

Department Overview

The Health Department vision of Healthy people in healthy communities guides our work.

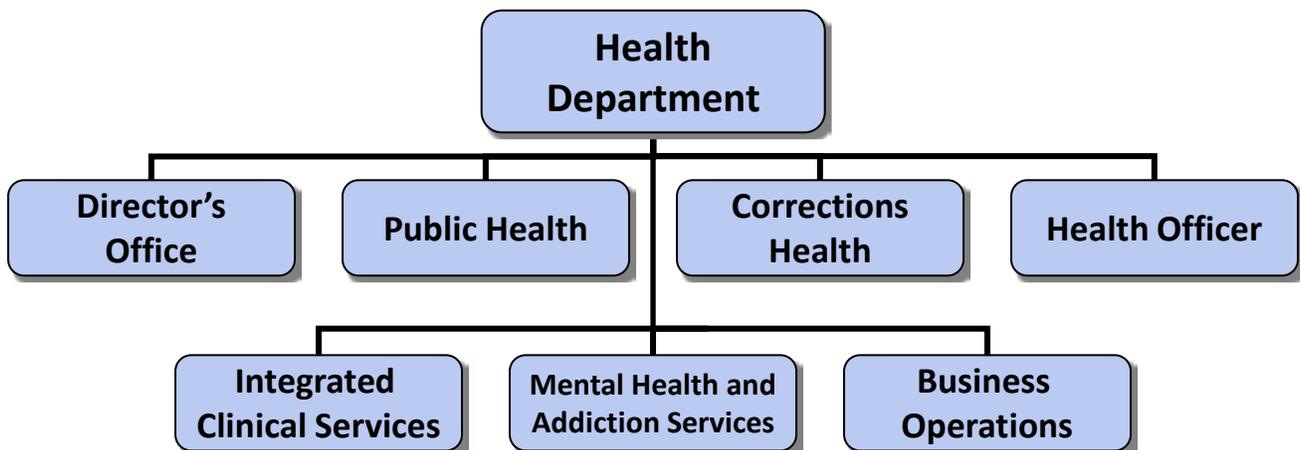
The Department mission: In partnership with the diverse communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.

The Department has four broad goals: improve health outcomes and health equity, especially among populations in which health disparities are prevalent; provide leadership in assuring access to high quality, affordable healthcare as part of health system transformation; increase the diversity of our organization at all levels; and invest in the development of a healthy, sustainable organization.

To achieve these goals the department has identified these key strategies:

1. Lead the integration and innovation of clinical services, public health programs and emergency response.
2. Strengthen the safety net through sustainable partnerships and financing systems.
3. Enhance professional development opportunities to further a culture of quality.
4. Create a Community Health Improvement Plan to address health disparities among communities of color.
5. Partner with Central Human Resources to strengthen our recruitment and advancement strategies so that diverse staff are hired, retained and promoted.
6. Build our capacity to become a trauma informed organization.

The department continues to deepen our cross system work with social services, sustainability and the criminal justice system.



Budget Overview

The FY 2017 Health Department budget is \$334,369,925 which represents a 2.2% increase over FY 2016. The County General Fund contributes just short of \$140 million, or 42% of the total. Traditional General Fund dollars make up 62% of these revenues, while Medicaid and Federally Qualified Health Center (FQHC) wraparound funds contribute an additional \$52.8 million. The majority of Health funds (\$194 million) come from Federal and State revenue, Medicaid (by way of Health Share of Oregon), and other medical fee revenue.

FY 2016 was the first year after transferring mental health services to the Health Department in response to changes created by the Affordable Care Act. There are no changes in FY 2017 on the same scale. In response to the opening of the Unity Center for Behavioral Health, the Health Department will ramp down Behavioral Health Crisis Services provided directly by Multnomah County. Health also consolidated Environmental and Community Health operations. FY 2017 also includes the establishment of a Tobacco Retail Licensing program (40006) aimed at reducing underage tobacco use.

The largest divisional change occurred in Integrated Clinical Services division (\$15.0 million increase) partially in response to continued Oregon Health Plan enrollment increases.

The following programs are new and/or funded on a one-time-only basis:

- Ambulance Service Plan Consulting Services (40004B) - \$100,000
- HIV Pre-Exposure Prophylaxis Strategy (PrEP) (40011D) - \$104,217
- North Portland Dental Expansion (40017B) - \$1,800,000
- Public Health Approach to Preventing Community Violence (40038B) - \$450,000
- Community Health Worker Training Carryover (40038C) - \$100,000
- MHASD Office of Consumer Engagement (40065D) - \$150,000
- Community Primary Care Expansion (40092) - \$500,000

Budget Trends	FY 2015	FY 2016	FY 2016	FY 2017	Difference
	Actual	Current Estimate	Adopted Budget	Proposed Budget	
Staffing FTE	1,059.44	1,387.96	1,381.29	1,488.53	107.24
Personnel Services	\$114,705,224	\$147,269,124	\$153,632,871	\$170,646,408	\$17,013,537
Contractual Services	13,641,799	119,880,177	119,786,137	105,699,148	(14,068,989)
Materials & Supplies	16,557,358	18,615,781	16,801,284	21,908,419	5,107,135
Internal Services	27,413,035	35,543,315	36,899,407	35,471,492	(1,427,915)
Capital Outlay	<u>329,999</u>	<u>70,614</u>	<u>120,000</u>	<u>644,458</u>	<u>524,458</u>
Total Costs	\$172,647,415	\$321,379,011	\$327,239,699	\$334,369,925	\$7,130,226

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

Successes and Challenges

The biggest issue in Mental Health continues to be seeking adequate funding for both the Medicaid service system that the County is responsible for and the safety net of services provided to the uninsured. Currently the department has a shortfall in the Medicaid system and the state is providing less state general funds for the crisis system. Despite these challenges, the department continues to expand mental health treatment options and increase services to both adults and children, particularly services to culturally diverse groups.

A consortium of hospitals under the leadership of Legacy Health Systems is developing the new Unity Center for Mental Health. The Unity Center will fill two important roles in our crisis response system: it will be the first psychiatric emergency room in the state and will also consolidate psychiatric hospital beds from area hospitals. Both of these important roles sited in one facility will increase the quality of emergency mental health care in the region and help the hospitals to more effectively utilize psychiatric hospital beds. The health department is jointly planning with the Unity Center and local mental health providers for coordinated discharge from the Center to community-based treatment.

The State of Oregon has a woefully underfunded and patchwork system of public health services. The state often mandates functions to counties that are significantly underfunded. Basic public health practices needed for population health are often not funded by the state. Multnomah County has provided significant county general funds for these functions. In the 2015 legislative session, the legislature received a report from a public health taskforce with recommendations for how to create standards for public health across the state. This report also recommends significant increases in state general fund investment in public health. The Oregon Health Authority will present a funding proposal to the 2017 legislative session. If this plan results in significant increases in the state funding for public health, our ability to respond to increasing demands for public health intervention and services will be vastly improved.

The Affordable Care Act (ACA) expansion of the Medicaid insured population continues to drive increased demand for services in our Integrated Clinical System. The Community Health Centers (clinics) employ more than one-third of the estimated primary care physician FTE for low-income residents in Multnomah County, and provides services to more than 70% of individuals in the county who receive care from Federally Qualified Health Center Program grantees. In January 2015, the County Board approved a plan to increase provider teams and other services within our existing clinics and pharmacies. The Department continues to implement that expansion. This year, ICS began a Saturday dental clinic at the Mid County Clinic that is increasing access to care. We are currently planning for expanded hours for primary care as well.

Diversity and Equity

Diversity and Equity efforts are part of the fabric of the department and fundamental to our work. The Department has one of the most diverse workforces in the county. We also serve an incredibly diverse population.

- The department continues to expand our recruitment efforts to attract and hire the most diverse work force in the County.
- The department currently offers a broad range of training for staff to enhance our ability to best serve this diverse population.
- All of our divisions provide culturally-specific services. Some of these include culturally-specific mental health contracted services and refugee-specific services in our clinics. Forty-one percent of our clinic clients prefer services in a language other than English and they speak more than 60 different languages. The department also supports a broad range of groups in the community that are working on health, mental health and equity for specific racial and cultural groups.
- This year our Mental Health Division staff are working with a broad coalition of community groups and individuals to develop a strategic plan for African American-specific addiction services.
- The Health Department Health Equity Initiative has been leading, managing and supporting the creation of a disparities focused Community Health Improvement Plan (CHIP). The CHIP is an action-oriented plan, required for accreditation, that outlines ways in which the department will partner with community organizations to prioritize community health issues and responses. This effort will engage over 200 individuals from the African, African American, Asian, Pacific Islander, Latino, Native American, Homeless youth, and the LGBTQI youth communities.
- In creating our new Community Budget Advisory Committee (CBAC), our business leadership actively recruited the County’s most diverse CBAC.

Budget by Division

Division Name	FY 2017 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$933,843	\$0	\$933,843	3.00
Health Officer	5,968,879	2,509,559	8,478,438	40.43
Public Health	27,414,184	27,260,710	54,674,894	318.42
Integrated Clinical Services	55,126,051	60,783,879	115,909,930	686.29
Business Operations	15,200,300	623,297	15,823,597	104.25
Corrections Health	16,648,730	172,142	16,820,872	105.40
Mental Health and Addiction Services	<u>18,585,941</u>	<u>103,142,410</u>	<u>121,728,351</u>	<u>230.74</u>
Total Health Department	\$139,877,928	\$194,491,997	\$334,369,925	1,488.53

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 1,600 employees, and is responsible for more than \$331 million in state, county and federally funded programs and services.

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

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

Significant Changes

Health care transformation continues to be a major focus for the Director's office. Mental Health Medicaid funding for Multnomah County is not sufficient to cover the costs of care and operations of a Medicaid insurance entity. The department continues to negotiate with Health Share of Oregon and the two other counties in our region to set appropriate rates.

Health care transformation also requires continuous quality improvement and the expansion of services delivery in our clinical services. The Department continues to plan for expansion within our current footprint since the long term funding picture is unclear.

The reorganization of the Public Health Division reflected in this year's budget, has helped to create a strategic direction for public health and focus our service delivery.

Health Officer

The Office of the Health Officer provides physician consultation, technical direction and leadership to support public health activities and clinical services in Multnomah County, fulfilling a requirement 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, environmental health, risk assessment and emergency preparedness.

Emergency Medical Services program under the Health Officer, 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 health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.

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

Significant Changes

The Health Officer program anticipates extending its contract with Clackamas and Washington Counties for Deputy Health Officer services with an increase in FTE in Washington County. The Multnomah County Health Officer is leading a regional effort on prescription opioid safety with program manager funding support from the CDC and OHA.

The Medical Examiner's Office successfully recruited an experienced new staff to serve as the Chief Deputy Medical Examiner and is adding resources for 24-hour, 7-days per week coverage.

The Emergency Medical Services program is launching a two year effort to revise the County's 1995, Ambulance Service Plan, which will need County Commission approval, and anticipates a procurement process to select the next transport provider after the current contract expires in 2018. Negotiations are underway to obtain the services of a contractor to guide and facilitate this process.

Public Health

The Public Health Division is responsible for promoting and protecting health and preventing disease within Multnomah County's diverse communities. The division is guided by the Multnomah County Public Health Advisory Board, and department and division strategic plans. The division addresses inequities by co-developing approaches with community partners and supporting these approaches.

Major areas of investment are: 1) Maternal, Child & Family Health, ensuring that health and developmental needs of low-income families with infants and children with special health needs are met. 2) Environmental Health Services, protecting the safety of residents by inspecting licensed facilities; monitoring mosquitoes and other vectors; and assuring healthy environments, including tobacco-free environments. 3) HIV/STD and Adolescent Sexual Health Equity, reducing the spread of sexually transmitted diseases; and promoting healthy life choices among teens through sexuality education. 4) Communicable Disease Services, fulfilling the mandate to limit the spread of reportable communicable diseases through outbreak investigation, immunizations and specialty clinical services. 5) Community Epidemiology Services, supporting data-driven policy and interventions through health and disease monitoring, evaluation, and research. 6) Equity, Planning and Strategy, advances the self-identified priorities of diverse community partners to reduce documented inequities through program, policy, and system improvements; and culturally specific programming.

Significant Changes

The Public Health Division restructured in 2015, to bring a holistic approach to community health both in the Department and across the County.

The division received a Federal Office of Adolescent Health Teen Pregnancy Prevention grant to help young people, their parents, and their teachers prevent unintended teen pregnancies and sexually transmitted diseases. The project works with African American, Latino, and Native American partners in middle school, high school and community settings.

Additionally, with the passage of tobacco retail licensing and increased restaurant inspection fees, the division will receive new fee for service revenue to support enforcement, licensing, and policy analysis.

The Centers for Disease Control and Prevention Striving to Reduce Youth Violence Everywhere (STRYVE) federal funding will end September 2016, and has been replaced with County General Funds in FY 2017.

Integrated Clinical Services

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

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

In calendar year 2015, ICS provided medical or dental services to approximately 71,000 of Multnomah County's most vulnerable residents.

Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. Dental Services opened Saturday Clinic hours in January 2016, providing much needed services to clients who cannot access services during normal business hours. Medical and Laboratory services were surveyed by the JCAHO in March 2015 and January 2016 respectively for quality and were re-accredited with "flying colors." SBHC's are leveraging technology by providing telemedicine for clients improving access along with quality of care. Finally, Primary Care Services continues its commitment to person-centered medical home by adding 16 Community Health Workers to the medical team, improving support for vulnerable clients accessing our services. Integrated to provide innovation, quality and access in the delivery of health care.

Our clients continue to represent our diverse community, with approximately 41% indicating they are best served in a language other than English. Our health centers serve clients speaking over 60 languages.

A remodeling project is planned for the North Portland Health center, using a combination of federal funds and county general funds to make space for dental services at this clinic.

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 1,600 full and part-time employees. The Budget, Accounting, Medical Accounts Receivable and Contracting services manage a budget of over \$320 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, maintenance of the strategic plan, communications, and priority setting for IT and data resources.

Human Resources and Workforce Development provide guidance and consultation in areas of recruitment and talent acquisition, employee and labor relations, workforce and organizational development, compensation and performance management, and administrative expertise. This includes customized approaches to address the unique needs of the diverse divisions within the department and specialty training for our healthcare, public health, and mental health 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. We are working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers For Medicare and Medicaid Services (CMS) to anticipate changes that impact the department. Business Operations has been working with Mental Health and Addiction Services (MHAS) and our partners at Health Share of Oregon to balance the regional Medicaid mental health funding to meet our financial obligations to clients and community providers.

Changes to funding and how we are reimbursed for services continues to evolve in all areas. In the primary care and dental clinics alternative payment methods (APM) are now a significant percentage of overall revenue. This requires new methods to monitor, collect and maximize payments. The Mental Health and Addiction Services division is using APMs in a variety of provider agreements which requires changes to our contract, procurements and financial forecasting.

Unemployment in the State of Oregon has been steadily declining since 2010, currently at less than 6% with an even lower rate of 3.4% within Health Services. This coupled with the growing rate of retirement-eligible employees creates a need to develop a more proactive and inclusive recruitment and retention strategy. This also leads to a greater need to identify strategic succession planning approaches and feeder pool development to ensure the knowledge and experience of the workforce is sustained. This comes in the form of customized trainings, leadership development, and an expansion of recruitment efforts.

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 health care services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center (MCDC), the Multnomah County Inverness Jail (MCIJ) 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 allow detainees to participate in their legal cases, which is their right as citizens.

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 our work.

Significant Changes

Corrections Health continues to work with the Sheriff's Office on three key issues:

The significant reduction in clients on suicide watch due to the addition of 24-hour mental health staffing. Prior to last year's expansion of mental health staff, it was common at any given time to have more than eight clients under continuous observation, now this is rare.

This partnering has allowed for the provision of appropriate treatment and housing options for Transgender clients, several of whom had previously not self-identified, but now feel safer making this disclosure.

Working closely together we are able to provide appropriate treatment and intervention for those clients who discuss PREA (Prison Rape Elimination Act) incidents.

Mental Health and Addiction Services

Multnomah County 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.

More than 40,000 individuals received treatment services from the system in FY 2016. MHASD is a subcontractor of Health Share of Oregon; managing the mental health benefit of more than 133,000 Oregon Health Plan members in our county.

MHASD offers the community prevention/early intervention programs for adults, youth and children at high risk of a drug/alcohol or gambling addiction, and/or mental illness through EASA, Mental Health First Aid and similar programs.

School-based Mental Health serves over 1,500 youth in 27 schools and 13 School-based Health Clinics. MHASD endorses peer-delivered services by supporting a drop-in center, as well as hiring peers to incorporate consumer voice at every level.

Significant Changes

In FY 2016, MHASD successfully completed its transition from DCHS to the Health Department. The Mental Health Call Center moved to a joint site with the health clinic operations center and added additional staff, including Spanish speakers.

The Medicaid system responded to increased membership by adding more small practice providers able to provide population-specific services. The School-based Mental Health expansion added mental health consultants serving the African American, Hispanic, Asian Immigrant and Refugee communities. The Community Mental Health Program (CMHP) increased contracted immigrant and refugee mental health services and added services for older adults. The Stabilization and Treatment Preparation (STP) opened in July 2015, providing 16 beds of transitional housing for homeless individuals involved with the criminal justice system, decreasing recidivism.

Addiction Services initiated two new outreach pilots, both designed to engage individuals with potential addiction issues who are seen in medical settings. This reflects a truly integrated health care model where treatment occurs where the person gets their care. Mental Health First Aid and ASIST suicide prevention and awareness programs reached twice the number of individuals as last year.

The MHASD provider system successfully made the transition to ICD-10 medical codes.

