	\$7,290	\$9,223	\$7,175
Internal Services	\$22,216	\$182,759	\$67,727	\$69,463
<b>Total GF/non-GF</b>	<b>\$1,111,683</b>	<b>\$7,500,406</b>	<b>\$868,732</b>	<b>\$11,702,175</b>
<b>Program Total:</b>	<b>\$8,612,090</b>		<b>\$12,570,907</b>	
<b>Program FTE</b>	4.50	3.50	4.50	3.50

Program Revenues				
Indirect for Dept. Admin	\$62,121	\$0	\$11,883	\$0
Intergovernmental	\$0	\$7,100,405	\$0	\$11,286,031
Beginning Working Capital	\$0	\$400,000	\$0	\$416,144
<b>Total Revenue</b>	<b>\$62,121</b>	<b>\$7,500,405</b>	<b>\$11,883</b>	<b>\$11,702,175</b>

## Explanation of Revenues

\$4,206,568 - State Mental Health Grant Non-Residential Adult Mental Health: Based on FY15 grant award  
\$2,642,422 - State Mental Health Grant Flex Funds: Based on FY15 grant award  
\$2,587,410 - State Mental Health Grant Residential Treatment Services: Based on FY15 grant award  
\$509,636 - State Mental Health Grant Residential Treatment for Youth: Based on FY15 grant award  
\$496,412 - State Mental Health Grant Community MH Block Grant: Based on FY15 grant award  
\$416,144 - State Mental Health Grant Flex Funds BWC: Based on FY15 grant award  
\$231,700 - PDX Housing & Comm Dev  
\$219,712 - State Mental Health Grant Community Support Services Homeless: Based on FY15 grant award  
\$197,654 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
\$88,836 - State Mental Health Grant Older/Disabled Mental Health Services: All Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25060A Mental Health Residential Services



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

### Executive Summary

The Adult Mental Health Initiative (AMHI): diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develops supports to maximize independent living.

### Program Summary

Mental Health and Addiction Services (MHASD) AMHI staff work with other MHASD units, OSH, Addictions and Mental Health (AMH), Coordinated Care Organizations (CCO) and counties to coordinate the placement and movement of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by AMHI can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs care coordination to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of AMHI is assisting individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH; supporting quick, safe and appropriate discharges from OSH into the community; and providing supports (skills training, etc.) to help individuals achieve independent living in the least restrictive housing environment. These three goals are quantified as Qualifying Events (QEs) in the Performance Measures.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of Clients Served in AMHI	876	877	846	846
Outcome	Number of Qualifying Events <sup>1</sup>	616	233	600	550

### Performance Measures Descriptions

<sup>1</sup> The contractual measure of performance includes total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living).

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services  
Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$705,365	\$0	\$966,388
Contractual Services	\$0	\$3,710,461	\$0	\$2,568,586
Materials & Supplies	\$0	\$9,848	\$0	\$9,465
Internal Services	\$0	\$175,746	\$0	\$208,790
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,601,420</b>	<b>\$0</b>	<b>\$3,753,229</b>
<b>Program Total:</b>	<b>\$4,601,420</b>		<b>\$3,753,229</b>	
<b>Program FTE</b>	0.00	7.25	0.00	9.67

Program Revenues				
Indirect for Dept. Admin	\$37,836	\$0	\$69,405	\$0
Intergovernmental	\$0	\$3,705,951	\$0	\$3,703,229
Beginning Working Capital	\$0	\$895,469	\$0	\$50,000
<b>Total Revenue</b>	<b>\$37,836</b>	<b>\$4,601,420</b>	<b>\$69,405</b>	<b>\$3,753,229</b>

## Explanation of Revenues

\$2,548,798 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$1,154,431 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

\$50,000 - State Mental Health Grant Adult Mental Health Initiative funds Beginning Working Capital: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25061 Adult Mental Health Initiative (AMHI)

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

**Executive Summary**

This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Health Share Multnomah Mental Health. The continuum addresses the needs of adults at emergent, urgent & routine levels of care. Additional respite services provide intervention when an individual's symptoms have risen beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to approximately 9,000 adults annually.

**Program Summary**

Adult mental health outpatient services provide a comprehensive array of treatment options that address the needs of each individual, including several categories of individual and group therapy, general and intensive case management for individuals with severe mental illness, intensive outreach and medication management. Outpatient services address long and short-term mental health needs to lessen the need for hospitalization. Since expansion of Oregon Health Plan an average of 5200 adults receive outpatient services each month, with many remaining in treatment for several months. The average number of adults receiving services each month increased by 16 percent in FY15.

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

**Performance Measures**

<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY14 Actual</b>	<b>FY15 Purchased</b>	<b>FY15 Estimate</b>	<b>FY16 Offer</b>
Output	Total adults receiving outpatient mental health services <sup>1</sup>	8,965	8,787	9,146	9,146
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge <sup>2</sup>	20.3%	20.2%	18.9%	18.9%

**Performance Measures Descriptions**

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

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

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services  
Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$347,928	\$0	\$718,002
Contractual Services	\$0	\$24,348,386	\$0	\$32,250,625
Materials & Supplies	\$0	\$3,049	\$0	\$5,815
Internal Services	\$0	\$1,276,402	\$0	\$3,010,414
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$25,975,764</b>	<b>\$0</b>	<b>\$35,984,856</b>
<b>Program Total:</b>	<b>\$25,975,764</b>		<b>\$35,984,856</b>	
<b>Program FTE</b>	0.00	3.45	0.00	7.16

Program Revenues				
Indirect for Dept. Admin	\$664,838	\$0	\$2,089,920	\$0
Intergovernmental	\$0	\$25,975,764	\$0	\$35,984,856
<b>Total Revenue</b>	<b>\$664,838</b>	<b>\$25,975,764</b>	<b>\$2,089,920</b>	<b>\$35,984,856</b>

## Explanation of Revenues

\$34,763,022 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
\$1,221,834 - State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25062 Mental Health Services for Adults

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

### Executive Summary

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience symptoms of severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or significant decompensation, but are uninsured and ineligible for Oregon Health Plan (OHP). MTF addresses immediate health and safety concerns until insurance or OHP coverage is obtained.