Health Department

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

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Director's Office	\$933,843	\$0	\$933,843	3.00
Health Officer					
40002	Tri-County Health Officer	330,425	454,000	784,425	2.50
40004A	Ambulance Services (Emergency Medical Services)	2,091,853	955,725	3,047,578	12.48
40004B	Ambulance Service Plan Consulting Services	100,000	0	100,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness	44,788	588,434	633,222	3.10
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	2,095,263	511,400	2,606,663	12.15
40052	Medical Examiner	1,306,550	0	1,306,550	10.20
Public Health					
40001	Public Health Administration and Quality Management	1,818,489	0	1,818,489	11.40
40006	Tobacco Enforcement	510,076	399,284	909,360	6.45
40007	Health Inspections and Education	4,003,518	92,715	4,096,233	28.60
40008	Vector-Borne Disease Prevention and Code Enforcement	1,337,338	0	1,337,338	9.60
40009	Vital Records	0	859,103	859,103	7.23
40010	Communicable Disease Prevention and Control	2,957,482	1,135,730	4,093,212	27.90
40011A	STD/HIV/Hep C Community Prevention Program	2,477,633	1,553,865	4,031,498	23.25
40011D	HIV Pre-Exposure Prophylaxis Strategy (PrEP)	104,217	0	104,217	0.75
40012	Services for Persons Living with HIV	1,248,806	7,010,583	8,259,389	34.75
40014	Immunizations	274,011	287,237	561,248	4.00
40018	Women, Infants and Children (WIC)	1,646,330	3,133,333	4,779,663	42.80
40025	Adolescent Health Promotion	355,676	1,449,999	1,805,675	8.90
40037A	Environmental Health Community Programs	300,745	190,000	490,745	2.70
40038A	Health Promotion and Community Capacity Building	847,853	659,001	1,506,854	8.77

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fy2017 proposed budget

Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
Public Health (cont.)					
40038B	Public Health Approach to Preventing Community Violence	450,000	0	450,000	2.83
40038C	Community Health Worker Training Carryover	100,000	0	100,000	0.00
40045	Health Equity Initiative (Racial Justice Focus)	1,244,934	0	1,244,934	7.70
40048	Community Epidemiology	819,301	1,887,025	2,706,326	13.44
40054	Nurse Family Partnership	2,210,304	1,689,639	3,899,943	20.40
40055	Children with Special Health Care Needs Home Visiting	1,200,198	1,995,612	3,195,810	19.10
40056	Healthy Families	941,485	2,375,461	3,316,946	12.55
40057	Future Generations Collaborative	392,059	133,435	525,494	1.50
40058	Healthy Birth Initiative	664,923	1,172,688	1,837,611	11.95
40060	Community Health and Chronic Disease Prevention	1,008,806	1,236,000	2,244,806	11.85
40092	Community Primary Care Expansion	500,000	0	500,000	0.00
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	344,306	1,504,535	1,848,841	19.00
40017A	Dental Services	9,408,432	9,370,988	18,779,420	117.85
40017B	North Portland Dental Expansion	1,800,000	0	1,800,000	0.00
40019	North Portland Health Clinic	2,796,316	3,625,191	6,421,507	33.30
40020	Northeast Health Clinic	4,053,536	4,007,536	8,061,072	51.20
40022	Mid County Health Clinic	7,538,776	6,602,250	14,141,026	92.35
40023	East County Health Clinic	6,076,998	5,013,670	11,090,668	67.93
40024	School Based Health Centers	4,019,269	2,604,299	6,623,568	38.26
40026	La Clinica de Buena Salud	1,088,813	1,358,480	2,447,293	14.00
40027	Southeast Health Clinic	2,063,553	3,064,867	5,128,420	31.40
40029	Rockwood Community Health Clinic	3,140,850	3,081,903	6,222,753	39.80
40031	Pharmacy	0	18,418,624	18,418,624	56.75
40032	Lab and Medical Records	4,301,534	869,904	5,171,438	39.55
40033	Primary Care and Dental Access and Referral	2,171,119	558,626	2,729,745	26.80
40034	Quality Assurance	6,076,861	703,006	6,779,867	56.80
40036	Community Health Council and Civic Governance	245,688	0	245,688	1.30

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Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
Business Operations					
40003	Health Department Leadership Team Support	1,001,890	0	1,001,890	10.00
40039	Human Resources and Training	3,200,172	0	3,200,172	20.65
40040	Budget & Finance	2,537,569	310,742	2,848,311	25.00
40041	Medical Accounts Receivable	1,665,492	0	1,665,492	14.00
40042	Contracts & Procurement	1,452,270	197,663	1,649,933	13.00
40043	Health Department Operations	2,447,359	114,892	2,562,251	17.60
40044	Health Clinical Data and Reporting	2,895,548	0	2,895,548	4.00
Corrections Health					
40049	Corrections Health Juvenile Detention	915,588	0	915,588	5.90
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,510,717	172,142	3,682,859	23.40
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,554,064	0	2,554,064	16.00
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,078,684	0	3,078,684	20.20
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,937,381	0	2,937,381	15.70
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,816,506	0	1,816,506	11.10
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,343,530	0	1,343,530	8.70
40059	Corrections Health Mental Health Services	492,260	0	492,260	4.40
Mental Health and Addiction Services					
40065A	Mental Health & Addiction Services Administration	372,226	1,199,330	1,571,556	5.80
40065B	MHASD Office of Consumer Engagement	150,000	0	150,000	2.00
40066	Mental Health (CATC / Jail Diversion)	683,500	0	683,500	0.00
40067	Medical Records for MHASD	173,487	700,511	873,998	8.30
40068	Mental Health Quality Management & Protective Services	1,117,686	4,642,491	5,760,177	34.90
40069	Behavioral Health Crisis Services	1,810,362	5,523,545	7,333,907	20.25
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	655,125	2,620,495	3,275,620	0.00
40071	Inpatient, Subacute & Residential MH Services for Children	0	2,856,605	2,856,605	0.00
40072	Mental Health Commitment Services	1,332,579	2,986,418	4,318,997	25.50
40073	Peer-run Supported Employment Center	80,000	0	80,000	0.00

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Prog. #	Program Name	FY 2017 General Fund	Other Funds	Total Cost	FTE
Mental Health and Addiction Services (cont.)					
40074A	Mental Health Residential Services	970,864	11,715,782	12,686,646	9.14
40075	Adult Mental Health Initiative (AMHI)	0	4,222,150	4,222,150	10.00
40076	Mental Health Services for Adults	0	29,153,415	29,153,415	15.06
40077	Mental Health Treatment & Medications for the Uninsured	1,113,897	146,368	1,260,265	0.00
40078	Early Assessment & Support Alliance	0	1,662,614	1,662,614	10.32
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	1,758,991	12,628,864	14,387,855	19.17
40081	Multnomah Wraparound	0	3,320,327	3,320,327	22.92
40082	School Based Mental Health Services	1,356,706	1,656,336	3,013,042	22.18
40083	Mental Health First Aid	171,066	0	171,066	1.00
40084	Culturally Specific Mental Health Services	1,567,513	0	1,567,513	0.00
40085	Adult Addictions Treatment Continuum	2,744,389	12,607,366	15,351,755	11.85
40086	Addiction Services Gambling Treatment & Prevention	0	789,500	789,500	0.15
40087	Addiction Services Alcohol & Drug Prevention	0	324,751	324,751	1.00
40088	Coordinated Diversion for Persons with Mental Illness	507,990	1,437,701	1,945,691	11.20
40089	Addictions Detoxification & Post Detoxification Housing	1,747,560	1,296,616	3,044,176	0.00
40090	Family & Youth Addictions Treatment Continuum	205,000	795,779	1,000,779	0.00
40091	Family Involvement Team	0	855,446	855,446	0.00
Total Health Department		\$139,877,928	\$194,491,997	\$334,369,925	1,488.53

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Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$891,922	\$0	\$688,152	\$0
Contractual Services	\$41,100	\$0	\$39,750	\$0
Materials & Supplies	\$127,862	\$0	\$129,274	\$0
Internal Services	\$109,269	\$0	\$76,667	\$0
Total GF/non-GF	\$1,170,153	\$0	\$933,843	\$0
Program Total:	\$1,170,153		\$933,843	
Program FTE	4.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40000-16 Health Department Director's Office

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$239,882	\$135,710	\$1,498,978	\$0
Contractual Services	\$103,942	\$0	\$132,873	\$0
Materials & Supplies	\$13,360	\$0	\$48,187	\$0
Internal Services	\$25,794	\$0	\$138,451	\$0
Total GF/non-GF	\$382,978	\$135,710	\$1,818,489	\$0
Program Total:	\$518,688		\$1,818,489	
Program FTE	1.00	1.00	11.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The Public Health Director is reflected in this program. The public health informatics function, previously associated with program 40048 (Community Epidemiology), has been included in this program. Additional personnel increases are due to moves in program offers 40000 and 40035.

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

Four public health physicians serve as the Tri-County Health Officers

In Multnomah County the Health Officer is also the TriCounty Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, 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, lead the development of regional opiate prescribing standards and support and obtain regional leadership on the state prescription drug overdose prevention grant, lead regional Ebola response planning, provide technical support for board presentations on maternal child health, disparities, and e-cigarettes. Dr Lewis also participates in both the OLCC and OHA marijuana rules advisory committees.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	90%	100%	100%	100%

Performance Measures Descriptions

2) measured by renewal of intergovernmental agreement through FY17. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY17 will be negotiated and finalized by June 30, 2016. 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	2016	2016	2017	2017
Personnel	\$292,251	\$289,234	\$310,144	\$382,125
Contractual Services	\$10,616	\$0	\$0	\$0
Materials & Supplies	\$10,315	\$11,657	\$10,366	\$13,281
Internal Services	\$14,580	\$29,709	\$9,915	\$58,594
Total GF/non-GF	\$327,762	\$330,600	\$330,425	\$454,000
Program Total:	\$658,362		\$784,425	
Program FTE	1.00	1.20	1.00	1.50

Program Revenues				
Indirect for Dept. Admin	\$19,876	\$0	\$36,150	\$0
Intergovernmental	\$0	\$330,600	\$0	\$454,000
Total Revenue	\$19,876	\$330,600	\$36,150	\$454,000

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 \$454,000 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2016: 40002-16 Tri-County Health Officer

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$889,337	\$0	\$836,525	\$0
Materials & Supplies	\$23,746	\$0	\$17,649	\$0
Internal Services	\$92,039	\$0	\$147,716	\$0
Total GF/non-GF	\$1,005,122	\$0	\$1,001,890	\$0
Program Total:	\$1,005,122		\$1,001,890	
Program FTE	10.80	0.00	10.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40003-16 Health Department Leadership Team Support

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

Executive Summary

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

Program Summary

The MC EMS Program has the following major functions:

1. Administration of the exclusive emergency ambulance contract to assure that performance criteria are met by the ambulance provider under franchise with the County.
2. Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including Emergency Medical Technicians and Paramedics. Immediate medical advice for responders is provided via a contract with OHSU and the County under the direction and coordination of the MC EMS Medical Director.
3. MC EMS establishes quality standards for EMS services provided to the public and uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided by the system.
4. Regulation of all ambulance business in the County in accordance with the ambulance service plan ordinance, MCC 21.400, and administrative rules. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care. This includes planning activities to maintain the Ambulance Service Plan, County Code, Administrative Rules, and subsequent procurement, contracts and agreements.
5. Coordination of medical first response and 911 medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 911 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS provider agencies. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR).
6. MC EMS provides coordination of major event planning, medical equipment specifications, liaison and coordination with local hospitals, and EMS disaster planning in the County with Emergency Medical Service provider agencies.
7. MC EMS provides supervision and coordination of the Tri-County 911 program. This includes coordination of care for the frequent users of the medical 911 system in Clackamas, Washington, and Multnomah County EMS systems.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Ambulance response times ≤ 8 min. 90% of calls	90.9%	90%	90.2%	90%
Outcome	Cardiac arrest survival to hospital	49%	35%	37%	35%

Performance Measures Descriptions

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

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County ASA plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the franchise agreement with AMR, Contracts with OHSU, IGAs with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,371,900	\$0	\$981,298	\$693,996
Contractual Services	\$830,349	\$0	\$836,085	\$89,542
Materials & Supplies	\$191,205	\$0	\$168,647	\$45,952
Internal Services	\$94,253	\$0	\$105,823	\$126,235
Total GF/non-GF	\$2,487,707	\$0	\$2,091,853	\$955,725
Program Total:	\$2,487,707		\$3,047,578	
Program FTE	10.20	0.00	6.35	6.13

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$65,652	\$0
Fees, Permits & Charges	\$1,019,692	\$0	\$989,913	\$0
Intergovernmental	\$67,208	\$0	\$0	\$0
Other / Miscellaneous	\$114,785	\$0	\$114,225	\$955,725
Service Charges	\$733,951	\$0	\$814,790	\$0
Total Revenue	\$1,935,636	\$0	\$1,984,580	\$955,725

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 finds fund system improvements.

Ambulance License Fees: \$989,913
 Medical Direction contracts: \$254,840
 Charges for Services: \$659,950
 Ambulance Fines: \$114,785
 Coordinated Care Organization grants: \$955,725

Significant Program Changes

Last Year this program was: FY 2016: 40004-16 Ambulance Services (Emergency Medical Services)

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

Executive Summary

The Ambulance Service Plan needs to be updated to reflect changes that have occurred in healthcare and the industry over the last 20 years. This must occur prior to an RFP for emergency ambulance services is completed prior to the current contract for exclusive emergency ambulance transport expiring in August, 2018. This Program add is to support a industry expert consultant for both the Ambulance Plan process and the subsequent Ambulance Service RFP. Multnomah County Emergency Medical Services (MC EMS) is currently operating under an Ambulance Service Plan that was adopted in 1994.

Program Summary

The Emergency Medical Services Program is designed to meet the County's responsibility under Oregon Revised Statute (ORS) 682. This ORS requires certain components be designed and present to ensure high quality Ambulance Transport to everyone within the County borders. The actual ambulance transportation is provided by a contractor. The Program provides oversight, regulation, and coordination between the Ambulance Provider, Fire Medical First Response, Hospital and Healthcare Systems, and other agency and individual participants. This proposed funding will pay for industry specific consulting services to assist the Program and the County with Emergency Medical Services (EMS) system planning, review and revision of the County's Ambulance Service Plan (ASP), and procurement of ambulance services in a multi-year project. The Ambulance Service plan was written and adopted in 1994. The Emergency Ambulance Service Contract is currently on a contract extension through a special procurement provision of purchasing rules. Through resolution 2013-138, the Board authorized the special procurement and directed the Program to conduct EMS planning and RFP procurement for a new ambulance service contract by Sept 1, 2018. The expert consultant is needed to complete the planning and subsequent procurement process.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of scheduled contracted milestones completed	-	-	-	90%
Outcome	% of contracted milestones completed on time	-	-	-	90%

Performance Measures Descriptions

Based on the work plan developed at the start of the project.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Preparedness

Department: Health Department **Program Contact:** Paul Lewis

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

Related Programs:

Program Characteristics:

Executive Summary

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

Program Summary

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public Health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department 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 Healthcare System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Trainings participated in by Incident Management Team	6	6	6	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced")	Established	Established	Established	Established
Outcome	Improved regional healthcare system emergency response	87%	98%	88%	89%
Quality	Program satisfaction	87%	93%	88%	89%

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$491,428	\$0	\$463,996
Materials & Supplies	\$0	\$4,704	\$264	\$50,873
Internal Services	\$26,142	\$80,540	\$44,524	\$73,565
Total GF/non-GF	\$26,142	\$576,672	\$44,788	\$588,434
Program Total:	\$602,814		\$633,222	
Program FTE	0.00	3.60	0.00	3.10

Program Revenues				
Indirect for Dept. Admin	\$34,670	\$0	\$40,355	\$0
Intergovernmental	\$0	\$576,672	\$0	\$588,434
Total Revenue	\$34,670	\$576,672	\$40,355	\$588,434

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: \$266,139
 OHA, PHEP Ebola, Health Security, Preparedness, and Response Program: \$322,295

Significant Program Changes

Last Year this program was: FY 2016: 40005-16 Public Health & Regional Health Systems Emergency Preparedness

Public Health Preparedness: Paradigm and training shift to Emergency Support Function (ESF) in support of Multnomah County Emergency Management. ORR process introduced and will influence future planning outcomes.

Legal / Contractual Obligation

Tobacco Prevention and Education (TPEP) grant, funded by the Oregon Public Health Division, OHA must comply with required work plans and assurances.

MC Ordinance 2015-1225

Oregon Indoor Clear Air Act Administrative Rules (ICAA OARS), Tobacco Master Settlement Agreement (MSA), SYNAR amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act, Racketeer Influenced and Corrupt Organization (RICO), Food & Drug Administration, and Family Smoking Prevention and Tobacco Act.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$75,445	\$322,107	\$411,394	\$255,485
Contractual Services	\$0	\$0	\$53,292	\$13,710
Materials & Supplies	\$912	\$4,594	\$22,223	\$3,367
Internal Services	\$8,150	\$70,704	\$23,167	\$126,722
Total GF/non-GF	\$84,507	\$397,405	\$510,076	\$399,284
Program Total:	\$481,912		\$909,360	
Program FTE	0.80	3.15	4.10	2.35

Program Revenues				
Indirect for Dept. Admin	\$23,892	\$0	\$24,169	\$0
Fees, Permits & Charges	\$0	\$0	\$510,076	\$0
Intergovernmental	\$0	\$397,405	\$0	\$399,284
Total Revenue	\$23,892	\$397,405	\$534,245	\$399,284

Explanation of Revenues

Tobacco Prevention and Education (TPEP) grant: \$399,284.
Tobacco retail licenses general fund fees : \$510,076.

Significant Program Changes

Last Year this program was: FY 2016: 40037-16 Environmental Health Education, Outreach and Housing

In FY16, the Tobacco Prevention and Education Program (TPEP) grant was shared between two different program offers, program 40037 (Environmental Health Education, Outreach, and Housing) and program 40047 (Public Health Community Initiatives). In this FY17 offer, TPEP is completely within this program.

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. This program responds to needs of multicultural communities as well as media inquiries related to food safety in Multnomah County. Participation in the FDA Program Standards align the program with national standards. The program received an outstanding rating in the 2014 triennial review from the Oregon Health Authority.

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.

Inspected Facilities: The Health Inspections program has responsibility for assuring the health and safety in 5,712 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. **Swimming pools & spas:** The program inspects and licenses 556 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 66 pool operators each year. **Schools, Child and Adult Foster Care Facilities:** The program inspects 879 schools, childcare centers, and other service providers to ensure they handle food properly, are clean and are free of health and safety hazards. **Small Drinking Water Systems:** There are 43 small water systems that are inspected every 3 to 5 years (depending on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems which the program monitors and responds to alerts. **Foodborne Illness Outbreaks:** Registered Environmental Health Specialists investigate local foodborne illness complaints in collaboration with the Health Department's Communicable Disease Services program and are key participants in emergency response.

The Health Inspections and Education program conducted 26 foodborne illness investigations in food service facilities in the previous fiscal year. **Food Handler Training and Certification:** training about safe food preparation in seven languages is provided online and in person to food workers at all literacy levels to promote health equity and entry into the workforce. Emergency contact information has been gathered for over 4,000 facilities, which can be used in a robo-calling system. A monthly newsletter/blog focusing on new food techniques and safety tips for operators, regulators, and community members has over 2,200 subscribers. The Multnomah County Food Service Advisory Committee is required by Oregon statute to provide recommendations to this program. Additionally, the Health Inspections and Education program anticipates and responds to media inquiries related to emerging issues and events in our region's robust and growing food community.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of licenses issued.	6,692	8,967	6,022	7,670
Outcome	Number of Priority & Priority Foundation Violations.	6,401	8,145	7,388	7,374
Output	Number of facility inspections.	12,155	12,889	13,881	12,805
Output	Number of certified Food Workers eligible for employment.	13,073	12,319	13,473	14,041

Performance Measures Descriptions

1) Licenses issued excludes facilities inspected but not licensed (ie. schools, day cares, etc.). 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer, leading to elevated food safety risk and requiring immediate correction. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Reflects number of people who completed certification to be employable in the food industry. Numbers pulled from Accela database.

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	2016	2016	2017	2017
Personnel	\$114,477	\$837	\$2,966,115	\$70,429
Contractual Services	\$275,770	\$9,120	\$254,117	\$4,920
Materials & Supplies	\$106,020	\$10,848	\$194,215	\$8,843
Internal Services	\$437,608	\$8,413	\$589,071	\$8,523
Total GF/non-GF	\$933,875	\$29,218	\$4,003,518	\$92,715
Program Total:	\$963,093		\$4,096,233	
Program FTE	0.00	0.00	27.89	0.71

Program Revenues				
Indirect for Dept. Admin	\$5,574	\$0	\$6,663	\$0
Fees, Permits & Charges	\$3,462,350	\$0	\$3,882,489	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
Total Revenue	\$3,467,924	\$92,715	\$3,889,152	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Inspection Fees: \$3,746,685; Food Handler Fees: \$135,804. These fees are reflected in the budget as general fund fees.

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 2016: 40007-16 Health Inspections and Education

In 2015, a new computer system, Accela, was implemented. This system has increased the amount of time for running operations and performing inspections. In FY16, a 10% fee increase was passed which paid for three new inspectors. This was in response to bringing the program more in line with state mandates and requests from the MC Food Service Advisory Committee.