### Program Summary

These funds will support an array of services for the over 500 individuals who experience severe mental illness and are uninsured and without financial resources. The Mental Health and Addiction Services Division (MHASD) provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, a designated adult services coordinator performs chart reviews for clinical necessity, choice of intervention, and financial eligibility. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, dual diagnosis treatment, care coordination, and crisis intervention. While the person is receiving services, he/she can be linked to other supports and acquire assistance in securing OHP benefits through the DCHS Benefits Recovery Project and health care through the Multnomah County Health Department or other clinics serving indigent clients. In FY14, the demand on this program has slightly decreased due to Medicaid Expansion. However, due to Medicaid eligibility requirements and limitations on Medicare approved services there are individuals who require this safety net program to receive on-going mental health case management and treatment services. In addition, there is an unmet need for more Intensive Case Management services for individuals without Medicaid eligibility. Funds will be repurposed to address this gap.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total # of adults who received county-funded outpatient services or medication	637	700	519	519
Outcome	Average emergency hold hospitalizations per uninsured adult served	0.4	1	0.3	0.3

### Performance Measures Descriptions

The decrease in the number of uninsured clients needing mental health treatment and/or medication is due to the 2014 Affordable Care Act expansion.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,131,254	\$141,794	\$1,221,357	\$107,418
<b>Total GF/non-GF</b>	<b>\$1,131,254</b>	<b>\$141,794</b>	<b>\$1,221,357</b>	<b>\$107,418</b>
<b>Program Total:</b>	<b>\$1,273,048</b>		<b>\$1,328,775</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$91,794	\$0	\$107,418
Beginning Working Capital	\$0	\$50,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$141,794</b>	<b>\$0</b>	<b>\$107,418</b>

## Explanation of Revenues

\$107,418 - State Mental Health Grant Flex Funding: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25063 Mental Health Treatment & Medications for the Uninsured

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

### Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 15-25 who demonstrate initial symptoms of psychosis, with the goal of managing long-term problems and consequences. EASA offers formal psychiatric treatment services as well as vocational and educational support, and involves the young person's family in treatment. The program will provide services for approximately 141 clients.

### Program Summary

The EASA team identifies young people experiencing the first episodes of psychosis and offers them a broad array of individualized treatment avenues and community-based care. Services include assessment, treatment planning, case management, medication management, psycho-educational workshops, multi-family groups, occupational assessments and interventions, evidence based supported employment services and educational supports. These services are provided by a multidisciplinary team that includes a psychiatrist, a nurse, a vocational and occupational therapist, peer support specialist and mental health consultants. The team's composition and activities are designed to meet the standards of a defined evidence-based practice model as required by the state. Research suggests that the median age for the onset of initial episodes of psychosis is under the age of 25. Research also suggests that early intervention and immediate access to treatment can directly reduce hospitalization rates and the incidence of psychosis' long-term disabling consequences.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total individuals enrolled in program receiving ongoing services	81	82	77	77
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment <sup>1</sup>	85.0%	68.0%	75.0%	75.0%
Output	Number of unduplicated individuals receiving EASA services	141	138	141	141

### Performance Measures Descriptions

<sup>1</sup> This measure compares the hospitalization rate for the 3 months prior to services with the rate for the 6 months post EASA service enrollment which is an indication of the stabilization of the individual.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services  
Health Share of Oregon Risk Accepting Entity Participation Agreement

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$783,051	\$0	\$947,840
Contractual Services	\$0	\$342,391	\$0	\$328,260
Materials & Supplies	\$0	\$12,275	\$0	\$14,446
Internal Services	\$0	\$153,360	\$0	\$132,310
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,291,077</b>	<b>\$0</b>	<b>\$1,422,856</b>
<b>Program Total:</b>	<b>\$1,291,077</b>		<b>\$1,422,856</b>	
<b>Program FTE</b>	0.00	7.95	0.00	9.45

Program Revenues				
Indirect for Dept. Admin	\$1,117	\$0	\$6,883	\$0
Intergovernmental	\$0	\$1,291,079	\$0	\$1,422,856
<b>Total Revenue</b>	<b>\$1,117</b>	<b>\$1,291,079</b>	<b>\$6,883</b>	<b>\$1,422,856</b>

## Explanation of Revenues

\$1,308,363 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$114,493 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

## Significant Program Changes

Last Year this program was: FY 2015: 25064A Early Assessment & Support Alliance



**Department:** Health Department      **Program Contact:** David Hidalgo

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

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

### Executive Summary

This program offer funds 1 FTE to perform mental health assessments of individuals receiving domestic violence-related services in Multnomah County, including at domestic violence shelters and the Gateway Center for Domestic Violence Services.

### Program Summary

Individuals who are receiving domestic violence-related services in Multnomah County receive on-site mental health assessments, including the four domestic violence shelters and the Gateway Center for Domestic Violence Services. The clinician who serves as a liaison between domestic violence, mental health, and additional providers travels to each of the shelters on a regular basis, and spends approximately two-thirds of the time at the Gateway Center. The clinician attends the appropriate domestic violence community meetings and events (such as the monthly Family Violence Coordinating Council meetings) and provides training to facilitate increased knowledge and understanding among the mental health and domestic violence providers. The clinician also carries a small caseload of uninsured consumers and provides evidence-based group services such as Seeking Safety and a domestic violence process group that supplements what is offered within the domestic violence settings.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of unique clients served annually	130	250	152	152
Outcome	Percentage of clients reporting they are better able to make informed decisions.	100.0%	90.0%	100.0%	100.0%

### Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$67,000	\$0	\$67,000	\$0
<b>Total GF/non-GF</b>	<b>\$67,000</b>	<b>\$0</b>	<b>\$67,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$67,000</b>		<b>\$67,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25065 Mental Health Services for Victims and Survivors of Domestic Violence

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

**Executive Summary**

Community Based Mental Health for children and youth serves over 11,000 at risk children up to age 21 through a continuum of prevention, early intervention and treatment services. The majority of funding is contracted to Certified Mental Health Providers in Multnomah County. A small portion supports Early Childhood Headstart Mental Health Prevention Services and Child Abuse Mental Health services at CARES NW.

**Program Summary**

Services range from prevention/early intervention to a comprehensive continuum of treatment services in treatment centers, in clinics, in homes, in schools, and in the community. These services support children and youth in the least restrictive setting. The continuum of services for at risk children includes: Early Childhood and Head Start Mental Health Services and Child Abuse Mental Health Services at CARES NW provided by Multnomah County Direct Clinical Services and HSO Multnomah contracted services for Outpatient, Intensive Home Based Services, Psychiatric Day Treatment, Psychiatric Residential Treatment Services, Subacute, and Respite.

Evidence-based practices for at risk children and their families are used to deliver: Incredible Years parent groups, early childhood classroom consultation, psychiatric day treatment, crisis respite, individual and group therapy, skill building and medication management. Care is coordinated with allied agencies such as Child Welfare, MESD and Schools, Head Start programs, Developmental Disabilities, Dept of Community Justice Juvenile Justice, Wraparound, School Based Mental Health and Physical Healthcare to ensure the best outcomes for children and youth.

Culturally competent services promote the development of healthy attachments and positive parenting practices so that needs are addressed before they become acute. The goal of every program in this array is to promote educational success and to keep vulnerable children in home with their families, or permanent foster care or with other long-term caregivers. The prevention and early intervention services, provided by the Early Childhood and Head Start Programs, for 5,485 children, addresses child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces the trauma of 1175 vulnerable children and their families which, in turn, reduces their risk of developing long-term health and mental health problems. Outpatient Services deliver a family-centered model to 4,352 children and parents, and seek to promote long term stability. Intensive mental health treatment services intervene in crisis situations to keep children at home, in school, and out of trouble.

This service array is in keeping with the goals of both the Early Childhood and School Aged Policy Frameworks and the Early Learning Multnomah school readiness goals starting February 1, 2014 as they relate to; integration, strengthening families and promoting educational success for children at risk for or with mental illness.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total children receiving outpatient services <sup>1</sup>	4,162	4,352	4,154	4,154
Outcome	% of children demonstrating improvement in their global distress score <sup>2</sup>	75%	71%	76%	76%

**Performance Measures Descriptions**

<sup>1</sup> This measure is the number of unduplicated children and youth ages 0 - 20 with at least one reported mental health treatment encounter in any outpatient service. Healthshare of Oregon Multnomah Mental Health, Verity, and Multnomah Treatment Fund (MTF) claims data.

<sup>2</sup> The ACORN is a short and frequent survey where clients rate their symptoms. The global distress score is the average score of all items on the survey, and with repeat measurement provides an accurate measure of change over time.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services  
Health Share of Oregon Risk Accepting Entity Participation Agreement  
Head Start Revenue Contract

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$1,339,535	\$1,076,660	\$1,421,780	\$1,411,361
Contractual Services	\$138,543	\$14,362,524	\$101,970	\$11,245,047
Materials & Supplies	\$15,825	\$16,974	\$0	\$10,888
Internal Services	\$159,000	\$847,465	\$169,543	\$1,271,936
<b>Total GF/non-GF</b>	<b>\$1,652,903</b>	<b>\$16,303,623</b>	<b>\$1,693,293</b>	<b>\$13,939,232</b>
<b>Program Total:</b>	<b>\$17,956,526</b>		<b>\$15,632,525</b>	
<b>Program FTE</b>	11.84	9.56	12.27	12.55

Program Revenues				
Indirect for Dept. Admin	\$393,233	\$0	\$795,957	\$0
Intergovernmental	\$0	\$16,303,622	\$111,432	\$13,939,232
Service Charges	\$111,432	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$504,665</b>	<b>\$16,303,622</b>	<b>\$907,389</b>	<b>\$13,939,232</b>

## Explanation of Revenues

\$13,159,984 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
\$627,556 - State Mental Health Grant Flex Funds: Based on FY15 grant award  
\$151,692 - Head Start Contracts: Based on FY15 grant awards

## Significant Program Changes

Last Year this program was: FY 2015: 25067A Community Based MH Services for Children & Families

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

**Executive Summary**

Multnomah Wraparound in line System of Care Principles and Values is a contracted service through HSO Multnomah and Local Mental Health Authority. HSO Multnomah has oversight of the screening and eligibility determination for children in need of the most intensive mental health services including SCIP/SAIP, Psychiatric Residential Treatment Services, Psychiatric Day Treatment Services, Home Based Services, and Wraparound Care Coordination.

**Program Summary**

Wraparound Multnomah is a combination of funding from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice -Juvenile Justice and HSO Multnomah. Approximately 172 children, youth, and families are served engaging multi-system coordination.

Wraparound Multnomah addresses system issues by identifying trends and establishing success indicators. It builds partnerships to facilitate planning, decision making and oversight. It supports family and youth involvement as primary decision makers in the development, implementation and modification of the system of care for children and families. Wraparound Multnomah utilizes flex funding and community resources to meet the needs of families; ensures quality assurance; utilization management; and evaluates effectiveness. Coordinating resources to serve clients involved in more than one system, reduces duplication and fragmentation of services and reduces cost shifting.

Multnomah Wraparound ensures the policies and procedures are culturally competent and that services provided are compatible with the families' cultural beliefs, practices, literacy skills and language.

The HSO Multnomah and LMHA intake unit provides 219 screenings on children per year for intensive service level care and provides wraparound team facilitation and care coordination for up to 164 children/youth with severe mental health needs who are involved in at least two other systems or are in a target population group (African American or Latino). This includes forming and facilitating Child and Family Teams to develop a single plan of care with blended resources. The plan of care is family-guided, culturally competent, multidisciplinary and includes natural supports to help children stay with family, in the community, in school and out of trouble. Multnomah Wraparound on behalf of HSO Multnomah is responsible for appropriate mental health service authorizations and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of unique children served through Wraparound	164	140	172	172
Outcome	% of children who are meeting their goals on Wraparound service plan <sup>1</sup>	84%	85%	84%	84%
Outcome	% of children completing the ISA Progress review each quarter	87%	90%	76%	76%
Output	Number of unique children screened for Integrated Service Array eligibility	230	267	219	219

**Performance Measures Descriptions**

<sup>1</sup> % of children rated as stable or making progress on their goals in the quarterly ISA Progress Review.