License counts are based on numbers obtained from FirstStar and Accela. At the end of FY15, FirstStar was providing numbers that were not reliable and could change significantly from week to week. This increased the need to switch to a more reliable licensing system. For FY16, the program started using Accela to project these numbers and the program is still in process of working out the first-year bugs to obtain reliable numbers.

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 (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Some major diseases are vector borne, such as Hantavirus, West Nile Virus, and emerging Zika virus. Climate changes in the NW (warming winter temperatures, increase in rainfall, and urban landscape mgmt) will increase the risk of vector-borne diseases. Interventions include surveillance, analysis, proactive control/abatement of rodents and mosquitos, and public education. Program includes enforcement of nuisance codes.

Program Summary

Multnomah County's climate, supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930s, when malaria was endemic. In 2015, ten counties in Oregon reported 74 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 in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Objectives: Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne disease such as Zika virus and now-endemic 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 larvicides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitat. Educate the average resident 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).

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of acres treated for mosquitoes	1,066	2,600	2,200	2,200
Outcome	Mosquitoes prevented (In billions)*	0.53	1.30	1.10	1.10
Efficiency	Number of acres treated for mosquitoes per FTE	213	520	440	440
Output	Number of rodent inspections conducted	1,030	850	850	900

Performance Measures Descriptions

1) Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, and presence/absence of disease. 2) Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number). 3) Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations. 4) On-site inspections stemming from rodent complaints received.

Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, 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	2016	2016	2017	2017
Personnel	\$961,155	\$0	\$952,733	\$0
Contractual Services	\$51,000	\$0	\$64,500	\$0
Materials & Supplies	\$110,608	\$0	\$106,461	\$0
Internal Services	\$199,129	\$0	\$213,644	\$0
Total GF/non-GF	\$1,321,892	\$0	\$1,337,338	\$0
Program Total:	\$1,321,892		\$1,337,338	
Program FTE	10.00	0.00	9.60	0.00

Program Revenues				
Fees, Permits & Charges	\$100	\$0	\$100	\$0
Intergovernmental	\$3,000	\$0	\$3,000	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$290,935	\$0
Total Revenue	\$295,035	\$0	\$295,035	\$0

Explanation of Revenues

Local municipalities' revenue contracts equal \$295,035.00. Remainder is County General Fund.

Significant Program Changes

Last Year this program was: FY 2016: 40008-16 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: 40048
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. Information is analyzed and used for public health prevention and intervention activities, for example, to identify high risk groups for influenza and pneumonia deaths so that scarce resources (influenza vaccine) can be provided to the people at greatest risk. 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 educating community partners.

Vital Records provides reliable information to the Community Epidemiology Services program to analyze for use in decision-making. 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 to prevent deaths in this high-risk population. Data from Vital Records has also been used in the Health Department's Maternal and Child Health Data Book. 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 a newly-born child.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of birth and death certificates issued	40,714	41,523	41,822	44,530
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	2016	2016	2017	2017
Personnel	\$0	\$482,193	\$0	\$663,036
Contractual Services	\$0	\$23,711	\$0	\$19,264
Materials & Supplies	\$0	\$11,987	\$0	\$15,719
Internal Services	\$0	\$122,981	\$0	\$161,084
Total GF/non-GF	\$0	\$640,872	\$0	\$859,103
Program Total:	\$640,872		\$859,103	
Program FTE	0.00	5.38	0.00	7.23

Program Revenues				
Indirect for Dept. Admin	\$38,530	\$0	\$62,723	\$0
Fees, Permits & Charges	\$0	\$640,872	\$0	\$859,103
Total Revenue	\$38,530	\$640,872	\$62,723	\$859,103

Explanation of Revenues

This is a fee driven, self-sustaining program. Fees are determined by Oregon Public Health Division (OPHD). In January 2016, OPHD increased fees for the Vital Records program services. Fee revenue for Vital Records in FY2016 is \$859,103.

Significant Program Changes

Last Year this program was: FY 2016: 40009-16 Vital Records

In January 2016, the Oregon Public Health Division increased fees for the Vital Records program services. The fee increase has resulted in increased projected Vital Records fee revenue of \$218,231 from FY16.

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	2016	2016	2017	2017
Personnel	\$2,688,132	\$567,711	\$2,318,307	\$965,190
Contractual Services	\$32,211	\$25,020	\$46,780	\$17,946
Materials & Supplies	\$13,201	\$75,407	\$73,106	\$33,736
Internal Services	\$0	\$538,240	\$519,289	\$118,858
Total GF/non-GF	\$2,733,544	\$1,206,378	\$2,957,482	\$1,135,730
Program Total:	\$3,939,922		\$4,093,212	
Program FTE	23.86	5.64	19.76	8.14

Program Revenues				
Indirect for Dept. Admin	\$62,880	\$0	\$79,804	\$0
Intergovernmental	\$0	\$1,037,487	\$0	\$979,340
Other / Miscellaneous	\$0	\$160,474	\$0	\$150,348
Service Charges	\$0	\$8,417	\$0	\$6,042
Total Revenue	\$62,880	\$1,206,378	\$79,804	\$1,135,730

Explanation of Revenues

The program offer is funded by federal and state grants, client fees and the 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): \$869,340

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

Medical Fees: \$156,390

Significant Program Changes

Last Year this program was: FY 2016: 40010-16 Communicable Disease Prevention and Control

We have seen increasing numbers of outbreak investigations; on-going challenges with multidrug resistant strains of TB; and emerging disease threats like Ebola, MERS, and Zika virus. These emerging threats can increase the need for active tracking of suspect cases (e.g., Ebola), or the need to inform communities about potential risks. Our changeable environment requires nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities.

In FY 2017, we will reduce our Operations support staff by a 1.0 FTE Health Assistant. This change could leave us with a roughly one month gap in timely phone call response. We will limit this impact as we move on to an Electronic Health Record (July 2016 roll out), which will free-up other operations staff to fill this role.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40011B, 40011C, 40012, 40025
Program Characteristics:

Executive Summary

Multnomah County is in its fifth year of a syphilis outbreak. Gonorrhea rates have increased by 45%. Increases are related to decreased condom use due to lower perceptions of HIV risk. Statute requires that the Health Department investigate and interrupt disease transmission as a core public health function. This program prioritizes efforts to reduce racial & sexual minority inequities in STDs among adolescents and young adults. It includes critical services of surveillance, partner notification, and related wraparound services that link clients to services such as HIV care.

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) 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. Provides consultations and continuing medical education to medical providers in the community. 3) Partnerships: Collaborates with community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. Targeted community testing, health promotion, and condom distribution through direct service and subcontract to community partners. 4) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Through more than 50,000 Syringe Exchange visits in FY15, clients brought in over 3,000,000 syringes. Clients reported exchanging on behalf of large groups of individuals. This informal user-driven distribution, increases the supply of sterile syringes in injection drug communities and is called "secondary syringe exchange". Services are provided by MCHD and a subcontracted community service provider. A new Harm Reduction Center in East Portland integrates HIV/HCV testing, wound and soft tissue infection clinical care, and addictions treatment care coordination with syringe exchange activities. Staff inform policy efforts to reduce drug use and harm and improve sexual health. Staff provide capacity building technical assistance to community partners.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of community outreach/health promotion encounters.	51,566	40,000	54,094	50,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program.	30%	30%	24%	30%
Quality	Percent of gonorrhea/syphilis/HIV cases investigated	84%	90%	73%	90%
Quality	Number of STD and HIV test clinical encounters.	5,405	6,750	5,800	5,500

Performance Measures Descriptions

1) Quantifies amount of non-clinical community-based outreach and education provided. 2) Shows impact of program's ability to find, diagnose, and treat reportable STDs (including HIV) and capacity to target services to those at highest risk. 3) Due to reduced FTE and large increases in 2 main STDs, not all cases were able to be investigated. Prioritization algorithm recommended by CDC has been applied to investigate most important cases for public health. 4) Quantifies amount of clinical service provided each year. Due to reduced FTE. number of clinical encounters expected to be less in FY17.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,816,196	\$931,300	\$1,336,309	\$1,076,472
Contractual Services	\$237,600	\$430,377	\$375,072	\$259,230
Materials & Supplies	\$228,993	\$141,812	\$172,328	\$91,074
Internal Services	\$313,715	\$401,756	\$593,924	\$127,089
Total GF/non-GF	\$2,596,504	\$1,905,245	\$2,477,633	\$1,553,865
Program Total:	\$4,501,749		\$4,031,498	
Program FTE	17.75	8.45	14.07	9.18

Program Revenues				
Indirect for Dept. Admin	\$114,545	\$0	\$99,361	\$0
Intergovernmental	\$0	\$1,367,785	\$0	\$1,109,494
Other / Miscellaneous	\$0	\$256,465	\$0	\$134,750
Service Charges	\$0	\$280,995	\$0	\$309,621
Total Revenue	\$114,545	\$1,905,245	\$99,361	\$1,553,865

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, opiate overdose prevention and safe prescribing, and State Support for Public health disease investigation. Federal and CareOregon grants also contribute to program revenues.

State Local Public Health Authority IGA: \$919,494
 Federal Ryan White: \$40,000
 Federal STD Surveillance Network Grant (SSuN): \$150,000
 Cascade AIDS Project: \$18,000
 CareOregon Harm Reduction Clinic Grant: \$116,750
 Medical Fees: \$309,621

Significant Program Changes

Last Year this program was: FY 2016: 40011-16 STD/HIV/Hep C Community Prevention Program

In FY16, the LPHA decreased by \$105,000 due to reductions in federal HIV Prevention grant to OHA. This pays for testing, condom distribution, Disease Intervention Specialist (DIS) risk reduction & case management support for newly diagnosed individuals. In FY17, OHA will eliminate the \$45,000 STD program element that has historically been part of this budget. This funding was previously \$145K & paid for DIS, instead of having state employees assigned to our county (OHA withdrew state DIS from other counties in the region this year). Separate program offer retains 1.25 staff to maintain core surveillance functions. In 2017, a 3-year OHA grant for opiate overdose prevention & safe prescribing ends. It supported the integration of naloxone distribution, as well as other public education, data analysis, capacity-building, & policy analysis. Separate offer (Overdose Prevention Strategy) will backfill essential work that has no other funding mechanism.

Department: Health Department

Program Contact: Kim Toevs

Program Offer Type:
Program Offer Stage: As Proposed

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

Executive Summary

PrEP (Pre-Exposure Prophylaxis) is daily antiretroviral medication intended to prevent HIV infection in high-risk individuals. Because STDs increase the risk of contracting HIV, the HIV Pre-Exposure Prophylaxis Strategy (PrEP) will make a significant population-level impact in reducing HIV transmission among highest risk populations by targeting individuals who receive services through the Health Department's STD/HIV/Hep C Community Prevention Program. This best practice strategy is critical for getting to zero cases of HIV in Multnomah County.

Program Summary

The U.S. Public Health Service recommends distributing PrEP (Pre-Exposure Prophylaxis) antiretroviral medication to those at highest risk of HIV infection. The Centers for Disease Control and Prevention (CDC) recommends implementing PrEP programs as a key HIV prevention strategy. Other urban health department STD clinics currently operate this approach. Locally, HIV rates are slowly decreasing due to early treatment of HIV, which drastically reduces transmission to others. The opportunity exists to reach zero cases of HIV in Multnomah County. To get there, it is essential to implement PrEP at a significant scale across communities at highest risk.

Cascade AIDS Project funded for PrEP community education by a pharmaceutical grant, will place two staff once a week each in the Health Department's STD Clinic to support PrEP education, counseling, and follow-up. The Health Department began a small-scale pilot of PrEP in January, 2016. One-time-only funding will allow the community to scale up these efforts to the level that can reduce population-level HIV infection rates. This funding is needed to assess sustainability through revenue generation from third party billing. The program will include insurance and drug assistance program enrollment support to pay for the drug itself, which will not be paid for with County general fund. PrEP will include STD and HIV testing as well as other clinical labs and medical history, on-going risk reduction and medication adherence counseling, and a proactive follow-up system for visits every three months. The goal is to transfer clients to a private prescriber within a year after initiation.

The Health Department's STD/HIV/Hep C Community Prevention Program will implement an equity-based approach to eliminate racial inequities in HIV infection risk. Because STDs are reported to this program and can be used as markers of individuals at highest risk, the program is uniquely positioned to assure access to men who have sex with men (MSM), and in particular MSM of color and low-income/uninsured MSM. PrEP will work in tandem with the broader health care delivery system to assure equal access to PrEP for all residents. Multnomah County has been a leader in HIV prevention strategies. The Health Department has an opportunity and an obligation to prevent HIV and help Multnomah County get to zero cases of HIV.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of clients at high risk for HIV started on PrEP.	0	0	30	150
Outcome	Number of PrEP clients diagnosed with HIV during treatment.	0	0	0	0
Quality	Clinical care follows CDC guidance	0	0	95%	95%

Performance Measures Descriptions

- 1)" High risk" defined by CDC guidance.
- 2) With appropriate screening, medication adherence support, and risk reduction counseling, HIV infection should be close to zero.
- 3) Guidance defined as: medication adherence counseling, appropriate clinical labs prior to prescribing, follow-up HIV/STI testing every three months.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$82,354	\$0
Materials & Supplies	\$0	\$0	\$21,863	\$0
Total GF/non-GF	\$0	\$0	\$104,217	\$0
Program Total:	\$0		\$104,217	
Program FTE	0.00	0.00	0.75	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:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40011-17, 40025-17
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 Hepatitis 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of unduplicated HCS clients served (all srv types/whole 6-county system).	2,979	2,700	2,875	2,700
Outcome	Percent of HCS clients (all 6 counties) engaged in HIV medical care.*	76%	85%	71%	85%
Output	Number of unduplicated HIV Clinic clients.	1,264	1,450	1,380	1,450
Quality	Percent of HIV Clinic clients whose last viral load test is below 200 copies.**	85%	80%	86%	85%

Performance Measures Descriptions

*Even though our mid-year estimate is lower than last year, during this year we are asking contracted providers to focus their quality improvement efforts on improving rates of medical engagement. This gives us confidence that this outcome will improve in the next year.

**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	2016	2016	2017	2017
Personnel	\$904,040	\$2,996,956	\$936,146	\$3,271,679
Contractual Services	\$163,000	\$2,687,913	\$102,304	\$2,597,765
Materials & Supplies	\$60,765	\$115,329	\$59,025	\$177,944
Internal Services	\$87,512	\$970,829	\$151,331	\$963,195
Total GF/non-GF	\$1,215,317	\$6,771,027	\$1,248,806	\$7,010,583
Program Total:	\$7,986,344		\$8,259,389	
Program FTE	6.48	26.44	7.56	27.19

Program Revenues				
Indirect for Dept. Admin	\$323,441	\$0	\$361,525	\$0
Intergovernmental	\$0	\$5,712,641	\$0	\$5,811,455
Other / Miscellaneous	\$0	\$20,000	\$0	\$20,000
Service Charges	\$1,030,533	\$1,038,386	\$1,204,958	\$1,179,128
Total Revenue	\$1,353,974	\$6,771,027	\$1,566,483	\$7,010,583

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 Ryan White & HIV Early Intervention grants: \$2,555,423; Medical Fees: \$2,384,086, State/Local Revenue contracts: \$148,300; Federal Primary Care Grant: \$45,000

HIV Care Services Revenue - Federal Ryan White Part A grant: \$3,084,732

Significant Program Changes

Last Year this program was: FY 2016: 40012A-16 Services for Persons Living with HIV

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40010A
Program Characteristics:

Executive Summary

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

Program Summary

As a program within Communicable Disease Services, the vision of CIP is to be a trusted community resource that protects the people of Multnomah County from communicable diseases -- specifically vaccine-preventable diseases for CIP. 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. 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 immunizations law requirements, combined with decreased Medicaid revenues and flat state funding, are challenging to 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of immunizations directly provided to keep children in school.	1183	500	1000	1000
Outcome	Percent of assisted facilities successful in meeting immunization law requirement.	98%	98%	98%	98%
Output	Number of schools & other facilities assisted with immunization law requirements.	420	150	455	420
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	100%	95%	95%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. CYP was before 40010 restoration. Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2016, reassigned staff from other CDS programs and received a CDC-funded Public Health Associate (PHA); have PHA in FY 2017.

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	2016	2016	2017	2017
Personnel	\$207,454	\$186,991	\$186,061	\$231,919
Contractual Services	\$2,109	\$0	\$1,485	\$0
Materials & Supplies	\$25,850	\$22,987	\$34,028	\$21,506
Internal Services	\$38,565	\$73,121	\$52,437	\$33,812
Total GF/non-GF	\$273,978	\$283,099	\$274,011	\$287,237
Program Total:	\$557,077		\$561,248	
Program FTE	2.08	1.92	1.57	2.43

Program Revenues				
Indirect for Dept. Admin	\$17,020	\$0	\$21,939	\$0
Intergovernmental	\$0	\$198,446	\$0	\$200,492
Service Charges	\$0	\$84,653	\$0	\$86,745
Total Revenue	\$17,020	\$283,099	\$21,939	\$287,237

Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund. Federal and state governments allow for a vaccine administration fee of \$21.96/vaccine for VFC and 317 program vaccines.

In the last decade, state immunizations funding increased by only 3%, and immunizations revenue declined as more people receive vaccines through their medical home or pharmacies. This pattern has left structural deficits in Program funding.

Fed/State LPHA Immunization Special Payments: \$200,492

Patient Fees: \$86,745

Significant Program Changes

Last Year this program was: FY 2016: 40014-16 Immunizations

CIP will continue to limit on-call staffing for mandated school immunization law. However, we have added support through the CDC-funded Public Health Associate's (PHAP) program. We expect to maintain at least one PHAP Fellow in FY 2017. Last year, the program supported over 400 facilities in submitting their school exclusion documentation, and developed on-line training for facilities. If we lose our PHAP fellow, we could fail to meet school law data sharing requirements in Program Element 43.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$298,752	\$1,173,065	\$225,503	\$1,347,151
Contractual Services	\$0	\$3,000	\$3,000	\$0
Materials & Supplies	\$9,063	\$8,301	\$20,871	\$0
Internal Services	\$0	\$216,445	\$94,932	\$157,384
Total GF/non-GF	\$307,815	\$1,400,811	\$344,306	\$1,504,535
Program Total:	\$1,708,626		\$1,848,841	
Program FTE	4.00	14.00	2.75	16.25

Program Revenues				
Indirect for Dept. Admin	\$84,218	\$0	\$123,045	\$0
Intergovernmental	\$0	\$291,424	\$0	\$294,467
Service Charges	\$0	\$1,109,387	\$0	\$1,210,068
Total Revenue	\$84,218	\$1,400,811	\$123,045	\$1,504,535

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): \$1,210,068
 Federal Primary Care Grant: \$294,467

Significant Program Changes

Last Year this program was: FY 2016: 40016-16 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. The Dental program also delivers mandated services within two Corrections Health sites. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population. The County dental program is heavily invested in capturing oral health metrics that were recently introduced at both a federal and state level. These services include dental sealants (protective coatings placed on children's molar teeth), which have been a mainstay at our School and Community Oral Health Program for many years, three + preventive measures at each initial or recall exam (oral hygiene instruction, tobacco cessation, nutritional counseling), and improving access by, and initial access for patients who have recently gained insurance through our outreach efforts. The Dental program continues to search for ways to deliver the best evidence based oral healthcare services, to the most persons, in a reasonable, and cost-effective manner.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Billable patient visits	60,708	67,883	59,601	67,883
Outcome	Percentage of patients receiving three preventive services within a 12 month period	baseline	30%	33%	38%
Quality	Percentage of patients who say that 'provider always listens.'	77%	80%	82%	85%

Performance Measures Descriptions

% of patients who receive three preventive services within a 12 month period includes oral health instruction, routine cleanings, exams, nutritional counseling, and tobacco cessation when appropriate.
 % of patients who say that 'provider always listens,' is based on patient results obtained via scientific methods emphasizing confidentiality, SES, cultural background, and location receiving county services

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$7,851,918	\$5,402,911	\$7,815,497	\$6,286,839
Contractual Services	\$49,669	\$208,692	\$77,644	\$209,022
Materials & Supplies	\$252,364	\$1,173,605	\$375,678	\$737,989
Internal Services	\$1,010,991	\$2,285,014	\$1,139,613	\$2,137,138
Total GF/non-GF	\$9,164,942	\$9,070,222	\$9,408,432	\$9,370,988
Program Total:	\$18,235,164		\$18,779,420	
Program FTE	54.16	59.16	51.42	66.43

Program Revenues				
Indirect for Dept. Admin	\$1,081,499	\$0	\$1,311,863	\$0
Intergovernmental	\$0	\$314,360	\$0	\$672,772
Other / Miscellaneous	\$0	\$350,000	\$273,222	\$0
Service Charges	\$8,918,524	\$8,405,862	\$8,888,793	\$8,698,216
Total Revenue	\$10,000,023	\$9,070,222	\$10,473,878	\$9,370,988

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: \$17,860,231
Federal Primary Care Grant: \$672,772

Significant Program Changes

Last Year this program was: FY 2016: 40017-16 Dental Services

Additional sealant delivery team hired to place sealants in our school based partners, which will allow us to penetrate 6th, 7th, and 8th graders, in addition to 1st, and 2nd graders. The schools targeted have a student body made up of 40% free or reduced lunch program participants. Dental visits are now scheduled out of the same electronic health system, EPIC, that appointments are made for primary care. Last year the dental program has crafted a vision specific for Dental which ties in directly to Integrated Clinical Services, and the Health Department: Inspiring patients and employees to integrate oral health with whole body health.