**Legal / Contractual Obligation**

## Health Share of Oregon Risk Accepting Entity Participation Agreement

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$0	\$1,220,913	\$0	\$2,137,530
Contractual Services	\$0	\$220,347	\$0	\$592,525
Materials & Supplies	\$0	\$17,200	\$0	\$845
Internal Services	\$0	\$253,322	\$0	\$462,468
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,711,782</b>	<b>\$0</b>	<b>\$3,193,368</b>
<b>Program Total:</b>	<b>\$1,711,782</b>		<b>\$3,193,368</b>	
<b>Program FTE</b>	0.00	12.67	0.00	19.47

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$40,000	\$0	\$191,988	\$0
Intergovernmental	\$0	\$1,711,781	\$0	\$3,193,368
<b>Total Revenue</b>	<b>\$40,000</b>	<b>\$1,711,781</b>	<b>\$191,988</b>	<b>\$3,193,368</b>

**Explanation of Revenues**

\$3,193,368 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14

**Significant Program Changes**

Last Year this program was: FY 2015: 25068 Multnomah Wraparound

**Department:** Health Department      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:** Measure 5 Education

**Executive Summary**

School Based Mental Health is a vital component of the system of care for children and families, serving over a thousand children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

**Program Summary**

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 1300 underserved families. This program reaches youth who have not accessed services in a mental health center and over 50% of those served were children of color. Approximately 70% of the children served were uninsured or insured by the Oregon Health Plan.

School based mental health consultants provide screening; crisis intervention; mental health assessment; individual, group and family treatment; and clinical case management. School based mental health consultants provide consultation to education staff to optimize educational planning for children with mental health challenges. Mental health consultants are co-located in School-Based Health Clinics when possible to provide integrated physical and mental health services.

Locating mental health services in schools is a best practice and Multnomah County has been a leader in the nation by providing this program since 1989. Through this program children and teens with mental health disorders or at risk of harming themselves or others are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services and improve lifelong socio-economic and wellness outcomes. This program meets a child's basic need for mental health and is congruent with the goals of Cradle to Career Framework.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving mental health services	1,296	1,112	1,300	1,500
Outcome	% of children receiving services showing improved school behavior & attendance <sup>1</sup>	82.5%	81.5%	82%	82%

**Performance Measures Descriptions**

<sup>1</sup> Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community (MOTS).

## Legal / Contractual Obligation

Revenue contracts with school districts.

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

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$733,254	\$1,140,161	\$792,940	\$943,265
Materials & Supplies	\$4,085	\$23,963	\$923	\$0
Internal Services	\$3,051	\$151,075	\$73,030	\$153,151
<b>Total GF/non-GF</b>	<b>\$740,390</b>	<b>\$1,315,199</b>	<b>\$866,893</b>	<b>\$1,096,416</b>
<b>Program Total:</b>	<b>\$2,055,589</b>		<b>\$1,963,309</b>	
<b>Program FTE</b>	7.00	8.83	6.39	8.51

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$6,440	\$0	\$0	\$0
Intergovernmental	\$0	\$1,315,199	\$137,266	\$1,096,416
Other / Miscellaneous	\$0	\$0	\$0	\$0
Service Charges	\$92,731	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$99,171</b>	<b>\$1,315,199</b>	<b>\$137,266</b>	<b>\$1,096,416</b>

## Explanation of Revenues

\$777,040 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$234,376 - Fee for Service Insurance Receipts: Based on current year projections

\$75,000 - Centennial School District

\$10,000 - Parkrose School District

## Significant Program Changes

**Last Year this program was:** FY 2015: 25075A School Based Mental Health Services

Scale up from FY 2015 (25075B) Cultural Outreach Specialist African American resulted in 125% increase in service from the prior year to African American students. Services include Prevention, Education and Outreach as well as Screening, Assessment and Treatment Services and is fully incorporated into this program offer.



**Department:** Health Department      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40082A  
**Program Characteristics:** Measure 5 Education

**Executive Summary**

School Based Mental Health is a vital component of the system of care for children and families, serving over a thousand children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public. Mental Health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

**Program Summary**

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation. This program reaches youth who have not accessed services in a mental health center and over 50% of those served are children of color. Approximately 70% of the children served are uninsured or insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/ support for students and their families. No one partner is prepared or responsible to the needs of all identified. There is also a need for increased mental health treatment and outreach capacity that focuses on culturally specific/responsive services, in addition to suicide prevention and education.

Locating mental health services in schools is a best practice, and Multnomah County has been a leader in the nation by providing this program since 1989. Through this program children and teens with mental health disorders or at risk of harming themselves or others, are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services, and improve lifelong socio-economic and wellness outcomes. This program meets a child's basic need for mental health and is congruent with the goals of Cradle to Career Framework.

This program offer adds 9 positions, preserving added services and staff funded by a State Health Capacity Grant for 2014 -2015. The scale up would support increased culturally specific SBMH services, serving an additional 350 students and families. Seven of the FTE would be dedicated to Mental Health Consultants with the majority supporting Culturally Specific Consultants to aid in meeting the needs of Latino and African American students. The balance would provide administrative staff to support the expansion. This new funding will sustain/increase mental health treatment and supports to assist with improving attendance for students served, leading to school completion and raising indicators for economic well being and improved health.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total unduplicated children receiving mental health services	0	0	0	350
Outcome	% of children receiving services showing improvement in school behavior and attendance (1)	0	0	0	82%

**Performance Measures Descriptions**

1 Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community (MOTS).

## Legal / Contractual Obligation

Revenue contracts with 6 school districts

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$276,105	\$435,073
Contractual Services	\$0	\$0	\$238,918	\$0
Materials & Supplies	\$0	\$0	\$11,624	\$14,927
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$526,647</b>	<b>\$450,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$976,647</b>	
<b>Program FTE</b>	0.00	0.00	2.86	4.95

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$450,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$450,000</b>

### Explanation of Revenues

\$177,176 - Postland Public School  
\$74,830 - David Douglas School District  
\$78,588 - Reynolds School District  
\$38,917 - Centennial School District  
\$58,543 - Gresham Barlow School District  
\$21,946 - Parkrose School District

### Significant Program Changes

Last Year this program was: FY 2015: 25075B SBMH - Cultural Outreach Scale Up

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

**Executive Summary**

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid increases mental health literacy in the community, providing a preventive and empowering tool to the community. It provides the public with the education necessary to intervene before an individual potentially reaches mental health crisis. The program offer funds two Mental Health First Aid trainings per month with up to 30 participants per training.