Department: Health Department **Program Contact:** Len Barozzini
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

The Dental Program is the largest Safety Net provider in the County, and provides services to low income clients; focuses on access for patients with chronic diseases, children and pregnant women. The program needs to expand services in areas of the county that are currently under served. Our North Portland Health Center has the ideal space to allow the dental program to add a clinic. The federal HRSA Capital Grant award for primary care and pharmacy remodels at NPHC provides an opportunity to leverage funding and co-locate medical, dental, and pharmacy services.

Program Summary

Our Northeast Dental Clinic currently serves approximately 3,000 unique visitors per year, and has over 11,000 visits. As the average wait time for new patient exams is 24 days, and return hygiene visits is over 40 days, a need exists to expand dental in same area. The Affordable Care Act (ACA) has increased insured dental patients throughout the county, and we are experiencing a need for dental services that is unable to fully satisfy the growing demand. The new dental clinic would fill a gap in the Northern portion of the county, by allowing medical patients seen at our North Portland clinic to have dental services in the same location. As the distance between the two clinics is over 6 miles, we believe a second dental clinic in the North area would benefit the community and increase the county's dental footprint in areas that are currently experiencing explosive growth. This expansion would allow us to encourage more of our neighbors at both the North Portland Clinic, and the NE clinic to seek dental services in a timely manner.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Increase access by adding 1000 unique patients in first year of operations	n/a	n/a	n/a	1000
Outcome	Patient Satisfaction: Patients report getting an appointment when they requested it.	n/a	n/a	n/a	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Materials & Supplies	\$0	\$0	\$1,310,000	\$0
Capital Outlay	\$0	\$0	\$490,000	\$0
Total GF/non-GF	\$0	\$0	\$1,800,000	\$0
Program Total:	\$0		\$1,800,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Women, Infants and Children Program (WIC) serves more than 16,000 pregnant, post-partum and breastfeeding, income-qualified women, infants and children (under age five) per month. WIC is designed to promote positive health outcomes through strengthening life course nutrition with both nutritious foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

Women, Infants and Children Program (WIC) provides nutritious food, nutrition education, growth monitoring, health screening, and support services to pregnant, postpartum, and breastfeeding women and their children up to five years of age experiencing poverty.

Early life nutrition affects every aspect of health across the life course. Evaluation of WIC has demonstrated that families on WIC are in overall better health, have less dental-related Medicaid costs, have a reduced risk for preterm birth and low birth weight babies by 25% and 44%, respectively, and demonstrate a lower prevalence of anemia than children with similar income not on WIC. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid costs. WIC served over 27,000 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. The WIC Program acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid and private insurance, as well as other early childhood programs. WIC's emphasis on prenatal health and early childhood, helps the County support health over the life course and reduce health inequities.

Supporting families in their breastfeeding goals is a key focus area for WIC. Breastfeeding provides immunity protection to infants, health benefits to the mother, and lifelong protection against becoming overweight and obese. WIC operates the Breastfeeding Peer Counseling Program, which provides breastfeeding support pre- and post-natally and maintains a caseload of over 600 clients. Since its inception, breastfeeding rates in Multnomah County have increased 1% per year.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average number of WIC clients receiving food benefits each month.	16,664	17,000	15,750	16,000
Outcome	Percent of WIC clients initiating breastfeeding.	91%	92%	92%	92%
Outcome	Show rate for WIC group nutrition education follow-up.	60.5%	59%	57%	59%
Outcome	Children at risk of anemia (2-5 year olds).	13.8%	15%	15%	15%

Performance Measures Descriptions

1) Output: Average number of clients served each month measures the average number of clients receiving WIC food benefits. 2) Outcome: % of mothers who initiated breastfeeding 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	2016	2016	2017	2017
Personnel	\$760,527	\$2,813,716	\$848,599	\$2,798,959
Contractual Services	\$0	\$8,800	\$0	\$0
Materials & Supplies	\$67,194	\$28,547	\$75,448	\$48,013
Internal Services	\$681,957	\$331,560	\$722,283	\$286,361
Total GF/non-GF	\$1,509,678	\$3,182,623	\$1,646,330	\$3,133,333
Program Total:	\$4,692,301		\$4,779,663	
Program FTE	9.80	33.05	9.28	33.52

Program Revenues				
Indirect for Dept. Admin	\$191,342	\$0	\$222,699	\$0
Intergovernmental	\$0	\$3,182,623	\$0	\$3,133,333
Total Revenue	\$191,342	\$3,182,623	\$222,699	\$3,133,333

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: \$3,118,166

State Maternal & Child Health grant: \$15,167

Significant Program Changes

Last Year this program was: FY 2016: 40018-16 Women, Infants and Children (WIC)

In January 2016 WIC launched "eWIC," a new method for families to access WIC foods. This provides families with EBT (electronic benefit transaction) cards, replacing paper vouchers.

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

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care. The clinic provides care to approximately 6,000 patients that identify North Portland Health Center as their medical home.

Program Summary

North Portland Health Center primary care services are designed to be a patient centered 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	n/a	6,000	5,753	18,793
Outcome	% of children who are up to date on immunizations at 24 months of age	81%	85%	81%	85%

Performance Measures Descriptions

Output: Number of patients with a NPHC assigned PCP. Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods). Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. Efficiency measure was removed from monitoring as this is part of the clinic standard work.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,565,991	\$1,342,795	\$2,089,114	\$2,033,925
Contractual Services	\$0	\$59,332	\$0	\$63,476
Materials & Supplies	\$52,605	\$140,278	\$30,366	\$854,379
Internal Services	\$376,934	\$722,331	\$676,836	\$518,953
Capital Outlay	\$0	\$0	\$0	\$154,458
Total GF/non-GF	\$2,995,530	\$2,264,736	\$2,796,316	\$3,625,191
Program Total:	\$5,260,266		\$6,421,507	
Program FTE	17.90	15.30	22.40	10.90

Program Revenues				
Indirect for Dept. Admin	\$315,957	\$0	\$380,471	\$0
Intergovernmental	\$0	\$532,681	\$0	\$1,429,284
Other / Miscellaneous	\$185,000	\$0	\$0	\$0
Service Charges	\$2,805,631	\$1,732,055	\$2,793,564	\$2,195,907
Total Revenue	\$3,306,588	\$2,264,736	\$3,174,035	\$3,625,191

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: \$4,989,471

Federal Health Infrastructure Investment Program - Community Health Center Alteration/Renovation grant: \$840,095

Federal Primary Care grant: \$115,000

Federal Primary Care/Homeless grant: \$450,000

State Family Planning grant: \$24,189

Significant Program Changes

Last Year this program was: FY 2016: 40019-16 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. The clinic provides care to approximately 8,000 patients that identify Northeast Health Center as their medical home.

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.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a Northeast Health Center assigned PCP	8,000	9,000	8,048	9,000
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	85%	85%	82%	85%

Performance Measures Descriptions

Outcome: Number of patients with a NEHC assigned PCP

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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	2016	2016	2017	2017
Personnel	\$3,422,690	\$1,635,286	\$3,198,685	\$2,862,870
Contractual Services	\$0	\$203,147	\$0	\$77,158
Materials & Supplies	\$134,152	\$166,492	\$12,491	\$271,890
Internal Services	\$495,730	\$928,540	\$842,360	\$795,618
Total GF/non-GF	\$4,052,572	\$2,933,465	\$4,053,536	\$4,007,536
Program Total:	\$6,986,037		\$8,061,072	
Program FTE	26.00	19.40	18.90	32.30

Program Revenues				
Indirect for Dept. Admin	\$419,558	\$0	\$559,221	\$0
Intergovernmental	\$0	\$772,692	\$0	\$982,127
Other / Miscellaneous	\$231,000	\$0	\$0	\$0
Service Charges	\$3,814,146	\$2,160,773	\$4,049,964	\$3,025,409
Total Revenue	\$4,464,704	\$2,933,465	\$4,609,185	\$4,007,536

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: \$6,992,029; Federal Primary Care grant: \$951,471
 State Family Planning grant: \$30,656; Legacy Health CARES grant: \$83,344

Significant Program Changes

Last Year this program was: FY 2016: 40020-16 Northeast Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

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 the community. The clinic provides a medical home to approximately 15,000 patients.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are 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. 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. Mid County Health Center serves a culturally diverse population, 82% whose incomes are below 100% of the Federal Poverty Level.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	n/a	15,000	14,993	20,000
Outcome	% of children who are up to date on immunizations at 24 months of age	85%	85%	80%	85%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC assigned PCP

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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	2016	2016	2017	2017
Personnel	\$5,777,315	\$2,385,085	\$5,739,285	\$4,968,156
Contractual Services	\$0	\$434,387	\$276,500	\$103,397
Materials & Supplies	\$82,911	\$440,174	\$17,266	\$446,358
Internal Services	\$946,133	\$1,193,667	\$1,505,725	\$1,084,339
Total GF/non-GF	\$6,806,359	\$4,453,313	\$7,538,776	\$6,602,250
Program Total:	\$11,259,672		\$14,141,026	
Program FTE	58.40	13.20	60.00	32.35

Program Revenues				
Indirect for Dept. Admin	\$676,554	\$0	\$1,002,127	\$0
Intergovernmental	\$0	\$375,648	\$0	\$969,253
Other / Miscellaneous	\$370,000	\$0	\$0	\$0
Service Charges	\$6,429,939	\$4,077,665	\$7,536,451	\$5,632,997
Total Revenue	\$7,476,493	\$4,453,313	\$8,538,578	\$6,602,250

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: \$13,169,448

Federal Primary Care grant: \$930,310

State Family Planning grant: \$38,943

Significant Program Changes

Last Year this program was: FY 2016: 40022-16 Mid County Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

Added four additional provider teams and support staff due to expanded hours, including Saturday service.

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

Executive Summary

The East County Health Center (EHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive health care services because of where they live, the language they speak and their higher level of complex health care needs. The clinic provides a medical home to over 15,000 patients.

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, 60% whose incomes are below 100% of the Federal Poverty Level. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a East County Health Center assigned PCP	n/a	17,000	15,125	18,000
Outcome	% of children who are up to date on immunizations at 24 months of age	89%	85%	91%	85%

Performance Measures Descriptions

Outcome: Number of patients with a EHC assigned PCP

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

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	2016	2016	2017	2017
Personnel	\$4,945,551	\$2,511,193	\$4,372,688	\$3,624,577
Contractual Services	\$147,190	\$1,500	\$1,500	\$193,851
Materials & Supplies	\$42,395	\$499,996	\$66,958	\$347,697
Internal Services	\$1,523,783	\$803,991	\$1,635,852	\$847,545
Total GF/non-GF	\$6,658,919	\$3,816,680	\$6,076,998	\$5,013,670
Program Total:	\$10,475,599		\$11,090,668	
Program FTE	52.80	13.10	44.93	23.00

Program Revenues				
Indirect for Dept. Admin	\$629,307	\$0	\$741,327	\$0
Intergovernmental	\$0	\$527,405	\$0	\$1,091,797
Other / Miscellaneous	\$350,000	\$0	\$0	\$0
Service Charges	\$6,300,692	\$3,289,275	\$6,072,894	\$3,921,873
Total Revenue	\$7,279,999	\$3,816,680	\$6,814,221	\$5,013,670

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: \$9,994,767; Federal Primary Care grant: \$1,019,343; State Family Planning grant: \$72,454

Significant Program Changes

Last Year this program was: FY 2016: 40023-16 East County Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	65%	60%	65%	70%
Outcome	% of patients with persistent asthma prescribed appropriate medications	93%	80%	90%	80%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,943,570	\$1,371,104	\$3,054,637	\$1,536,815
Contractual Services	\$87,837	\$15,295	\$34,724	\$76,372
Materials & Supplies	\$232,526	\$241,611	\$288,571	\$237,324
Internal Services	\$683,773	\$638,798	\$641,337	\$753,788
Capital Outlay	\$120,000	\$0	\$0	\$0
Total GF/non-GF	\$4,067,706	\$2,266,808	\$4,019,269	\$2,604,299
Program Total:	\$6,334,514		\$6,623,568	
Program FTE	21.82	15.56	23.71	14.55

Program Revenues				
Indirect for Dept. Admin	\$292,525	\$0	\$332,716	\$0
Intergovernmental	\$0	\$1,071,837	\$0	\$1,314,983
Other / Miscellaneous	\$206,440	\$80,000	\$0	\$0
Service Charges	\$2,392,353	\$1,114,971	\$2,469,260	\$1,289,316
Total Revenue	\$2,891,318	\$2,266,808	\$2,801,976	\$2,604,299

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: \$3,758,576;

State SBHC grant: \$861,603

Federal Primary Care grant: \$373,379

State Family Planning grant: \$80,001

Significant Program Changes

Last Year this program was: FY 2016: 40024A-16 School Based Health Centers

The SBHC program went live in Sept 2015, with a telemedicine pilot at two clinic sites and will have evaluation findings in summer 2016.

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 Sexual Health Equity Program (ASHEP) aims to create a culture that affirms the sexual and reproductive health and justice of youth in Multnomah County. ASHEP provides direct evidence-based comprehensive sexual health education to youth and parents/caregivers, as well as training and capacity building for middle schools, high schools, and community partner agencies. Goals include reducing unintended pregnancy and sexually transmitted infections, eliminating sexual health disparities, and more. In FY17, ASHEP will reach over 10,000 youth.

Program Summary

The Adolescent Health Promotion (now, ASHEP) program plays an integral role in sexual health promotion strategies through large-scale population-level sexual health programming in multiple school districts and community settings, with youth, caregivers and service providers. The program uses positive youth development approaches and focuses efforts on current geographically- and demographically-based data. ASHEP partners collaboratively to promote personal and community resilience and restoration, dismantle inequities, and support culturally-specific and responsive efforts.

Public health indicators targeted: The overall teen unintended pregnancy rate in Multnomah County is higher than the state's rate, and significant inequities exist among Latinos, Native Americans, African Americans. Sexually transmitted infection rates are high in youth, with worse impact in specific racial/ethnic and LGBTQ youth populations when compared to the county as a whole. Both of these health issues can impact long term health and fertility, interrupt education, and change future opportunities.

Program Activities: Youth education and skill building: Health Educators teach youth directly, using evidence-based culturally specific or general education approaches as appropriate. Sites include alternative high schools, SUN programs, residential treatment, and juvenile detention and other community sites. Middle and High School 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, classroom co-teaching, as well as curriculum support. Community services: Community capacity is increased by training partner organizations and working together on policy advocacy, increasing community awareness, and improving cultural responsiveness of educational curricula. In tandem with community partners, ASHEP increases skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision-making. Culturally-specific approaches are implemented by and for African American, Latino, and Native American communities by staff and through partnerships.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in educational sessions/training.	10,474	1,500	3,500	12,000
Outcome	Percent of educators who feel confident teaching evidence-based sexuality education.	NA	NA	85%	90%
Quality	Percent of classes taught to fidelity.	NA	NA	NA	85%

Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) 2) Outcome: The percentage of newly trained facilitators that feel confident they can implement an evidence-based sexual health curriculum (new measure). 3) Quality: The percentage of observed classes that include key components of evidence-based curricula (new measure).

Legal / Contractual Obligation

The Office of Adolescent Health Teen Pregnancy Prevention Grant (Adolescents and Communities Together) requires 5,000+ priority youth and 12,000 total youth served with evidence-based curricula.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$453,323	\$129,835	\$211,182	\$670,999
Contractual Services	\$1,500	\$0	\$1,500	\$676,463
Materials & Supplies	\$10,551	\$1,667	\$33,451	\$21,347
Internal Services	\$56,297	\$13,651	\$109,543	\$81,190
Total GF/non-GF	\$521,671	\$145,153	\$355,676	\$1,449,999
Program Total:	\$666,824		\$1,805,675	
Program FTE	4.80	1.55	2.01	6.89

Program Revenues				
Indirect for Dept. Admin	\$8,727	\$0	\$63,476	\$0
Intergovernmental	\$0	\$145,153	\$0	\$1,449,999
Total Revenue	\$8,727	\$145,153	\$63,476	\$1,449,999

Explanation of Revenues

Federal Teen Pregnancy Prevention Grant: \$1,449,999.

Significant Program Changes

Last Year this program was: FY 2016: 40025A-16 Adolescent Health Promotion

Three grants ended in FY16 totaling \$145,153, but the 5-year Teen Pregnancy Prevention grant award began in FY16 at \$1,249,000 annually, encompassing the same areas of work. The ending grants are:

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

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 care to approximately 2,600 patients that identify La Clinica de Buena Salud Health Center as their medical home.