**Program Summary**

Mental Health First Aid is a national program managed, operated and disseminated by the National Council for Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. The national program trains and certifies instructors to deliver the 8-hour Mental Health First Aid course. There are also Youth Mental Health First Aid and Law Enforcement Mental Health First Aid certifications. The interactive 8-hour course presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, it builds understanding of their impact, and overviews common treatments. Participants of the 8-hour course become certified as Mental Health First Aiders and learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The Mental Health First Aid course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

In FY15 we estimate that 600 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY16, Mental health First Aid will continue to be offered to all county employees; and identified community groups and members who express a need for increased awareness and training in preventing mental health crisis in the community.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of individuals trained in Mental Health First Aid <sup>1</sup>	239	720	600	720
Outcome	% of individuals who report greater understanding of mental illness.	87.5%	90%	90%	90%

**Performance Measures Descriptions**

<sup>1</sup> The Suicide Prevention Coordinator position funded in FY15, has provided the necessary program administration to increase promotion of mental health awareness and increased community involvement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$86,107	\$0	\$88,306	\$0
Contractual Services	\$103,500	\$10,000	\$85,945	\$0
Materials & Supplies	\$0	\$20,000	\$20,062	\$0
Internal Services	\$0	\$0	\$14,148	\$0
<b>Total GF/non-GF</b>	<b>\$189,607</b>	<b>\$30,000</b>	<b>\$208,461</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$219,607</b>		<b>\$208,461</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$30,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25076A Mental Health First Aid

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

**Executive Summary**

Culturally-specific outpatient mental health services provide treatment for five underserved communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 688 indigent individuals received services in FY14.

**Program Summary**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities currently under-served or insufficiently served. Those communities are: Eastern European/Slavic/Russian Speaking, African-American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. Multnomah County Mental Health prevalence data suggests that members of the African-American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. African-Americans are also over represented in correctional facilities and the criminal justice system. Culturally-specific services address mental health problems through early access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

A growing population of African and Middle East refugees was identified in stakeholder discussions and culturally specific behavioral health provider meetings this past year. Programs and benefits for refugees are time limited and do not offer comprehensive mental health treatment. Culturally specific providers reported that the majority of uninsured refugee referrals (72%) came from Multnomah County Health Department clinics. Funding targeted for comprehensive mental health treatment and support services specific to refugee populations will decrease the need for crisis services, hospitalization and/or unnecessary involvement in the criminal justice system.

**Performance Measures**

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Total culturally diverse individuals receiving services <sup>1</sup>	688	598	718	820
Outcome	Culturally specific persons served per 1,000 culturally diverse in population <sup>2</sup>	3.3	2.8	3.4	3.4

**Performance Measures Descriptions**

<sup>1</sup> This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. <sup>2</sup> Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2013.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$1,354,347	\$0	\$1,567,513	\$0
<b>Total GF/non-GF</b>	<b>\$1,354,347</b>	<b>\$0</b>	<b>\$1,567,513</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,354,347</b>		<b>\$1,567,513</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$180,000	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$180,000</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2015: 25078A Culturally Specific Mental Health Services

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

### Executive Summary

The adult treatment continuum consists of outpatient addictions and residential treatment for uninsured residents; medication management; community recovery services (including peer mentors, wraparound support, and skills training during and after treatment); and a specialized program for persons who are severely addicted, diagnosed with multiple problems, and homeless. The continuum will serve approximately 2,575 clients next year. Research shows that every dollar invested in addiction treatment yields a cost offset of up to \$11.05 in other publicly supported services.

### Program Summary

The Oregon Health Authority estimates 300,000 Oregonians have a substance use disorder, roughly 18% of those needing addiction services access treatment, and more than 40% of those who try to get help experience barriers related to cost or insurance issues. Addiction is recognized as a chronic disease requiring lifelong attention in many cases, with similar compliance and relapse rates as other chronic diseases including diabetes and hypertension. While the overall goal of addiction treatment is to help clients maintain sobriety, addiction treatment reduces criminal activity, infectious disease transmission, and child abuse and neglect even when people continue to struggle with their disease.

Our adult treatment continuum supports recovery and a return to a healthy lifestyle through access to services which addresses the negative consequences of alcohol and other drugs and teaches pro-social alternatives to addictive behaviors through clinical therapy, skill building, and peer delivered services. Community recovery support programs provide a variety of ongoing clean and sober social support activities for clients and their families, as well as provide an avenue for recovering people to give back to the community.

Services are delivered throughout Multnomah County by a network of state licensed providers. These providers are culturally competent and many have bilingual staff. Outpatient treatment allows a client to work, go to school, attend job training, socialize, and otherwise carry on a normal life. The continuum treats about 2,575 clients annually. Residential treatment provides intensive services with clients living in the treatment center during their course of treatment, usually for two to six months. Clients needing this level of care often have multiple failures in outpatient treatment, often related to the severity and length of their addiction, as well as risk factors like chronic unemployment and housing problems. Residential treatment serves about 500 clients annually.

Treatment helps clients shift from ambivalence and denial about their addiction to acceptance and hope. Clients address issues that are barriers to recovery, and develop strategies and skills to overcome them. Providers also address their self sufficiency needs through help with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and recreation and healthy use of leisure time.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number served in treatment (all levels of care)	2,672	3,500	3,364	3,395
Outcome	Percentage of clients who successfully complete outpatient treatment <sup>1</sup>	44%	50.0%	39%	45%

### Performance Measures Descriptions

Performance measures reflect a move towards more intensive serves for a fewer number of individuals with higher-level needs.

<sup>1</sup> "Successful completion of treatment" is defined as the client meeting the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition Revised (ASAM PPC 2R) discharge criteria, completing at least two thirds of their treatment plan goals and demonstrating 30 days of abstinence.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer and Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$193,751	\$700,228	\$200,963	\$649,002
Contractual Services	\$2,750,954	\$5,861,358	\$3,386,881	\$14,421,211
Materials & Supplies	\$3,575	\$7,025	\$7,640	\$8,207
Internal Services	\$21,050	\$195,562	\$39,917	\$793,076
<b>Total GF/non-GF</b>	<b>\$2,969,330</b>	<b>\$6,764,173</b>	<b>\$3,635,401</b>	<b>\$15,871,496</b>
<b>Program Total:</b>	<b>\$9,733,503</b>		<b>\$19,506,897</b>	
<b>Program FTE</b>	1.50	7.33	1.50	6.43

Program Revenues				
Indirect for Dept. Admin	\$68,694	\$0	\$490,011	\$0
Intergovernmental	\$0	\$6,694,301	\$0	\$15,871,496
Beginning Working Capital	\$0	\$69,868	\$0	\$0
<b>Total Revenue</b>	<b>\$68,694</b>	<b>\$6,764,169</b>	<b>\$490,011</b>	<b>\$15,871,496</b>