Program Summary

La Clinica provides culturally appropriate, 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. La Clinica serves a culturally diverse population of which 56% are below 100% of the Federal Poverty level. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a La Clinica assigned PCP	2,654	3,000	2,800	3,000
Outcome	% of children who are up to date on immunizations at 24 months of age	91%	85%	91%	85%

Performance Measures Descriptions

Outcome: Number of patients with a La Clinica assigned PCP

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$952,575	\$728,549	\$908,034	\$829,506
Contractual Services	\$0	\$40,154	\$0	\$31,786
Materials & Supplies	\$36,873	\$87,523	\$11,538	\$104,517
Internal Services	\$211,505	\$338,244	\$169,241	\$392,671
Total GF/non-GF	\$1,200,953	\$1,194,470	\$1,088,813	\$1,358,480
Program Total:	\$2,395,423		\$2,447,293	
Program FTE	11.40	3.20	6.20	7.80

Program Revenues				
Indirect for Dept. Admin	\$143,900	\$0	\$153,852	\$0
Intergovernmental	\$0	\$599,827	\$0	\$726,560
Other / Miscellaneous	\$100,000	\$0	\$0	\$0
Service Charges	\$1,099,030	\$594,643	\$1,086,358	\$631,920
Total Revenue	\$1,342,930	\$1,194,470	\$1,240,210	\$1,358,480

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: \$1,718,278

Federal Primary Care/Homeless grant: \$704,779

State Family Planning grant: \$21,781

Significant Program Changes

Last Year this program was: FY 2016: 40026A-16 La Clinica de Buena Salud

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

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

Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who might not otherwise have access to health care. Poverty, limited access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. The clinic provides a medical home to approximately 4,500 patients.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (34th/Powell). 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. Southeast Health Clinic serves a culturally diverse population of which 79% are below 100% of the Federal Poverty level.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	4,500	4,423	4,500	5,000
Outcome	% of children who are up to date on immunizations at 24 months of age	55%	85%	60%	85%

Performance Measures Descriptions

Outcome: Number of patients with a SEHC assigned PCP

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,615,065	\$2,057,389	\$1,583,449	\$2,132,430
Contractual Services	\$73,253	\$245,335	\$0	\$58,087
Materials & Supplies	\$24,343	\$163,903	\$36,289	\$159,984
Internal Services	\$501,990	\$623,965	\$443,815	\$714,366
Total GF/non-GF	\$2,214,651	\$3,090,592	\$2,063,553	\$3,064,867
Program Total:	\$5,305,243		\$5,128,420	
Program FTE	10.40	22.20	11.45	19.95

Program Revenues				
Indirect for Dept. Admin	\$317,372	\$0	\$332,434	\$0
Intergovernmental	\$0	\$1,612,623	\$0	\$1,327,891
Other / Miscellaneous	\$258,584	\$0	\$0	\$0
Service Charges	\$1,929,719	\$1,477,969	\$2,060,917	\$1,736,976
Total Revenue	\$2,505,675	\$3,090,592	\$2,393,351	\$3,064,867

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: \$3,797,893
Federal Primary Care grant: \$475,000
Federal Primary Care/Homeless grant: \$833,658
State Family Planning grant: \$19,233

Significant Program Changes

Last Year this program was: FY 2016: 40027-16 Southeast Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,561,645	\$1,461,767	\$2,226,089	\$2,281,311
Contractual Services	\$0	\$360,484	\$22,327	\$100,000
Materials & Supplies	\$161,238	\$127,010	\$19,217	\$245,684
Internal Services	\$612,290	\$697,761	\$873,217	\$454,908
Total GF/non-GF	\$3,335,173	\$2,647,022	\$3,140,850	\$3,081,903
Program Total:	\$5,982,195		\$6,222,753	
Program FTE	18.50	17.80	15.00	24.80

Program Revenues				
Indirect for Dept. Admin	\$349,877	\$0	\$409,834	\$0
Intergovernmental	\$0	\$1,172,176	\$0	\$1,128,285
Other / Miscellaneous	\$265,000	\$0	\$0	\$0
Service Charges	\$3,067,161	\$1,474,846	\$3,138,489	\$1,953,618
Total Revenue	\$3,682,038	\$2,647,022	\$3,548,323	\$3,081,903

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: \$5,092,107; Federal Primary Care grant: \$1,109,864
 State Family Planning grant: \$18,421

Significant Program Changes

Last Year this program was: FY 2016: 40029-16 Rockwood Community Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	80% (or more) of providers are serving their maximum panel size.	n/a	n/a	75%	80%
Outcome		-	-	-	-
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

Performance Measures Descriptions

Output is a NEW measure. In October 2014, we started a 3 yr Alternative Payment Methodology (APM) pilot. This pilot incentivizes whole person care, not productivity based measures (e.g. # of visits).

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	2016	2016	2017	2017
Personnel	\$1,427,537	\$423,637	\$1,614,566	\$415,452
Contractual Services	\$37,069	\$12,000	\$141,359	\$0
Materials & Supplies	\$98,576	\$14,022	\$88,172	\$51,020
Internal Services	\$106,160	\$60,341	\$251,166	\$44,928
Total GF/non-GF	\$1,669,342	\$510,000	\$2,095,263	\$511,400
Program Total:	\$2,179,342		\$2,606,663	
Program FTE	8.60	3.65	8.40	3.75

Program Revenues				
Indirect for Dept. Admin	\$25,092	\$0	\$124,593	\$0
Intergovernmental	\$0	\$510,000	\$0	\$496,400
Other / Miscellaneous	\$0	\$0	\$0	\$15,000
Beginning Working Capital	\$0	\$0	\$1,000,000	\$0
Service Charges	\$0	\$0	\$200,000	\$0
Total Revenue	\$25,092	\$510,000	\$1,324,593	\$511,400

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. The Director of Nursing Practice office has a three year grant from HRSA to do Corrections Care Management. 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: \$487,040

Patients Fees: \$1,200,000

Healthshare Foster Care Learning Collaborative: \$15,000

Significant Program Changes

Last Year this program was: FY 2016: 40030-16 Medical Directors (Physician, Nurse Practitioner and Nursing)

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$6,860,292	\$0	\$7,449,709
Contractual Services	\$0	\$230,100	\$0	\$194,939
Materials & Supplies	\$0	\$6,212,786	\$0	\$9,103,005
Internal Services	\$0	\$1,854,161	\$0	\$1,670,971
Total GF/non-GF	\$0	\$15,157,339	\$0	\$18,418,624
Program Total:	\$15,157,339		\$18,418,624	
Program FTE	0.00	53.15	0.00	56.75

Program Revenues				
Indirect for Dept. Admin	\$911,270	\$0	\$704,742	\$0
Service Charges	\$0	\$15,157,339	\$0	\$18,418,624
Total Revenue	\$911,270	\$15,157,339	\$704,742	\$18,418,624

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and directly paid patient fees.

Prescription Fees: \$18,260,492

Patient Fees: \$158,132

Significant Program Changes

Last Year this program was: FY 2016: 40031-16 Pharmacy

This program offer includes funding for increased educational and professional development of pharmacy staff and pharmacy remodels for improved site workflow and better patient experience.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of records requests completed	11,500	12,000	12,000	12,000
Outcome	Number of laboratory specimens handled	240,000	270,000	260,000	260,000
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	2016	2016	2017	2017
Personnel	\$3,504,544	\$0	\$3,353,516	\$734,236
Contractual Services	\$7,320	\$0	\$29,596	\$0
Materials & Supplies	\$195,500	\$0	\$114,842	\$12,426
Internal Services	\$667,258	\$0	\$803,580	\$123,242
Total GF/non-GF	\$4,374,622	\$0	\$4,301,534	\$869,904
Program Total:	\$4,374,622		\$5,171,438	
Program FTE	35.90	0.00	32.65	6.90

Program Revenues				
Indirect for Dept. Admin	\$95,773	\$0	\$365,795	\$0
Intergovernmental	\$0	\$0	\$0	\$269,904
Other / Miscellaneous	\$650,000	\$0	\$2,483,185	\$0
Service Charges	\$943,000	\$0	\$1,348,735	\$600,000
Total Revenue	\$1,688,773	\$0	\$4,197,715	\$869,904

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.

Medical Fees: \$4,431,920

Federal Primary Care grant: \$269,904

Significant Program Changes

Last Year this program was: FY 2016: 40032-16 Lab and Medical Records

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,484,986	\$267,051	\$1,507,389	\$501,722
Contractual Services	\$20,000	\$90,000	\$117,500	\$0
Materials & Supplies	\$20,112	\$806	\$18,282	\$1,133
Internal Services	\$112,516	\$317,719	\$527,948	\$55,771
Total GF/non-GF	\$1,637,614	\$675,576	\$2,171,119	\$558,626
Program Total:	\$2,313,190		\$2,729,745	
Program FTE	20.80	4.00	20.00	6.80

Program Revenues				
Indirect for Dept. Admin	\$103,813	\$0	\$186,202	\$0
Intergovernmental	\$0	\$675,576	\$0	\$258,626
Other / Miscellaneous	\$0	\$0	\$0	\$300,000
Beginning Working Capital	\$0	\$0	\$882,043	\$0
Service Charges	\$1,051,170	\$0	\$1,156,182	\$0
Total Revenue	\$1,154,983	\$675,576	\$2,224,427	\$558,626

Explanation of Revenues

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

Medical Fees: \$2,038,225
 Federal Primary Care grant: \$675,576
 CareOregon Access Initiative: \$300,000

Significant Program Changes

Last Year this program was: FY 2016: 40033-16 Primary Care and Dental Access and Referral

Throughout calendar year 2015 and 2016 this department will take over phone calls and scheduling of all primary care appointments in a central location in order to increase efficiency and improve access to services for patients in a more timely manner.

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to healthcare standards and regulations.

Program Summary

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC, JCAHO and NCCHC are our primary external benchmarking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

This program supports Person Centered Primary Care Health Home programs and represents an opportunity for new healthcare funding based on performance and outcomes. These programs, implemented to meet goals of the State of Oregon's 1115 Medicaid Demonstration Accountability Plan and local Coordinated Care Organizations Pay-for-Performance, may have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output		-	-	-	-
Outcome	Maintain compliance with BPHC, JCAHO, and NCCHC standards.	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1. Outcome: Good standing as a fully accredited organization under the Joint Commission's standards for health organizations as well as maintenance of NCCHC accreditation in Corrections Health.
2. Outcome: Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,719,073	\$1,702,844	\$4,909,768	\$638,625
Contractual Services	\$0	\$117,000	\$74,140	\$0
Materials & Supplies	\$62,848	\$112,210	\$160,875	\$240
Internal Services	\$336,926	\$370,152	\$932,078	\$64,141
Total GF/non-GF	\$2,118,847	\$2,302,206	\$6,076,861	\$703,006
Program Total:	\$4,421,053		\$6,779,867	
Program FTE	13.70	15.90	50.00	6.80

Program Revenues				
Indirect for Dept. Admin	\$257,461	\$0	\$514,611	\$0
Intergovernmental	\$0	\$2,230,206	\$0	\$688,006
Other / Miscellaneous	\$1,980,188	\$72,000	\$3,875,482	\$15,000
Beginning Working Capital	\$0	\$0	\$1,800,000	\$0
Service Charges	\$0	\$0	\$250,000	\$0
Total Revenue	\$2,237,649	\$2,302,206	\$6,440,093	\$703,006

Explanation of Revenues

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

Medical Fees: \$5,925,482

Federal Primary Care grant: \$688,006

Kaiser Permanente Center for Health Research CHR-Stop Colorectal Cancer grant: \$15,000

Significant Program Changes

Last Year this program was: FY 2016: 40034-16 Quality Assurance

Personnel increase includes 16 Community Health Specialist 2 positions funded by CareOregon Quality Incentives. The positions have been budgeted here, but will support the entire clinic system.

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

Executive Summary

The Community Health Council (CHC) is a federally mandated consumer-majority governing body that oversees community involvement in Health Center quality assurance, policy approvals, and management accountability for the Health Department's Integrated Clinical Services. 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 co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's clinical services. Participation on the Council allows them to better understand and influence how the County system works. The Council is currently comprised of 10 members and is a fair representation of the communities served by Health Department's Health Center services.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Personnel	\$118,751	\$0	\$117,824	\$0
Contractual Services	\$108,012	\$0	\$105,887	\$0
Materials & Supplies	\$9,299	\$0	\$10,190	\$0
Internal Services	\$11,273	\$0	\$11,787	\$0
Total GF/non-GF	\$247,335	\$0	\$245,688	\$0
Program Total:	\$247,335		\$245,688	
Program FTE	1.30	0.00	1.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40036-16 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Proposed
Related Programs: 40007, 40008, 40015, 40006
Program Characteristics:

Executive Summary

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health inequities exacerbated by negative and disparate exposure to a range of environmental, social and economic factors. This program focuses on vulnerable individuals and families living in substandard housing, health and equity impacts of climate change, air quality, toxics exposure, Brownfields, built environment, lead, and emerging environmental health issues. Activities include education, investigation, community engagement, and policy analysis.

Program Summary

The program addresses health inequities in lead poisoning, respiratory illness, and cardiovascular disease by improving the health, safety and livability of the home, neighborhood, and community.

Lead Poisoning Prevention: Provides lead poisoning prevention services. 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 develop into healthy adults. The lead program 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, 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 5+ lead levels by a Certified Lead Risk Assessor by conducting an in-home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program 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.

Home Health and Safety: Addresses substandard housing issues throughout the county and respond to specific complaints in unincorporated areas. Performs housing inspections for aged and disabled to identify/reduce health/safety risks to allow them to age in place. Conducts community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins.

Environmental Health Consultation, Assessment, and Engagement: Bring a public health and environmental justice lens to projects and initiatives through providing data collection and analysis, research and technical consultation, risk communication, community engagement, stakeholder workgroup participation, and policy analysis. Focal areas include climate change and implementation of the Climate Action Plan, air quality, toxin exposure, chemicals of concern, built environment (land use, transportation, food access, etc.), Brownfield redevelopment, housing and emerging environmental health issues, and integrating environmental health risk reduction with other MCHD initiatives.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of Community Members receiving information on lead prevention.	28,506	18,000	39,031	40,000
Outcome	Number of successfully identified children with EBLLs who have been reported to Leadline.	83	90	133	100
Output	Number of Home Health and Safety Visits.	N/A	N/A	122	122

Performance Measures Descriptions

1) Reach of program through phone counseling, referral, educational materials, website and events (from PO #40015) 2) EBLL found during screening at community test sites or by Multnomah County health care providers, and through ORPHEUS. (from PO #40015) 3) Includes four types of visits: Adult Foster Care, Asthma Inspection & Referral, Low Income Seniors & People with Disabilities, and Unincorporated Rental Home visits.

Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); and 21.800 (Multnomah County Housing Code) Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$401,214	\$141,977	\$210,034	\$133,724
Contractual Services	\$74,957	\$0	\$6,750	\$7,000
Materials & Supplies	\$19,837	\$14,606	\$20,931	\$16,628
Internal Services	\$78,742	\$23,417	\$63,030	\$32,648
Total GF/non-GF	\$574,750	\$180,000	\$300,745	\$190,000
Program Total:	\$754,750		\$490,745	
Program FTE	3.80	1.20	1.63	1.07

Program Revenues				
Indirect for Dept. Admin	\$10,822	\$0	\$12,650	\$0
Intergovernmental	\$0	\$180,000	\$0	\$180,000
Service Charges	\$0	\$0	\$0	\$10,000
Total Revenue	\$10,822	\$180,000	\$12,650	\$190,000

Explanation of Revenues

\$175,000 City of Portland Bureau of Housing & Community Development supporting the Lead Program
 \$5,000 State Lead Program supporting the Lead Program.
 \$10,00 Patient Fees

Significant Program Changes

Last Year this program was: FY 2016: 40037-16 Environmental Health Education, Outreach and Housing

The Healthy Homes Asthma Early Childhood Home Visiting Program was moved to program 40055, Children with Special Health Care Needs Home Visiting Program. This includes Medicaid Targeted Case Management revenue of \$811,944 for home visiting services and 4.6 FTE.

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

Executive Summary

This program builds capacity in communities to improve health and eliminate inequities. Activities include providing empowering training for community health workers (CHWs) and others, conducting community-based participatory research and empowerment evaluation about CHWs and related models, managing projects that employ CHWs to build community capacity to address priority issues, and building system capacity to use these culturally-appropriate approaches.

Program Summary

The Community Capacitation Center develops culturally-appropriate approaches to build capacity in communities to improve health and eliminate inequities. The program conducts 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 health system transformation. The CCC-developed curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, the CCC has trained over 250 of the 300 CHWs called for in Oregon's Medicaid waiver. Curriculum is adapted for cultural specificity in communities most affected by inequities. The program also helps build system capacity to use the CHW model effectively, and provide training on popular education to a variety of participants.

Research and Evaluation: Five 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. The program builds system capacity to identify and fill gaps in CHW research.

Project Management: 1) The CCC leads STRYVE (Striving to Reduce Youth Violence Everywhere), which builds system and community capacity to take a public health approach to preventing youth violence (see related program offer). 2) With funds from Early Learning Multnomah (ELM), Northwest Health Foundation (NWHF), and Social Venture Partners, the CCC leads the Community Education Worker (CEW) Program. CEWs are trained community health workers who participate in additional training 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in training classes.	2,028	2,200	2,292	2,000
Outcome	Percent of participants in training courses who report increased ability to promote health.	96%	95%	97%	95%
Outcome	Percent of participants reporting increased understanding of relationship between inequality & health.	94%	93%	95%	93%
Outcome	Percent of participants in CHW training courses whose empowerment increased from baseline to follow-up.	80%	65%	70%	70%

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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$833,217	\$335,691	\$650,880	\$319,193
Contractual Services	\$234,000	\$11,250	\$7,000	\$241,896
Materials & Supplies	\$122,944	\$45,462	\$34,585	\$29,807
Internal Services	\$117,925	\$78,997	\$155,388	\$68,105
Capital Outlay	\$0	\$0	\$0	\$0
Total GF/non-GF	\$1,308,086	\$471,400	\$847,853	\$659,001
Program Total:	\$1,779,486		\$1,506,854	
Program FTE	8.05	3.75	5.86	2.91

Program Revenues				
Indirect for Dept. Admin	\$28,341	\$0	\$23,631	\$0
Intergovernmental	\$0	\$375,000	\$0	\$548,001
Other / Miscellaneous	\$0	\$96,400	\$0	\$111,000
Service Charges	\$142,000	\$0	\$142,000	\$0
Total Revenue	\$170,341	\$471,400	\$165,631	\$659,001

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: \$99,735

Revenue from fees and contracts: Janus Youth \$7,000, Social Venture Partners \$50,000, NW Health Foundation \$24,000, Kaiser Permanente \$30,000

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

United Way Early Learning Model: \$298,266

Significant Program Changes

Last Year this program was: FY 2016: 40038A-16 Health Promotion and Community Capacity Building

The 5-year federal STRYVE grant will end in August, 2016.

New grant funds from DCHS include \$298,266.

Department: Health Department **Program Contact:** Noelle Wiggins
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40038A, 40045
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

We face a national epidemic of violence that disparately affects communities of color, resulting in high rates of illness and death, a stressed health care system, and community trauma that demands a population level approach. Homicide is a leading cause of death for African American men nationally, and disparities in homicide rates have been identified as requiring immediate intervention. This offer supports the County's only coordinated public health approach to preventing and reducing community violence through efforts that build community capacity and promote economic development.

Program Summary

STRYVE (Striving to Reduce Youth Violence Everywhere) increases capacity to prevent the violence that disparately affects communities of color, focusing on African American and Latino youth in geographic areas that have been subject to disinvestment and displacement. STRYVE's key change agents are community health workers (CHWs) who are members of the communities they serve. STRYVE CHWs address community trauma and increase resilience while building system capacity to use a public health approach to violence.

This approach has been identified by the Local Public Safety Coordinating Council as necessary to a comprehensive strategy for preventing and reducing violence. STRYVE has served as a crucial connector, providing linkages across agencies and frameworks and capacity for efforts including the Defending Childhood Initiative and Black Male Achievement Portland. To date STRYVE has engaged over 100 community organizations and partners, and conducted outreach with over 4,000 residents while offering over 300 hours of training and presentations. Program implementation has expanded from four communities to seven across Multnomah County, engaging over 100 youth in 380 curriculum sessions and providing 11,750 hours of summer employment through a crucial partnership with SummerWorks.

STRYVE's long term sustainability plan includes providing contracts and mentorship to community organizations (e.g. alternative schools and community centers) to implement two evidence-based strategies. The program will add a component focusing on young African American fathers who are at risk of violence, providing crucial opportunities for economic development and advancement. As partners become self-sufficient, STRYVE staff expands efforts to new partners. An upcoming 112-hour training for a cohort of 25 CHWs with a specialty in violence prevention drew over 45 applicants. These CHWs will act as multipliers, further building community capacity. In addition, we are looking to replicate Los Angeles successful "Parks After Dark" as part of our sustainability plan.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Youth and community members engaged in STRYVE activities*	1,500	1,000	3,000	1,500
Outcome	Implementation of the STRYVE Comprehensive Youth Violence Prevention Plan.	33%	66%	100%	100%
Output	Youth employment hours completed.	6,855	9,000	9,000	9,000
Output	Number of STRYVE Coalition meetings**	3	10	6	6

Performance Measures Descriptions

*Numbers reported overlap for 2 months between FY15 and FY16 due to FY15 sole funding being from the CDC whose FY2015 funding cycle ended August 31, 2015, while the CGF funding commenced July 1, 2015. **Coalition is being redesigned, in alignment with CDC sustainability plan, and thus far has included 4 Coalition planning sessions. STRYVE aims to initiate a community led Coalition by recruiting from the upcoming cohort of 25 CHW's with a focus in violence prevention.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$241,527	\$0
Contractual Services	\$0	\$0	\$140,000	\$0
Materials & Supplies	\$0	\$0	\$68,473	\$0
Total GF/non-GF	\$0	\$0	\$450,000	\$0
Program Total:	\$0		\$450,000	
Program FTE	0.00	0.00	2.83	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:** Noelle Wiggins
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: One-Time-Only Request

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 community based organizations (CBOs), compensation (stipends or salaries) for a smaller number of CHWs who have completed the training course. Finally, it provides support for supervision at CBOs.

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 responds to these inequities by providing training and support for Community Health Workers from African immigrant and refugee communities. During FY16, leaders in the African immigrant and refugee communities formed a steering committee, developed a budget, hired a coordinator, and determined what support they needed from staff at the Community Capacitation Center (CCC). Beginning in FY16 and continuing into FY17, community leaders, CBO and CCC 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.

Compensation will be provided to a smaller number of CHWs through the CBO. 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.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$100,000	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

N/A

Significant Program Changes

Last Year this program was: FY 2016: 40038C-16 Training Community Health Workers for Immigrant and Refugee

Department: Health Department **Program Contact:** Holly Calhoun
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Human Resources/Training & Workforce Development Group provides guidance and consultation in administrative procedures, recruitment, employee/labor relations, Class Comp, core management competencies, personnel policies and labor contract interpretation, training facilitation, 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.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of cultures operational in the Cultural Competence mapping pool knowledge bank	-	8	8	8
Outcome	% of Health Department staffed trained in Cultural Competence Policy Framework	-	10%	10%	10%
Outcome	% increase in completed Local 88 Performance Planning and Review (PPR) documents	0	10%	10%	10%
Output	# of recruitment training events for Health managers and employees	-	8	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	2016	2016	2017	2017
Personnel	\$2,498,570	\$0	\$2,530,670	\$0
Contractual Services	\$229,200	\$0	\$234,211	\$0
Materials & Supplies	\$62,785	\$0	\$75,952	\$0
Internal Services	\$295,767	\$0	\$359,339	\$0
Total GF/non-GF	\$3,086,322	\$0	\$3,200,172	\$0
Program Total:	\$3,086,322		\$3,200,172	
Program FTE	22.65	0.00	20.65	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40039-16 Human Resources and Training

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$2,142,286	\$0	\$2,477,556	\$0
Contractual Services	\$40,500	\$0	\$40,000	\$0
Materials & Supplies	\$26,544	\$0	\$20,013	\$0
Internal Services	\$223,452	\$0	\$0	\$310,742
Total GF/non-GF	\$2,432,782	\$0	\$2,537,569	\$310,742
Program Total:	\$2,432,782		\$2,848,311	
Program FTE	22.40	0.00	25.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$310,742
Total Revenue	\$0	\$0	\$0	\$310,742

Explanation of Revenues

\$ 310,742 Healthshare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was: FY 2016: 40040A-16 Budget & Finance

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,324,435	\$0	\$1,355,099	\$0
Contractual Services	\$8,460	\$0	\$7,360	\$0
Materials & Supplies	\$123,851	\$0	\$127,368	\$0
Internal Services	\$132,951	\$0	\$175,665	\$0
Total GF/non-GF	\$1,589,697	\$0	\$1,665,492	\$0
Program Total:	\$1,589,697		\$1,665,492	
Program FTE	14.00	0.00	14.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40041-16 Medical Accounts Receivable

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,296,247	\$0	\$1,443,737	\$0
Materials & Supplies	\$13,286	\$0	\$8,533	\$0
Internal Services	\$141,187	\$0	\$0	\$197,663
Total GF/non-GF	\$1,450,720	\$0	\$1,452,270	\$197,663
Program Total:	\$1,450,720		\$1,649,933	
Program FTE	12.00	0.00	13.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$197,663
Total Revenue	\$0	\$0	\$0	\$197,663

Explanation of Revenues

\$ 197,663 HealthShare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was: FY 2016: 40042A-16 Contracts & Procurement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,945,650	\$0	\$2,218,505	\$0
Contractual Services	\$10,100	\$0	\$11,600	\$0
Materials & Supplies	\$45,919	\$0	\$47,238	\$0
Internal Services	\$390,157	\$0	\$170,016	\$114,892
Total GF/non-GF	\$2,391,826	\$0	\$2,447,359	\$114,892
Program Total:	\$2,391,826		\$2,562,251	
Program FTE	16.60	0.00	17.60	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$114,892
Other / Miscellaneous	\$9,281,818	\$0	\$9,827,702	\$0
Total Revenue	\$9,281,818	\$0	\$9,827,702	\$114,892

Explanation of Revenues

\$ 114, 892 Healthshare of Oregon (Medicaid)

Significant Program Changes

Last Year this program was: FY 2016: 40043-16 Health Department Operations

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$451,996	\$0	\$647,023	\$0
Materials & Supplies	\$2,002,616	\$0	\$2,185,992	\$0
Internal Services	\$9,823	\$0	\$62,533	\$0
Total GF/non-GF	\$2,464,435	\$0	\$2,895,548	\$0
Program Total:	\$2,464,435		\$2,895,548	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40044A-16 Health Clinical Data and Reporting

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 Health Equity Initiative (HEI) helps the County achieve its commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions and programmatic efforts affect health. Goals of the Health Equity Initiative include addressing root causes of health inequities through policy, systems, and environmental change strategies; prioritizing community-driven interventions by establishing organizational governance and infrastructure for equity; and addressing priority health issues in partnership with cross-cultural community organizations.

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) addresses racial and ethnic health inequities by promoting authentic community partnerships, providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and assuring culturally-competent service delivery.

Authentic Community Partnerships: Develop and maintain authentic community partnerships with cross-cultural and culturally specific organizations working within the Native American, Pacific Islander, African-American, African and Latino communities to identify and implement community-driven recommendations to address longstanding health inequities in Multnomah County, align Public Health Division (PHD) strategies and activities with community needs and priorities and shift public health practice and Health Department organizational culture toward the elimination of health disparities. For example, HEI has been able to address the lack of basic health coverage in the Pacific Islander community, due to a federal policy that barred them from Medicaid eligibility, by partnering to support key legislation in this year's legislative season. MCHD provided written testimony in support of the bill, which successfully passed the House Health Care Committee with a unanimous vote. **Equity & Empowerment Consultation & Technical Assistance:** Provide technical assistance and consultation to improve policies, programs, and practices through an intentional application of equity, empowerment, and cultural competency. **Organizational Capacity Building & Infrastructure:** Develop the infrastructure (e.g. data, policies, workforce development opportunities) needed to implement community-driven recommendations that lead to an elimination of racial and ethnic health inequities. Part of this function includes research and evaluation support to ensure accountability to PHD health equity priorities and measure the impact of PHD policies, programs and practices designed to promote equity, empowerment, and cultural-responsiveness. **Assuring Culturally-Competent Service Delivery:** HEI helps promote this long-documented community priority by assuring that programs meet Culturally- and Linguistically-Appropriate Standards (CLAS), which have been adopted by the Department of Health and Human Services and align with accreditation standards set by the Joint Commission and National Committee for Quality Assurance.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Percent of programs applying equity lens to decision-making processes.	NA	NA	30%	75%
Outcome	Percent of programs assessed for compliance with Title VI of the Civil Rights Act of 1964.	NA	NA	20%	75%
Outcome	Percent of programs assessed for compliance with CLAS standards.	NA	NA	20%	75%

Performance Measures Descriptions

1) New measure. Unit: Health Department. New tool is trauma-informed and empowerment- and equity-focused. 2) New measure. Unit: Public Health Division. Corresponds to 2016-2018 Public Health Division Strategic Plan goal. 3) New measure. Unit: Health Department. CLAS stands for Culturally- and Linguistically-Appropriate Standards.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$873,272	\$0	\$907,324	\$0
Contractual Services	\$225,000	\$0	\$216,000	\$0
Materials & Supplies	\$41,846	\$0	\$37,212	\$0
Internal Services	\$38,716	\$0	\$84,398	\$0
Total GF/non-GF	\$1,178,834	\$0	\$1,244,934	\$0
Program Total:	\$1,178,834		\$1,244,934	
Program FTE	7.60	0.00	7.70	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40045-16 Health Equity Initiative (Racial Justice Focus)

Due to Public Health Division reorganization, 1.1 FTE was moved into this program.

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

Executive Summary

Community Epidemiology Services (CES) provides the fundamental capacity that allows the Public Health Division to make data-driven decisions, program improvements, and policy recommendations. CES helps public health leaders, policy makers, clinicians, and community members know how disease is occurring within communities. CES identifies the drivers of health and causes of disease, and demonstrates whether and how well health interventions are working.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, epidemiologic, and environmental data in order to prevent disease and promote and protect health among all Multnomah County populations. The CES unit leads Public Health Division (PHD) programs in coordinated public health data and epidemiologic analysis and analyzes population and health system data to assist programs in optimizing quality and accountability to the communities they serve. The program provides analytic products and reports to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES also works closely with the Communicable Disease Services program to provide outbreak response through epidemiologic support, statistical modeling, and standardized investigative guidelines.

CES identifies appropriate analytical approaches, helps assure the use of high quality data for analysis, and provides technical, scientific oversight and leadership for all research and epidemiologic work in the PHD. This program provides support in quantitative methods, guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, data management, and designing metrics related to health care transformation and Public Health Modernization. This unit disseminates analytic findings, including public health data reports, policy briefs, web-based reports, and presentations to County leadership, programs and community partners. In addition, CES provides public health practice recommendations to PHD leadership based on needs identified from local data, evidence-based and promising practices identified through literature review.

Program Design & Evaluation Services, a unit shared between CES and the Oregon Health Authority, conducts applied public health research projects and provides program design and evaluation support to County and State programs to improve community health, shape public policy, and reduce health inequities. Examples of data monitoring and reporting in CES/PDES include the development, maintenance, and dissemination of the Multnomah County Maternal Child and Family Health Databook, Report Card on Racial and Ethnic Disparities, and the Vital Signs, which presents data on emerging policy issues (e.g., retail marijuana legalization).

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	12	NA	12	12
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	21	NA	23	25

Performance Measures Descriptions

1) New measure. Example includes 2015 report, "Health Disparities among Pacific Islanders in Multnomah County: A supplement to the 2014 Report Card on Racial and Ethnic Disparities." 2) New measure.

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local Public Health Authority duties:

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

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,025,663	\$1,148,877	\$713,269	\$1,059,283
Contractual Services	\$25,000	\$539,000	\$0	\$605,486
Materials & Supplies	\$91,895	\$89,368	\$60,240	\$99,332
Internal Services	\$167,280	\$175,637	\$45,792	\$122,924
Total GF/non-GF	\$1,309,838	\$1,952,882	\$819,301	\$1,887,025
Program Total:	\$3,262,720		\$2,706,326	
Program FTE	8.25	9.60	5.23	8.21

Program Revenues				
Indirect for Dept. Admin	\$123,363	\$0	\$95,844	\$0
Intergovernmental	\$0	\$1,671,570	\$0	\$1,887,025
Other / Miscellaneous	\$0	\$417,022	\$0	\$0
Total Revenue	\$123,363	\$2,088,592	\$95,844	\$1,887,025

Explanation of Revenues

State Local Public Health Authority IGA: \$619,301
 Natl Institutes of Health: \$479,074
 State Of Alaska: \$459,049
 State Office of Multicultural Health: \$147,085
 Oregon Marijuana Legalization Impact: \$41,500
 Seattle King County: \$19,316
 Oregon Dept. of Corrections: \$85,300
 Lead Harzard Reduction Program Eval: \$36,400

Significant Program Changes

Last Year this program was: FY 2016: 40048-16 Community Epidemiology

This program incorporates functions from former program #40035 (Health Assessment, Planning and Evaluation). Public health informatics function has moved to program 40001, Public Health Administration and Quality Management.

New federal funding from the National Institutes of Health for assessing impact of local regulatory policies associated with recreational marijuana legalization include \$479,074 per year.

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 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 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 bring 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	2016	2016	2017	2017
Personnel	\$569,134	\$71,639	\$778,333	\$0
Contractual Services	\$2,800	\$0	\$0	\$0
Materials & Supplies	\$27,365	\$2,893	\$31,234	\$0
Internal Services	\$81,529	\$6,917	\$106,021	\$0
Total GF/non-GF	\$680,828	\$81,449	\$915,588	\$0
Program Total:	\$762,277		\$915,588	
Program FTE	3.90	0.00	5.90	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,897	\$0	\$0	\$0
Service Charges	\$0	\$81,449	\$125,000	\$0
Total Revenue	\$4,897	\$81,449	\$125,000	\$0

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2016: 40049-16 Corrections Health Juvenile Detention

This year the Department of Community Justice transferred 2.0 FTE Mental Health Consultants in JDH to Corrections Health. These positions had been with DCJ for several years and they felt that both clinically and administratively they fit better with Corrections Health. These two staff join a mental health team that was able to give them daily support for clinical issues and provides more timely supervision. They also join the other CH staff at JDH to be part of a larger clinical team.

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 into the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and 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 PMHNPs, 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average # of health screenings completed in a month	500	540	540	560
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	55%	55%	60%

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.
Outcome Measure 2 captures initial interview information and how many clients are referred for mental health 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 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	2016	2016	2017	2017
Personnel	\$3,116,058	\$0	\$3,050,913	\$172,142
Contractual Services	\$284,924	\$0	\$200,000	\$0
Materials & Supplies	\$127,523	\$0	\$152,031	\$0
Internal Services	\$86,403	\$0	\$107,773	\$0
Total GF/non-GF	\$3,614,908	\$0	\$3,510,717	\$172,142
Program Total:	\$3,614,908		\$3,682,859	
Program FTE	24.10	0.00	21.70	1.70

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$172,142
Service Charges	\$0	\$0	\$50,000	\$0
Total Revenue	\$0	\$0	\$50,000	\$172,142

Explanation of Revenues

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

State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40050A-16 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.

The fourth floor housing unit 4D is acute mental health. There are 10 beds in that unit. Both medical and mental health services are provided to these chronically ill clients.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # inmate medical requests for care evaluated by nurse monthly	1000	1000	980	1000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	-	160	180	170

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	2016	2016	2017	2017
Personnel	\$1,589,196	\$0	\$1,956,243	\$0
Contractual Services	\$219,011	\$0	\$200,000	\$0
Materials & Supplies	\$194,594	\$0	\$253,540	\$0
Internal Services	\$112,565	\$0	\$144,281	\$0
Total GF/non-GF	\$2,115,366	\$0	\$2,554,064	\$0
Program Total:	\$2,115,366		\$2,554,064	
Program FTE	14.60	0.00	16.00	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts 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 2016: 40050B-16 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Average # of inmate medical requests for care evaluated by nurse monthly	1,000	1,000	980	1,000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	-	160	180	170

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, we 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	2016	2016	2017	2017
Personnel	\$2,306,981	\$0	\$2,542,299	\$0
Contractual Services	\$362,541	\$0	\$200,000	\$0
Materials & Supplies	\$215,249	\$0	\$202,164	\$0
Internal Services	\$145,321	\$0	\$134,221	\$0
Total GF/non-GF	\$3,030,092	\$0	\$3,078,684	\$0
Program Total:	\$3,030,092		\$3,078,684	
Program FTE	20.50	0.00	20.20	0.00

Program Revenues				
Service Charges	\$50,000	\$0	\$0	\$0
Total Revenue	\$50,000	\$0	\$0	\$0

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 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 2016: 40050C-16 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 MDCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions 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.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # of inmate medical requests for care evaluated by the nursing staff per month.	950	950	930	1000
Outcome	Avg # of Provider visits per month	150	210	210	230

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	2016	2016	2017	2017
Personnel	\$2,127,932	\$0	\$2,222,601	\$0
Contractual Services	\$220,820	\$0	\$200,000	\$0
Materials & Supplies	\$144,361	\$0	\$297,494	\$0
Internal Services	\$204,104	\$0	\$217,286	\$0
Total GF/non-GF	\$2,697,217	\$0	\$2,937,381	\$0
Program Total:	\$2,697,217		\$2,937,381	
Program FTE	15.70	0.00	15.70	0.00

Program Revenues				
Service Charges	\$0	\$0	\$45,000	\$0
Total Revenue	\$0	\$0	\$45,000	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for nominal fees for 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 2016: 40051A-16 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 settings.

Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg # of inmate medical requests for care evaluated by the Nurse monthly.	950	950	930	1000
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	2016	2016	2017	2017
Personnel	\$1,329,425	\$0	\$1,408,296	\$0
Contractual Services	\$170,421	\$0	\$120,000	\$0
Materials & Supplies	\$144,060	\$0	\$163,501	\$0
Internal Services	\$119,920	\$0	\$124,709	\$0
Total GF/non-GF	\$1,763,826	\$0	\$1,816,506	\$0
Program Total:	\$1,763,826		\$1,816,506	
Program FTE	11.50	0.00	11.10	0.00

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

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare. These rules and laws are under review and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for 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 2016: 40051B-16 Corrections Health MCIJ General Housing Dorms 4 - 11

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	2016	2016	2017	2017
Personnel	\$1,030,352	\$0	\$1,029,437	\$0
Contractual Services	\$138,283	\$0	\$100,000	\$0
Materials & Supplies	\$101,032	\$0	\$111,003	\$0
Internal Services	\$98,749	\$0	\$103,090	\$0
Total GF/non-GF	\$1,368,416	\$0	\$1,343,530	\$0
Program Total:	\$1,368,416		\$1,343,530	
Program FTE	9.00	0.00	8.70	0.00

Program Revenues				
Service Charges	\$50,000	\$0	\$0	\$0
Total Revenue	\$50,000	\$0	\$0	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for 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 2016: 40051C-16 Corrections Health MCIJ Dorms 12 - 18 and Infirmary

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

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of deaths requiring investigation	2,173	2,380	2,200	2,300
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	83%	81%	84%	85%

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. We estimated a 70% response time: we reached 83%.

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	2016	2016	2017	2017
Personnel	\$1,069,585	\$0	\$1,127,811	\$0
Contractual Services	\$13,050	\$0	\$12,880	\$0
Materials & Supplies	\$65,346	\$0	\$72,903	\$0
Internal Services	\$97,923	\$0	\$92,956	\$0
Total GF/non-GF	\$1,245,904	\$0	\$1,306,550	\$0
Program Total:	\$1,245,904		\$1,306,550	
Program FTE	10.20	0.00	10.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2016: 40052A-16 Medical Examiner

In FY16, we reinstated a Chief Deputy Medical Examiner at 1.0 FTE (which had been in place from the early 1970s until 2005). The intent and positive results of this are: 1) the provision of on-site leadership and supervision for the 9 permanent and 9 on-call personnel that had been absent for 10 years; 2) increased number of personnel available to respond to death notifications and associated activities in a timely manner; 3) assessment and improvement of program operations and efficiencies; 4) reduced County liability due to improved personnel safety.