## Explanation of Revenues

\$8,150,436 - Healthshare of Oregon (Medicaid): Based on FY15 Rate per Client times number of clients as of 12/31/14  
 \$2,483,039 - State Mental Health Grant Residential Capacity Services: Based on FY15 grant award  
 \$1,793,776 - State Mental Health Grant Flex Funds: Based on FY15 grant award  
 \$1,285,560 - State Mental Health Grant Alcohol Residential Care 61: Based on FY15 grant award  
 \$1,109,996 - State Mental Health Grant SAPT Block Grant: Based on FY15 grant award  
 \$605,300 - Local 2145 Beer and Wine Tax Revenues: Based on FY15 revenue projections  
 \$431,649 - State Mental Health Grant Drug Residential Care: Based on FY15 grant award  
 \$11,740 - State Mental Health Grant A&D Adult Residential Capacity: Based on FY15 grant award

## Significant Program Changes

**Last Year this program was:** FY 2015: 25080A Adult Addictions Treatment Continuum

Because of Medicaid expansion through the Affordable Care Act, we can continue to reallocate a portion of funding previously used for treatment to now fund community recovery support services that are not covered by Medicaid but which improve and enhance treatment outcomes. Performance measures reflect a move towards more intensive serves for a fewer number of individuals with higher-level needs .



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

### Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on 2013-2014 data the county's community-based providers treated approximately 262 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact 99% of the time.

### Program Summary

Multnomah County's Problem Gambling services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Gambling treatment and prevention services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, family members, and communities. In 2013-2014, 216 gamblers enrolled in treatment. As noted, family participation is important and 46 family members enrolled in treatment as well.

Multnomah County has one of the highest rates, per capita (18 years and older), of lottery sales statewide. Approximately 86% of the gambling treatment clients report video poker as their primary gambling activity. Problem gambling treatment services are focused on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, learning gambling prevention techniques, and maintaining recovery.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of gamblers and family members accessing treatment annually <sup>1</sup>	216	343	300	330
Outcome	Gambler successful treatment completion rate <sup>2</sup>	59%	40%	50%	50%

### Performance Measures Descriptions

<sup>1</sup> Output - The number of persons completing the enrollment process and entering treatment.

<sup>2</sup> Outcome - The number of gamblers completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and not engaging in problem gambling behaviors for a least 30 days prior to discharge. The rate is the number of successful gamblers divided by the number of unsuccessful gamblers and the "neutral" drops.

## Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$16,898	\$0	\$19,190
Contractual Services	\$0	\$500,505	\$0	\$696,000
Materials & Supplies	\$0	\$0	\$0	\$11
Internal Services	\$0	\$0	\$0	\$2,405
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$517,403</b>	<b>\$0</b>	<b>\$717,606</b>
<b>Program Total:</b>	<b>\$517,403</b>		<b>\$717,606</b>	
<b>Program FTE</b>	0.00	0.17	0.00	0.17

Program Revenues				
Intergovernmental	\$0	\$517,402	\$0	\$717,606
<b>Total Revenue</b>	<b>\$0</b>	<b>\$517,402</b>	<b>\$0</b>	<b>\$717,606</b>

## Explanation of Revenues

\$717,606 - State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

**Last Year this program was:** FY 2015: 25085 Addiction Services Gambling Treatment & Prevention

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

### Executive Summary

The alcohol and drug abuse prevention program provides prevention services for children and families at high risk for substance abuse. These services for residents of public housing sites include structured after-school activities (homework assistance, tutoring, home visits), individualized support for youth, and a family engagement program. On other fronts, the County has added grant-funded initiatives to prevent substance abuse and underage drinking among youth 18 and under in Central Portland, while continuing to address alcohol abuse and dependence among young adults (18-25 years).

### Program Summary

The structured after-school program for public housing residents is a long-standing collaboration with Home Forward, providing afternoon and evening services offering on-site homework help, socializing and skill-building activities to youth and families who live in public housing. The structured services at Home Forward housing sites also include tutoring, mentoring and family-support home visits, primarily serving children and youth between 5 - 14 years old. These activities promote school success, family bonding, improved parenting skills and youth life skills. By directly addressing community risk and protective factors, prevention reduces multiple problem behaviors and improves outcomes for children and families. The goal is to reduce youth substance abuse, school failure and juvenile crime.

As one of 12 counties to receive an Oregon Strategic Prevention Framework State Incentive Grant (SPF-SIG) in 2011, Multnomah County is in its 4th year of implementing a community-based process to reduce high risk drinking among young adults ages 18-25. High risk drinking is defined as binge drinking, heavy drinking and underage drinking (for those 18-20 for whom drinking is illegal). The county has conducted a needs assessment, formed Safe Neighborhood Advocacy Partnership (SNAP), a coalition of diverse stakeholders working to reduce high risk and underage drinking in downtown Portland, developed an action plan, and obtained additional grant funding to sustain its mission. The coalition is currently focusing on implementation and evaluation of the SPF-SIG project. The SNAP coalition has formed a volunteer Steering Committee to establish the sustainability of SNAP'S work and to direct the expansion of the coalition in FY16.

In 2014, Multnomah County received an Innovative Prevention Project grant from the Oregon Health Authority to expand SNAP's work to address underage drinking. SNAP also received a Drug Free Communities (DFC) grant in 2014 from the Office of National Drug Control Policy to address underage drinking and underage marijuana use through community-based prevention strategies, including: 1) educating youth, parents, schools and communities on the negative effects of substance use; 2) reducing underage access to alcohol and marijuana; 3) ensuring fair and appropriate consequences for youth caught with alcohol or marijuana, including early interventions; and 4) reducing promotion of alcohol and marijuana to youth.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Youth served at public housing sites <sup>1</sup>	372	200	250	275
Outcome	Core group youth w/ improved behavior <sup>2</sup>	89%	75%	75%	75%
Outcome	Core group youth w/ improved academic achievement	82%	75%	75%	75%

### Performance Measures Descriptions

- <sup>1</sup> This measure includes all participants in the entire collaborative after-school program serving youth in public housing.  
<sup>2</sup> Intensive core group services will be provided to 30 families with youth exhibiting behavioral and academic risk factors. Outcomes of improved behavior (e.g., less disruptive, better attendance, fewer suspensions) and improved academic achievement are good predictors of reduced future substance abuse.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements MHS 37 (Flexible Funding, MHS Special Projects), A-D 60 (Strategic Prevention Framework - SPF), and the Federal Office of National Drug Control Policy (ONDCP) Drug Free Communities Support Program Grant (DFC).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Personnel	\$0	\$0	\$0	\$104,043
Contractual Services	\$0	\$465,193	\$0	\$214,354
Materials & Supplies	\$0	\$7,623	\$0	\$7,623
Internal Services	\$0	\$2,377	\$0	\$5,379
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$475,193</b>	<b>\$0</b>	<b>\$331,399</b>
<b>Program Total:</b>	<b>\$475,193</b>		<b>\$331,399</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.90