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.

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. This program responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and addresses underlying causes of 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.

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.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served	485	450	450	450
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	62%	60%	70%	65%
Quality	Client retention in prenatal phase of NFP program	64%	71%	71%	71%
Quality	Client satisfaction	NA	98%	NA	98%

Performance Measures Descriptions

Output "Number of families served": Data source is EPIC, combining MCHD NFP teams for ECS Northeast and East. Additional families served by HBI nurses trained in the NFP model are reflected in the HBI program offer.

Outcome "% of mothers enrolled in NFP services who are breastfeeding at 6 months": Data source ETO (NFP reporting port

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	2016	2016	2017	2017
Personnel	\$1,908,070	\$812,909	\$1,402,075	\$1,337,769
Contractual Services	\$33,038	\$431,012	\$461,010	\$180,000
Materials & Supplies	\$34,641	\$42,659	\$65,012	\$10,784
Internal Services	\$133,068	\$271,706	\$282,207	\$161,086
Total GF/non-GF	\$2,108,817	\$1,558,286	\$2,210,304	\$1,689,639
Program Total:	\$3,667,103		\$3,899,943	
Program FTE	17.80	5.40	9.96	10.44

Program Revenues				
Indirect for Dept. Admin	\$93,685	\$0	\$125,940	\$0
Intergovernmental	\$0	\$92,120	\$0	\$282,120
Other / Miscellaneous	\$14,190	\$0	\$0	\$0
Service Charges	\$0	\$1,466,166	\$0	\$1,407,519
Total Revenue	\$107,875	\$1,558,286	\$125,940	\$1,689,639

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. *In the future, MCM and 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.

Local Public Health Authority IGA: \$272,120
 Target Case Management Babies First fees: \$1,001,952
 Medicaid Maternity Case Management fees: \$405,567
 Early Home Visiting grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2016: 40054-16 Nurse Family Partnership

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40054, 40056, 40058A, 40037
Program Characteristics:

Executive Summary

The Children with Special Health Care Needs Home Visiting Program includes CaCoon and Healthy Homes Asthma Home Visiting programs. Using nurse and community health worker home visiting models, these programs support vulnerable families with children who have health conditions by providing comprehensive health assessments in the home, conducting care coordination, building a family's capacity to work with health and social services systems, reducing environmental toxins, and more.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Multnomah County CaCoon and Healthy Homes Asthma Home Visiting programs serve families with children that have a chronic health condition, 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. 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. Nurses provide technical support for families enrolled in non-CaCoon home visiting programs in the event a child develops a special health care need. Community health nurses and community health workers provide consulting support to families enrolled in the Mt Hood Head Start program, Oregon Child Development Coalition (OCDC), Multnomah Early Childhood Program (MECP), and through a contract for nurse consulting at Albina Head Start.

The Healthy Homes Asthma Home Visiting Program addresses health inequities by improving the health and livability of the home environment and addressing health and housing related health concerns. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to improve health outcomes, quality of life, and housing conditions; and reduce environmental triggers. Healthy Homes staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma, consult with medical providers and pharmacists, partner with landlords and tenants to improve housing conditions, coordinate asthma care with school and day-care, identify and provide supplies to reduce or eliminate asthma triggers, and advocate for safe, healthy, stable and affordable housing.

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. Healthy Homes has shown improvements in asthma control, reduced emergency department visits, reduction of asthma triggers in the home and improved quality of life.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served by CaCoon team	353	300	159	150
Outcome	Number of families receiving an environmental home inspection.	65	162	102	120
Quality	Number of families completing mandatory assessments.	96%	95%	96%	96%

Performance Measures Descriptions

1) Number of families served includes CaCoon-specific families and high-risk families that do not have a CaCoon diagnosis. Numbers of families served directly through CaCoon dropped as community health nursing staff were moved to new roles in nurse consulting with Head Start and MECP serving families with children with special healthcare needs. 3) Includes 6 mandatory assessments as directed by State program for CaCoon-enrolled families seen more than three times.

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.

Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$872,511	\$873,976	\$585,172	\$1,525,342
Contractual Services	\$119,387	\$383,768	\$212,203	\$161,595
Materials & Supplies	\$31,142	\$19,849	\$76,484	\$86,556
Internal Services	\$95,167	\$370,442	\$326,339	\$222,119
Total GF/non-GF	\$1,118,207	\$1,648,035	\$1,200,198	\$1,995,612
Program Total:	\$2,766,242		\$3,195,810	
Program FTE	6.94	7.76	5.49	13.61

Program Revenues				
Indirect for Dept. Admin	\$99,080	\$0	\$141,253	\$0
Intergovernmental	\$0	\$410,315	\$0	\$1,104,812
Other / Miscellaneous	\$4,256	\$10,000	\$0	\$0
Service Charges	\$0	\$1,227,720	\$0	\$890,800
Total Revenue	\$103,336	\$1,648,035	\$141,253	\$1,995,612

Explanation of Revenues

This program offer is funded by the following:

Medicaid Targeted Case Management (TCM) revenue for CaCoon and Healthy Homes Asthma Home Visiting programs: \$890,800

Federal CaCoon grant: \$120,000

Nursing Case Management Services for MESD: \$211,315

Care Oregon Maternal Medical Home contract: \$739,497

Nursing Case Management Services for Early Head Start and Oregon Child Development Coalition: \$34,000

At some point next year, TCM is expected to roll into the Coordinated Care Organization (CCO) global budget. Contracts with the CCOs are planned to assure the same ability for counties to match funding with the federal government and keep current TCM programs whole.

Significant Program Changes

Last Year this program was: FY 2016: 40055A-16 CaCoon

Healthy Homes Asthma Home Visiting program is being moved from Environmental Health Education, Outreach, and Housing (FY16 program offer 40037) to this program offer. This means the addition of Targeted Case Management services and 4.6 FTE to this offer.

Numbers of families served directly through CaCoon dropped as nursing staff moved to new roles in nurse consulting with Head Start and Multnomah Early Childhood Program-serving families with children with special healthcare needs, and into the developing Maternal Medical Home in partnership with MCHD Primary Care Clinics.

Department: Health Department **Program Contact:** Jessica Guernsey
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) 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 2,750 families for eligibility for home visiting services through our Welcome Baby screening program, and serve approximately 575 families through community contracts for Healthy Families services.

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 from the birth of a new child until the child turns three. Families who screen positive for parenting stress indicators are offered voluntary home visits shown to improve outcomes: reduced child abuse and neglect, improved school readiness, and improved access to information and supports for healthy growth and development. The HFMC program performs two related purposes: a community screening program, "Welcome Baby" which identifies families with potential need and interest in home visiting services; and a home visiting program, which uses the Healthy Families America model of home visiting, a credentialed best practice model delivered by highly trained staff through community-based agencies. These HFMC teams have a population or culturally-specific focus, including African American, immigrant/refugee, and teen parents. MCHD will screen an estimated 2,750 families and will serve and estimated 576 at-risk families through HFMC community contracts.

HFMC is also connected with Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs that seek 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 adopted these ELM priority populations as its new priority screening population, and without increasing screening numbers, has focus its screening efforts on reaching families identified as at risk of health, educational and child welfare inequities.

HFMC responds to racial and ethnic inequities 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served	601	600	600	575
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

The ELD provides annual reports providing HFMC with performance monitoring data. We expect a gap in data reporting in 2015-16 due to a transition in data systems at the state. In the future, performance measures for the HFMC program will be drawn from a State of Oregon database "THEO", that is not fully built yet. We expect to add several more sensitive performance measures in FY17, once THEO data reporting is functional.

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	2016	2016	2017	2017
Personnel	\$514,665	\$338,472	\$429,884	\$640,225
Contractual Services	\$659,686	\$1,055,838	\$435,164	\$1,547,632
Materials & Supplies	\$8,717	\$26,441	\$14,905	\$23,071
Internal Services	\$0	\$196,836	\$61,532	\$164,533
Total GF/non-GF	\$1,183,068	\$1,617,587	\$941,485	\$2,375,461
Program Total:	\$2,800,655		\$3,316,946	
Program FTE	4.91	3.99	5.55	7.00

Program Revenues				
Indirect for Dept. Admin	\$97,251	\$0	\$48,363	\$0
Intergovernmental	\$0	\$1,617,587	\$0	\$2,375,461
Total Revenue	\$97,251	\$1,617,587	\$48,363	\$2,375,461

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 2016: 40056-16 Healthy Families

In FY17, the Healthy Families program will increase screening with a new community-based strategy to the established "Welcome Baby" parent screening program. This will further target screening where it is most needed and facilitate broader access to early childhood programs.

MCHD no longer receives contract funding for additional Healthy Families slots from Federal funding. These funds go directly to our contractors and leverages an additional 102 slots for Healthy Families.

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

Executive Summary

The Future Generations Collaborative (FGC) is a 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 governments 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 ended in FY15). The FGC is using funds 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 3-year \$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 responds to racial and ethnic disparities outlined in the 2014 Report Card on Racial and Ethnic Disparities, and the Multnomah County Health Department Public Health Division 2015, Community Health Assessment. The FGC addresses underlying causes of population health by focusing on the social determinants of health and a life course health perspective, and building capacity in the Native community and among Native-serving organizations.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of capacity building trainings addressing root causes of FASD.	6	3	4	3
Outcome	Percent of native community members attending trainings that increase awareness of FASD.	98%	100%	98%	100%
Quality	Number of Elders/Natural Helpers and community health workers engaged in policy advocacy.	NA	NA	NA	10
Quality	Percent of organizational partners reporting that MC operates with a trauma-informed approach in the FGC.	90%	90%	90%	90%

Performance Measures Descriptions

3) New outcome measure to replace FY16 outcome measure.

Legal / Contractual Obligation

The Health Department serves as the backbone agency for the FGC. In this role we have developed contracts with two Native-serving community-based organizations to complete the planned work of the NWHF grant. Those contracts are Native American Youth and Family Center [contract number 44-1937] and the Native Wellness Institute [44-1092]. We expect these contracts to continue until the grant period ends (January 2018).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$143,920	\$0	\$153,141	\$0
Contractual Services	\$266,000	\$67,726	\$221,334	\$133,435
Materials & Supplies	\$5,819	\$10,056	\$2,022	\$0
Internal Services	\$20,595	\$7,218	\$15,562	\$0
Total GF/non-GF	\$436,334	\$85,000	\$392,059	\$133,435
Program Total:	\$521,334		\$525,494	
Program FTE	1.50	0.00	1.50	0.00

Program Revenues				
Indirect for Dept. Admin	\$5,110	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$0	\$20,000
Other / Miscellaneous	\$0	\$85,000	\$0	\$113,435
Total Revenue	\$5,110	\$85,000	\$0	\$133,435

Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund and a Northwest Health Foundation grant.

Local Public Health Authority Title V: \$20,000

Northwest Health Foundation Future Generations Collaborative grant: \$113,435

Significant Program Changes

Last Year this program was: FY 2016: 40057-16 Future Generations Collaborative

The FGC is adding funds for two key areas of work – evaluation capacity and community healing events. This funding will increase the FGC’s ability to develop decolonized evaluation processes as prioritized by Collaborative members and ensure that there is sufficient funding to engage a broad spectrum of the AI/AN community in healing events that are integral to the FGC’s mission to address root causes of inequities. Revenue changes include carry-over in the amount of \$66,666. NWHF grant brings total to \$113,435. \$20,000 in Title V funds has been added to support FGC activities.

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 inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health inequities in the county, and therefore 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. Care coordination is promoted between internal Health Department programs, external health and social service providers, and larger systems. HBI also enrolls uninsured members of the African American community in health insurance. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement. One of the partnerships of HBI is the Black Parent Initiative. The Black Parent Initiative provides a parenting curriculum and parent empowerment to HBI families.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of families served.	142	125	155	190
Outcome	Percent of mothers initiating breastfeeding after delivery.	92%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old.	78%	80%	80%	85%
Quality	Percent of participants who express satisfaction with cultural specificity of program.	90%	87%	90%	92%

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	2016	2016	2017	2017
Personnel	\$640,706	\$687,102	\$189,138	\$1,040,108
Contractual Services	\$162,383	\$153,563	\$207,000	\$6,021
Materials & Supplies	\$57,242	\$56,733	\$80,093	\$13,775
Internal Services	\$136,889	\$215,290	\$188,692	\$112,784
Total GF/non-GF	\$997,220	\$1,112,688	\$664,923	\$1,172,688
Program Total:	\$2,109,908		\$1,837,611	
Program FTE	5.65	7.15	2.24	9.71

Program Revenues				
Indirect for Dept. Admin	\$66,896	\$0	\$88,177	\$0
Intergovernmental	\$0	\$750,000	\$0	\$810,000
Service Charges	\$0	\$362,688	\$0	\$362,688
Total Revenue	\$66,896	\$1,112,688	\$88,177	\$1,172,688

Explanation of Revenues

Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

Health Resources Services Administration grant: \$750,000

State Maternal & Child Health grant: \$60,000

Targeted Case Management Fees: \$362,688

Significant Program Changes

Last Year this program was: FY 2016: 40058-16 Healthy Birth Initiative

The Healthy Birth Initiatives' Director has moved to program 40060, Community Health and Chronic Disease Prevention.

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 three shifts of mental health personnel to provide 24/7 suicide watch coverage. This will improve the quality of care for the mentally ill inmates in jail, reduce Multnomah County Sheriff's Office (MCSO) costs and create efficiency for the court system.

Program Summary

This program offer will allow Corrections Health to have a mental health consultant available for 24/7 suicide watch coverage. The addition of these staff this past year helped reduce the number of clients on suicide watch from an average of 11.3 daily 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	n/a	160	180	160
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	n/a	6	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	2016	2016	2017	2017
Personnel	\$406,471	\$0	\$491,757	\$0
Materials & Supplies	\$5,160	\$0	\$503	\$0
Total GF/non-GF	\$411,631	\$0	\$492,260	\$0
Program Total:	\$411,631		\$492,260	
Program FTE	4.20	0.00	4.40	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

These positions have been put in the CH budget as permanent employees.

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs: 40053, 40047, 40045, 40001, 40006
Program Characteristics:

Executive Summary

Research shows that our zip code is a more powerful determinant of health than our genetic code, and strongly affects rates of chronic disease. Chronic diseases account for 7 of 10 deaths each year. Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities and prevent chronic diseases by promoting place-based, culturally-specific, and population-level approaches to create healthier communities in which Multnomah County residents can live, work, play, worship, and study.

Program Summary

Community Health and Chronic Disease Prevention (CH-CDP) works to reduce documented health inequities through policies and practices that prioritize the self-identified needs of diverse community partners. Strategies include policy, system, and environmental improvements to address inequities; and community-informed planning and decision-making.

Policy, system, and environmental improvements to address inequities: Racial and Ethnic Approaches to Community Health (REACH) is a culturally-specific program funded by the Centers for Disease Control and Prevention (CDC). 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. This includes nutrition policies in childcare centers and faith-based settings, working with the City of Gresham to incorporate food access and equity criteria into transportation policies, and system changes in healthcare settings so that pregnant patients are being screened for tobacco exposure.

CH-CDP's focus on housing inequities represents another example of policy, system, and environmental improvements to address inequities by working to decrease negative public health outcomes resulting from housing quality, affordability and stability. Other efforts include informing the design of healthy, safe neighborhoods; creating strong local food systems; and implementing innovative place-based initiatives such as the Healthy Retail Initiative and the Healthy Worksites Initiative. Taken together these strategies ensure a comprehensive chronic disease framework that prevents chronic disease for those who don't have it and improves longevity and the quality of life for those who do.

Community-informed planning and decision-making: CH-CDP is contracting with a coalition of community partners to create a Community Health Improvement Plan (CHIP), an action-oriented plan outlining priority community health issues, such as chronic disease, and how these issues will be addressed. This partnership is an example of authentic engagement of, partnership with, and accountability to those communities most affected by inequities.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of new partnerships developed to prevent and reduce rates of chronic disease.	NA	NA	16	15
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease.	14	16	16	16
Outcome	Percent of African Americans in MC with increased access to healthy food, tobacco-free places, & more.	NA	15%	16%	16%

Performance Measures Descriptions

1) New measure. Includes policy, systems, and environment work with new partners in sectors including education, business, non-profit, and more. 2) Measure previously tracked in program 40047. Includes policies to promote healthy eating and active living and create healthier neighborhoods and workplaces. This measure does not include tobacco-related policies; those are tracked in program 40006, Tobacco Prevention and Control. 3) Measure previously tracked in program 40053. Also includes access to chronic disease self-management options and opportunities to be active.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$360,665	\$666,331	\$817,198	\$511,925
Contractual Services	\$4,500	\$495,490	\$94,500	\$519,785
Materials & Supplies	\$27,432	\$63,349	\$35,506	\$71,605
Internal Services	\$149,583	\$144,793	\$61,602	\$132,685
Total GF/non-GF	\$542,180	\$1,369,963	\$1,008,806	\$1,236,000
Program Total:	\$1,912,143		\$2,244,806	
Program FTE	2.80	7.25	6.60	5.25

Program Revenues				
Indirect for Dept. Admin	\$82,363	\$0	\$48,428	\$0
Intergovernmental	\$0	\$1,369,963	\$0	\$1,236,000
Total Revenue	\$82,363	\$1,369,963	\$48,428	\$1,236,000

Explanation of Revenues

This offer includes federal funding from the Centers for Disease Control and Prevention for the Racial and Ethnic Approaches to Community Health (REACH) grant in the amount of \$1,236,000.

Significant Program Changes

Last Year this program was:

This new program consolidates functions formerly associated with 40047, Public Health Community Initiatives (now defunct) and 40053, Racial and Ethnic Approaches to Community Health (a grant-funded culturally-specific program operating within this larger unit).

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	2016	2016	2017	2017
Personnel	\$363,440	\$655,717	\$371,470	\$575,201
Contractual Services	\$188,925	\$17,744	\$0	\$409,638
Materials & Supplies	\$28,243	\$63,853	\$756	\$66,392
Internal Services	\$59,652	\$63,111	\$0	\$148,099
Total GF/non-GF	\$640,260	\$800,425	\$372,226	\$1,199,330
Program Total:	\$1,440,685		\$1,571,556	
Program FTE	1.70	4.80	2.09	3.71

Program Revenues				
Indirect for Dept. Admin	\$24,430	\$0	\$32,601	\$0
Intergovernmental	\$0	\$656,604	\$0	\$1,055,509
Other / Miscellaneous	\$349,883	\$143,821	\$0	\$143,821
Total Revenue	\$374,313	\$800,425	\$32,601	\$1,199,330

Explanation of Revenues

\$ 660,522 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 143,821 - Care Oregon Incentive

\$ 394,987 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40065-16 Mental Health & Addiction Services Administration

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

Executive Summary

MHASD supports a recovery oriented system of care which endorses the belief that all consumers experiencing mental health and substance use conditions can and do recover. The important voice of consumers, with lived experience brings a valuable and necessary perspective to ensure community services are recovery oriented and trauma informed. In order to support the expansion, coordination and quality of peer services in Multnomah County, we seek to employ an Office of Consumer Engagement within MHASD.