Program Revenues				
Indirect for Dept. Admin	\$1,263	\$0	\$2,279	\$0
Intergovernmental	\$0	\$475,193	\$0	\$331,399
<b>Total Revenue</b>	<b>\$1,263</b>	<b>\$475,193</b>	<b>\$2,279</b>	<b>\$331,399</b>

## Explanation of Revenues

\$206,399 - State Mental Health Grant Flex Funds: Based on FY15 grant award  
 \$125,000 - State of Oregon SNAP (Safe Neighborhood Advocacy Partnership)

## Significant Program Changes

**Last Year this program was:** FY 2015: 25086 Addiction Services Alcohol & Drug Prevention

Multnomah County's SNAP program received the Drug Free Communities (DFC) grant from the Office of National Drug Control Policy to support the coalition's goal of reducing underage drinking and youth substance abuse in Central Portland (as defined by the Portland Police Bureau's Central Precinct boundaries). The grant provides \$125,000/year for five years, with the possibility of renewing for another five years. Additionally, SNAP received a one-time \$50,000 grant from the Oregon Health Authority to address underage drinking in Central Portland

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

### Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for consumers with a serious mental illness. Qualified mental health professionals staff the Community Court, Mental Health Court and Forensic Diversion Program. All three programs provide assertive, short term support, with the goal of connecting to appropriate community treatment options. A primary goal of all the programs is to divert mentally ill persons from lengthy jail stays and promote stability in the community. Clients served in FY14 Community Court: 1,175, Forensic Diversion: 543, Mental Health Court: 103.

### Program Summary

The three coordinated diversion programs target persons in the criminal justice system with serious mental illness who are at risk of lengthy stays in jail or hospitals unless provided additional treatment, support, and resources.

The Community Court Program addresses quality of life crimes with a focus on restorative justice. Clients are able to participate in a variety of social services as an alternative to jail or community service.

Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system while connecting them to community treatment, housing, and financial and medical entitlements. Staff provide ongoing monitoring and support for persons enrolled in Mental Health Court. Staff initiated services to 53 new participants in FY14.

The Forensic Diversion Program focuses on diversion from the criminal justice system for persons charged with felony and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provide mental status evaluations, as well as linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the OSH. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community.

The three diversion programs address the needs of residents with a mental illness who can be safely diverted from jail and/or the State Hospital, provide support for successful completion of court directives and provides linkage to community services that provide stability. Initial case management and coordination protects the legal and civil rights of these individuals, ensures appropriateness of resources and decreases the unnecessary expense of time in jail or the State Hospital.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	# of participants in Community Court	1175	1105	1375	1375
Outcome	% of participants in good standing or have successfully completed services	54.0%	60.0%	60.0%	60.0%
Output	# of participants engaged with Forensic Diversion	543	397	600	600
Outcome	% of participants successfully engaged with Forensic Diversion	68.0%	68%	66%	68%

### Performance Measures Descriptions

The outcomes measure the program's effectiveness to engage clients toward community based stabilization.

## Legal / Contractual Obligation

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

State of Oregon Safe Neighborhood Advocacy Partnership grant

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Personnel	\$224,045	\$789,465	\$209,612	\$1,044,761
Contractual Services	\$0	\$182,589	\$0	\$300,027
Materials & Supplies	\$2,925	\$5,650	\$1,184	\$13,100
Internal Services	\$9,121	\$97,979	\$62,999	\$87,902
<b>Total GF/non-GF</b>	<b>\$236,091</b>	<b>\$1,075,683</b>	<b>\$273,795</b>	<b>\$1,445,790</b>
<b>Program Total:</b>	<b>\$1,311,774</b>		<b>\$1,719,585</b>	
<b>Program FTE</b>	2.00	7.20	2.00	9.20

<b>Program Revenues</b>				
Indirect for Dept. Admin	\$0	\$0	\$7,498	\$0
Intergovernmental	\$0	\$1,040,683	\$0	\$1,445,790
Beginning Working Capital	\$0	\$35,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,075,683</b>	<b>\$7,498</b>	<b>\$1,445,790</b>

## Explanation of Revenues

\$1,100,500 - State Mental Health Grant Flex Funds: Based on FY15 grant award

\$345,290 - State of Oregon SNAP (Safe Neighborhood Advocacy Partnership)

## Significant Program Changes

Last Year this program was: FY 2015: 25088 Coordinated Diversion for Persons with Mental Illness

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

### Executive Summary

Detoxification and Supportive Housing are two vital steps to working towards long-term recovery and stability. Detoxification, a medically managed inpatient service, is the primary entrance point into addiction services for many low income people who face a severe addiction. Supportive Housing targets individuals who are homeless addicts who have completed any needed detoxification and are continuing treatment. In benefiting from both clinical and housing supports, clients are more likely to move from active addiction through treatment and into recovery.

### Program Summary

Supportive Housing greatly increases post-detoxification treatment retention rates and promotes recovery. Supportive housing for people who are homeless addicts can be a vital resource in the work towards long-term recovery. After detoxification, Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

The program supports capacity for detoxification services to be provided 24 hours/day, 7 days/week. Clients receive prescribed medication to ease withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. The program includes an integrated medical clinic with primary care and dual-diagnosis services. Detoxification is provided in a culturally competent manner that includes a variety of services: counseling and case management, physical and mental health care, housing referrals (permanent housing, rent assistance, eviction prevention), food and transportation, and economic independence (introduction to job training, employment referrals, benefits eligibility screening).

After detoxification, homeless clients who are entering outpatient treatment may be referred to Supportive Housing services. Supportive Housing (\$29 per unit per day) is an evidence-based, lower-cost resource when compared to either inpatient hospitalization (up to \$2,348 per day) or residential treatment (\$124 per day), and we can provide less restrictive/expensive outpatient treatment while the individual is in Supportive Housing. Findings from a 2006 study of homeless adults in Portland, showed a 36% reduction in public costs when supportive housing was provided. The 58 supportive housing units can each house two to three clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,375	2,400	2,375	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	94%	90%	94%	90%
Output	Number served in supportive housing units	132	133	133	133

### Performance Measures Descriptions

<sup>1</sup> An admission is a person completing the admission process. There can be multiple admissions.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Contractual Services	\$1,410,343	\$2,081,207	\$917,424	\$1,538,783
<b>Total GF/non-GF</b>	<b>\$1,410,343</b>	<b>\$2,081,207</b>	<b>\$917,424</b>	<b>\$1,538,783</b>
<b>Program Total:</b>	<b>\$3,491,550</b>		<b>\$2,456,207</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,081,207	\$0	\$1,538,783
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,081,207</b>	<b>\$0</b>	<b>\$1,538,783</b>

## Explanation of Revenues

\$1,538,783 - State Mental Health Grant SAPT Block Grant: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25090 Addictions Detoxification & Post Detoxification Housing



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

### Executive Summary

This program provides a continuum of services for youth in outpatient and residential addictions treatment and in early recovery, with culturally-specific outpatient services which target high-risk minority youth. It also provides alcohol/drug-free supportive housing resources for families headed by adult parent(s) who are in early addiction recovery. In FY15, a minimum of 90 families will receive housing supports in recovery-focused housing communities.

### Program Summary

Youth alcohol and drug treatment focuses on the developmental issues of youth up to age 18 to intervene in the immediate and long-term consequences of substance abuse. Our youth treatment continuum reflects collaboration with schools and juvenile justice, providing engagement services, outpatient and residential treatment services for uninsured, and recovery supports. Youth healthcare coverage -- with benefits including addictions treatment -- is now at a very high rate. Contracting with providers for services funded through a global/flexible budget allows the County to continue to provide core treatment for those few uninsured youth, as well as enrich an expanded continuum of services supporting treatment enrollment and completion.

Because most youth are now insured, with most core treatment services paid by public (Medicaid) or private insurance, our offer focuses on engagement and recovery wraparound supports which Medicaid does not cover, and should result in increased treatment access and strengthened recovery outcomes. We retain the ability to fund treatment for those uninsured youth through age 18 whose families' income is less than 200% of Federal Poverty Level. While outpatient services are most common, some youth need a higher level of care and youth residential treatment addresses the needs of some of the most vulnerable and at-risk county adolescents, a subset of whom have significant mental health issues.

The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers and includes 89 units of Central City Concern long-term transitional housing for families who are rebuilding their lives following the devastation of their addictions. These housing communities provide a clean, safe and sober living environment in which parents can raise their children while new recovery principles are reinforced. This offer funds an array of services aligned for FAN families, which include rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family retention or reunification in cases of child welfare involvement; building family stability, economic self-sufficiency, healthy community involvement; and eventual success in permanent housing.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Number of households that received rent assistance	97	62	90	90
Outcome	Exiting families that move into long-term permanent housing	58%	52%	52%	52%
Output	Number of families that received housing coordination services	132	105	120	105

### Performance Measures Descriptions

The performance measures shown above are consistent with measures attached to these funds by the State, and based on provider quarterly reports submitted to the State via the County. State funds to staff housing coordination were reduced in the current biennium, impacting support to families seeking employment and affordable permanent housing.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2015	2015	2016	2016
Contractual Services	\$134,279	\$835,733	\$337,133	\$611,574
<b>Total GF/non-GF</b>	<b>\$134,279</b>	<b>\$835,733</b>	<b>\$337,133</b>	<b>\$611,574</b>
<b>Program Total:</b>	<b>\$970,012</b>		<b>\$948,707</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$835,733	\$0	\$611,574
<b>Total Revenue</b>	<b>\$0</b>	<b>\$835,733</b>	<b>\$0</b>	<b>\$611,574</b>

## Explanation of Revenues

\$414,554 - State Mental Health Grant Flex Funds: Based on FY15 grant award.  
\$172,320 - State Mental Health Grant A&D Special Projects: Based on FY15 grant award  
\$24,700 - Local 2145 Beer & Wine Tax Revenues: Based on FY15 revenue projections

## Significant Program Changes

**Last Year this program was:** FY 2015: 25094 Family & Youth Addictions Treatment Continuum

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

### Executive Summary

The Family Involvement Team (FIT) for Recovery program is a collaborative effort with Department of Human Services/Child Welfare, alcohol and drug treatment providers, social service agencies, and the Family Dependency Court. In FY14, the FIT for Recovery program connected 551 clients with addictions treatment as expeditiously as possible and provided enhanced services to assist clients to successfully complete treatment and maintain recovery.

### Program Summary

The FIT for Recovery Core Team, housed at the Family Dependency Court, along with Volunteers of America outreach and clinical staff works with Child Welfare parents and their children until they enter addictions treatment. Other team members, located at the five treatment providers, begin working with the parents and their children once the parent and/or the parent and child enter treatment. In addition to addiction treatment, staff at the treatment agencies provide the family with support services including case management, family therapy, and Family Recovery services to assist the client to remain successful in treatment. By accepting services, parents are demonstrating to the State Department of Human Services (DHS) Child Welfare that they recognize that drugs or alcohol are affecting their abilities to parent effectively and are willing to take steps to become effective parents. FIT partners include: DHS Child Welfare, Family Dependency Court, LifeWorks NW, Cascadia, NARA, Central City Concern, Volunteers of America, Morrison Center and CODA.

### Performance Measures

Measure Type	Primary Measure	FY14 Actual	FY15 Purchased	FY15 Estimate	FY16 Offer
Output	Average number of FIT Triage starts per month <sup>1</sup>	96	102	94	100
Outcome	Average monthly number of clients in treatment	257	210	200	200

### Performance Measures Descriptions

<sup>1</sup>Triage starts are the number of initial assessments annually.

## Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2015</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>
Contractual Services	\$0	\$759,935	\$0	\$1,067,134
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$759,935</b>	<b>\$0</b>	<b>\$1,067,134</b>
<b>Program Total:</b>	<b>\$759,935</b>		<b>\$1,067,134</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$272,435	\$0	\$1,067,134
Beginning Working Capital	\$0	\$487,500	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$759,935</b>	<b>\$0</b>	<b>\$1,067,134</b>

## Explanation of Revenues

\$1,067,134 - State Mental Health Grant Flex Funds: Based on FY15 grant award

## Significant Program Changes

Last Year this program was: FY 2015: 25098A Family Involvement Team