Program Summary

Currently, MHASD and community contractors employ a total of 76 paid peer staff and volunteers. The MHASD Office of Consumer Engagement will advise division leadership and function as liaisons to community providers and system partners. This team will also help MHASD utilize current resources to improve engagement and coordination of care for our most vulnerable residents in Multnomah County living with mental illness and addiction. Peer staff will develop workforce strategies and community training to increase awareness and the number of peers being competitively employed in our county. We believe that employing an Office of Consumer Engagement in MHASD will increase engagement of consumers in our community, improve our outreach to diverse communities around mental health and substance use, and improve outcomes that lead to recovery for those we serve.

This peer team will work with MHASD, contracted providers and system partners to increase awareness about the value of including peers in all aspects of our community system of care. Additionally, the team will assist MHASD to improve strategies for outreach, engagement and coordination of recovery services to a population of consumers frequently engaged with multiple systems in our community.

OCE will work with and the division, department, and community to lead, support, and advise on peer efforts across our county. The development of other projects and improved community engagement will include: creation of a county Peer Advisory Network, peer led community trainings, recommendations supporting system improvements, assistance with the mental health public awareness campaign and improved engagement around mental health and substance use with our local communities of color.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of peer lead trainings and supervision sessions	0	0	0	4
Outcome	Number of peers employed across provider agencies	0	0	0	106
Output	Number of MHASD and provider program and leadership meetings attended.	0	0	0	18

Performance Measures Descriptions

This is a new program offer.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$0	\$134,500	\$0
Contractual Services	\$0	\$0	\$6,000	\$0
Materials & Supplies	\$0	\$0	\$8,000	\$0
Internal Services	\$0	\$0	\$1,500	\$0
Total GF/non-GF	\$0	\$0	\$150,000	\$0
Program Total:	\$0		\$150,000	
Program FTE	0.00	0.00	2.00	0.00

Program Revenues

Total Revenue	\$0	\$0	\$0	\$0
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Explanation of Revenues**Significant Program Changes**

Last Year this program was:

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$683,500	\$240,000	\$683,500	\$0
Internal Services	\$0	\$22,272	\$0	\$0
Total GF/non-GF	\$683,500	\$262,272	\$683,500	\$0
Program Total:	\$945,772		\$683,500	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$15,768	\$0	\$0	\$0
Intergovernmental	\$0	\$262,272	\$0	\$0
Total Revenue	\$15,768	\$262,272	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2016: 40066-16 Mental Health (CATC / Jail Diversion)

Legal / Contractual Obligation

The following guidelines are utilized in monitoring MHASD compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Administrative Rules, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Chapter 1 Part 2, Public Law 94-142, Public Law 99-57, State of Oregon Mandatory Child Abuse Reporting Laws, Oregon Health Plan, Mental Health Organization Contract, Multnomah Mental Health HSO Policies & Procedures, Practice Guidelines of the American Health Information Management Association, and Centers for Medicare and Medicaid billing regulations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$565,985	\$135,062	\$173,487	\$507,372
Materials & Supplies	\$5,987	\$1,552	\$0	\$4,576
Internal Services	\$102,577	\$33,382	\$0	\$188,563
Total GF/non-GF	\$674,549	\$169,996	\$173,487	\$700,511
Program Total:	\$844,545		\$873,998	
Program FTE	6.75	1.75	2.16	6.14

Program Revenues				
Indirect for Dept. Admin	\$5,429	\$0	\$38,634	\$0
Intergovernmental	\$0	\$169,996	\$0	\$700,511
Other / Miscellaneous	\$596,707	\$0	\$0	\$0
Total Revenue	\$602,136	\$169,996	\$38,634	\$700,511

Explanation of Revenues

\$465,089 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$235,422 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40067-16 Medical Records for MHASD

Legal / Contractual Obligation

1) Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management. 2) The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,035,213	\$2,451,625	\$820,677	\$3,077,247
Contractual Services	\$809,220	\$1,069,515	\$196,555	\$969,341
Materials & Supplies	\$10,700	\$105,381	\$1,414	\$191,993
Internal Services	\$45,903	\$511,162	\$99,040	\$403,910
Total GF/non-GF	\$1,901,036	\$4,137,683	\$1,117,686	\$4,642,491
Program Total:	\$6,038,719		\$5,760,177	
Program FTE	9.38	23.32	7.30	27.60

Program Revenues				
Indirect for Dept. Admin	\$157,904	\$0	\$202,517	\$0
Intergovernmental	\$0	\$4,137,683	\$0	\$4,642,491
Other / Miscellaneous	\$1,162,520	\$0	\$0	\$0
Total Revenue	\$1,320,424	\$4,137,683	\$202,517	\$4,642,491

Explanation of Revenues

- \$ 3,302,154 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates
- \$ 33,543 - Washington County Older Adult Grant
- \$ 33,543 - Clackamas County Older Adult Grant
- \$ 485,728 - State Mental Health Grant: MH Older/Disabled Adult based on 2015-2017 IGA with State of Oregon
- \$ 787,523 - State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40068-16 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. FY15 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 FY15 was 83,493.

Program Summary

The behavioral health crisis system in Multnomah County is comprised of several interconnected services: Multnomah County Call Center – operated by Multnomah County 24/7, 365 days/year. The Call Center coordinates emergency mental health services for all county residents regardless of insurance status. Interpretation services are available as needed. It also provides the following: deploys mobile crisis resources, provides crisis counseling, provides treatment information and referral, linkage to behavioral health services, community education on suicide prevention, after hours hospitalization authorization for Multnomah Mental Health members, and authorizations for indigent medications, crisis housing and transportation. Total number of calls managed in FY14 was 74,864.

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 FY15, total number of clients served was 3,179. 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 317 face to face contacts in FY15.

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 FY15 was 4,489.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total Crisis System Contacts ¹	83,493	79,844	84,000	84,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	96.5%	96.8%	96.1%	96.1%

Performance Measures Descriptions

¹ Total crisis system contacts: Crisis Line: 74,864 (calls), Project Respond: 3,179, CATC: 192, ITT: 644, UWIC: 4,489, ED Liaisons: 317

² Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$25,090	\$2,144,794	\$998,684	\$1,165,930
Contractual Services	\$4,467,648	\$3,668,106	\$811,678	\$3,909,405
Materials & Supplies	\$0	\$40,876	\$0	\$18,054
Internal Services	\$29,318	\$609,803	\$0	\$430,156
Total GF/non-GF	\$4,522,056	\$6,463,579	\$1,810,362	\$5,523,545
Program Total:	\$10,985,635		\$7,333,907	
Program FTE	0.20	20.34	9.93	10.32

Program Revenues				
Indirect for Dept. Admin	\$284,025	\$0	\$73,307	\$0
Intergovernmental	\$0	\$5,943,739	\$0	\$5,508,329
Beginning Working Capital	\$0	\$491,760	\$0	\$0
Service Charges	\$0	\$28,080	\$0	\$15,216
Total Revenue	\$284,025	\$6,463,579	\$73,307	\$5,523,545

Explanation of Revenues

\$ 3,810,069 - Health Share of Oregon (Medicaid)

\$ 1,698,261 - State Mental Health Grant: MH Special Projects based on 2015-2017 IGA with State of Oregon

\$ 15,216 - Fee for Service Insurance Reimbursement Family Care

Significant Program Changes

Last Year this program was: FY 2016: 40069A-16 Behavioral Health Crisis Services

In FY17, a new community based crisis resource, the Unity Center for Behavioral Health, will be opening. To ensure the best investment of resources, we will adjust and right size current crisis programs to minimize duplicate entry points or services while still ensuring the crisis continuum can best respond to the behavioral health needs of our community.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$1,226,825	\$1,948,795	\$655,125	\$2,620,495
Internal Services	\$0	\$143,248	\$0	\$0
Total GF/non-GF	\$1,226,825	\$2,092,043	\$655,125	\$2,620,495
Program Total:	\$3,318,868		\$3,275,620	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$101,416	\$0	\$0	\$0
Intergovernmental	\$0	\$2,092,043	\$0	\$2,620,495
Total Revenue	\$101,416	\$2,092,043	\$0	\$2,620,495

Explanation of Revenues

\$2,620,495 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2016: 40070-16 Mental Health Crisis Assessment & Treatment Center (CATC)

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 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 132 children, an 1083 adults each year who need secure placement outside the home for mental health care.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total unduplicated children receiving inpatient, subacute & residential care ¹	132	133	122	122
Outcome	Average length of stay in psychiatric residential treatment ²	74	78	70	70

Performance Measures Descriptions

¹Total unduplicated children receiving inpatient, subacute, and residential psychiatric care.

² 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
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$2,430,000	\$0	\$2,856,605
Internal Services	\$0	\$225,504	\$0	\$0
Total GF/non-GF	\$0	\$2,655,504	\$0	\$2,856,605
Program Total:	\$2,655,504		\$2,856,605	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$159,651	\$0	\$0	\$0
Intergovernmental	\$0	\$2,655,504	\$0	\$2,856,605
Total Revenue	\$159,651	\$2,655,504	\$0	\$2,856,605

Explanation of Revenues

\$2,856,605 - Health Share of Oregon (Medicaid): Based on FY16 Rates

Significant Program Changes

Last Year this program was: FY 2016: 40071-16 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, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority. In FY15, ICP investigated 3,692 total holds; commitment staff monitored 387 patients and 123 trial visits.

Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

Involuntary Commitment Program: An emergency psychiatric hold (E-Hold) keeps an individual in a hospital while ICP staff investigates the individual's mental health status. Through an investigation, staff determines if the person has a mental illness and is dangerous to self or others, or is unable to meet their basic needs. ICP staff files for a pre-commitment hearing with the circuit court. When staff recommend a hearing, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge.

Emergency Hold: When an individual is appropriately placed on an E-Hold and cannot pay for the hospital stay, ORS 426 requires that the county pay for these services. The county is required to provide commitment monitoring services.

Commitment Monitors: Staff in this unit assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the appropriate level of community care. In FY12, the state began funding the county to pay for uninsured consumers who are committed and monitored in the hospital by MHASD's commitment monitors.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of E-Holds investigated for County residents ¹	3,692	4,251	3,702	3,702
Outcome	% of total E-Holds that did not go to Court hearing ²	92.9%	90.2%	93.4%	93.4%
Outcome	% of total E-Holds taken to court hearing that resulted in commitment ²	89.4%	90.8%	90.9%	90.9%
Output	# of commitments monitored annually ³	387	401	376	380

Performance Measures Descriptions

¹ This measure has been changed to include both E-holds for indigent residents as well as residents with insurance.

² Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

³ # monitored reflects new & existing commitments of residents in acute care settings & secure res. 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	2016	2016	2017	2017
Personnel	\$1,010,784	\$1,963,392	\$1,143,679	\$1,984,418
Contractual Services	\$205,000	\$1,267,628	\$151,000	\$581,503
Materials & Supplies	\$23,042	\$42,227	\$37,900	\$3,058
Internal Services	\$135,850	\$248,993	\$0	\$417,439
Total GF/non-GF	\$1,374,676	\$3,522,240	\$1,332,579	\$2,986,418
Program Total:	\$4,896,916		\$4,318,997	
Program FTE	9.00	16.50	9.00	16.50

Program Revenues				
Intergovernmental	\$0	\$3,022,240	\$0	\$2,986,418
Beginning Working Capital	\$0	\$500,000	\$0	\$0
Total Revenue	\$0	\$3,522,240	\$0	\$2,986,418

Explanation of Revenues

\$2,986,418 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40072-16 Mental Health Commitment Services

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

Executive Summary

This program offer provides an ongoing portion of the funding necessary for a peer-run supported employment program. Additional funding will come from private foundations and in-kind donations. These peer-run employment and education programs typically secure funding from federal, state, and local governments including municipal mental health departments and the national Substance Abuse and Mental Health Services Administration (SAMHSA). Every dollar of county general fund would directly provide employment assistance for a person with a mental illness.

Program Summary

This program offer 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of active members	151	200	170	170
Outcome	Percent of members in paid employment positions	42.0%	16.0%	40.0%	40.0%
Output	Average daily attendance (ADA)	22	15	25	25

Performance Measures Descriptions

Performance measures reflect gradual increase in the total number of members enrolled in program.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$80,000	\$0	\$80,000	\$0
Total GF/non-GF	\$80,000	\$0	\$80,000	\$0
Program Total:	\$80,000		\$80,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2016: 40073-16 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 & 621 beds of 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 serves 178 individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing provides short-term stable housing to decrease the likelihood that they will need crisis & acute services.

Program Summary

Residential Services provide mental health residential treatment to persons who suffer from severe mental illness, and who require structured care, foster care, and mental health rehabilitative services. Populations served include those who are AMHI-eligible, those who are under the jurisdiction of the Psychiatric Security Review Board, and those who meet neither criteria, but whose mental illness prevents them from functioning safely in the community. Most clients enter the Residential system of care through the Oregon State Hospital, though some enter through the community, i.e., acute care and outpatient mental health provider referral.

Residential Services staff provides regulatory oversight to licensed residential treatment programs, monitoring and supporting the treatment programs' compliance with OARs. Residential staff also provides monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare. This typically occurs in the context of scheduled and unscheduled consultation, problem-solving, participation in client staffings, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. As a part of oversight of safety, health and welfare, Residential Services is responsible for review of program incident reports, referral to protective services where appropriate, and for conducting Critical Incident Reviews with providers. In its role as the regulatory arm of the state, Residential Services also assists state licensors with licensure inspections and quality audits of programs.

The four Transitional Housing programs that receive funding provide 158 Single Room occupancy units and 20 dormitory shelter beds for 178 individuals. Diverse funding is utilized to maximize the ability of these programs to provide in-house supportive services that ensure individuals can maintain living independently and decrease the likelihood of being hospitalized due to inability to care for themselves.

FY 15, there were:

- 33 licensed structured care programs
- 7 supportive housing programs
- 27 licensed adult foster care programs with more in development
- A total of 621 beds

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of New Residential Services Referrals ¹	469	379	400	400
Outcome	% of Residential Services referrals placed	46%	40.4%	40%	40%

Performance Measures Descriptions

¹ 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	2016	2016	2017	2017
Personnel	\$466,802	\$348,602	\$485,760	\$494,312
Contractual Services	\$813,898	\$12,824,904	\$333,164	\$11,183,361
Materials & Supplies	\$9,223	\$7,175	\$7,949	\$0
Internal Services	\$67,727	\$69,463	\$143,991	\$38,109
Total GF/non-GF	\$1,357,650	\$13,250,144	\$970,864	\$11,715,782
Program Total:	\$14,607,794		\$12,686,646	
Program FTE	4.50	3.50	4.50	4.64

Program Revenues				
Indirect for Dept. Admin	\$11,883	\$0	\$14,384	\$0
Intergovernmental	\$0	\$12,631,114	\$0	\$11,715,782
Beginning Working Capital	\$0	\$619,030	\$0	\$0
Total Revenue	\$11,883	\$13,250,144	\$14,384	\$11,715,782

Explanation of Revenues

\$ 170,452 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
 \$ 231,700 - City of Portland, Bureau of Housing & Community Development
 Revenue below is from State Mental Health Grant based on 2015-2017 IGA with State of Oregon:
 \$ 3,500,000 - Non-Residential Adult Mental Health
 \$ 55,562 - Non-Residential Youth & Young Adult
 \$ 509,636 - Residential Mental Health Treatment Services for Youth and Young Adult
 \$ 4,500,000 - Residential Treatment Services
 \$ 2,076,990 - Supervision Services for Individuals Under PSRB and JPSRB
 \$ 232,285 - Projects For Assistance In Transition From Homelessness (PATH) Services
 \$ 77,188 - Adult Foster Care

Significant Program Changes

Last Year this program was: FY 2016: 40074A-16 Mental Health Residential Services

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

Executive Summary

The Adult Mental Health Initiative (AMHI): 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. 669 individuals were served in FY15.

Program Summary

Mental Health and Addiction Services Division (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 (ENCC) to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of AMHI 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of Clients Served in AMHI	669	846	690	690
Outcome	Number of Qualifying Events ¹	497	550	575	575

Performance Measures Descriptions

¹ The contractual measure of performance includes total Qualifying Events, defined as total of OSH diversions, OSH discharges, and discharges to lower levels of residential care within the community (i.e., increase independent living).

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$966,388	\$0	\$1,075,940
Contractual Services	\$0	\$2,568,586	\$0	\$2,915,849
Materials & Supplies	\$0	\$9,465	\$0	\$5,130
Internal Services	\$0	\$208,790	\$0	\$225,231
Total GF/non-GF	\$0	\$3,753,229	\$0	\$4,222,150
Program Total:	\$3,753,229		\$4,222,150	
Program FTE	0.00	9.67	0.00	10.00

Program Revenues				
Indirect for Dept. Admin	\$69,405	\$0	\$52,328	\$0
Intergovernmental	\$0	\$3,703,229	\$0	\$2,790,559
Beginning Working Capital	\$0	\$50,000	\$0	\$1,431,591
Total Revenue	\$69,405	\$3,753,229	\$52,328	\$4,222,150

Explanation of Revenues

\$ 713,440 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
\$ 2,077,119 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2015-2017 IGA with State of Oregon
\$ 1,431,591 - State Mental Health Grant: Adult Mental Health Initiative Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2016: 40075-16 Adult Mental Health Initiative (AMHI)

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$718,002	\$0	\$1,573,523
Contractual Services	\$0	\$32,250,625	\$0	\$27,272,338
Materials & Supplies	\$0	\$5,815	\$0	\$1,166
Internal Services	\$0	\$3,010,414	\$0	\$306,388
Total GF/non-GF	\$0	\$35,984,856	\$0	\$29,153,415
Program Total:	\$35,984,856		\$29,153,415	
Program FTE	0.00	7.16	0.00	15.06

Program Revenues				
Indirect for Dept. Admin	\$2,089,920	\$0	\$147,903	\$0
Intergovernmental	\$0	\$35,984,856	\$0	\$29,153,415
Total Revenue	\$2,089,920	\$35,984,856	\$147,903	\$29,153,415

Explanation of Revenues

\$ 28,433,405 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 731,010 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40076-16 Mental Health Services for Adults

An additional 4.2 FTE has been added to support Intensive Treatment Services which are being brought in house in FY17. Additional FTE increases are due to positions moving from Program Offers 40075 and 40080.

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	2016	2016	2017	2017
Contractual Services	\$1,221,357	\$107,418	\$1,113,897	\$146,368
Total GF/non-GF	\$1,221,357	\$107,418	\$1,113,897	\$146,368
Program Total:	\$1,328,775		\$1,260,265	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$107,418	\$0	\$146,368
Total Revenue	\$0	\$107,418	\$0	\$146,368

Explanation of Revenues

\$ 146,368 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40077-16 Mental Health Treatment & Medications for the Uninsured

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

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 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 160 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total individuals enrolled in the EASA program receiving services	142	77	140	140
Outcome	% reduction in hospitalization rate 3 months pre and 6 months post enrollment (1)	75%	75%	75.0%	75.0%
Output	Number of unduplicated individuals referred to the EASA program	194	141	170	170

Performance Measures Descriptions

¹ This measure compares the hospitalization rate for the three months prior to services with the rate for the 6 months post EASA service enrollment which is an indication of the stabilization of the individual.

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$947,840	\$0	\$1,146,238
Contractual Services	\$0	\$328,260	\$0	\$330,200
Materials & Supplies	\$0	\$14,446	\$0	\$16,896
Internal Services	\$0	\$132,310	\$0	\$169,280
Total GF/non-GF	\$0	\$1,422,856	\$0	\$1,662,614
Program Total:	\$1,422,856		\$1,662,614	
Program FTE	0.00	9.45	0.00	10.32

Program Revenues				
Indirect for Dept. Admin	\$6,883	\$0	\$11,400	\$0
Intergovernmental	\$0	\$1,422,856	\$0	\$1,578,614
Service Charges	\$0	\$0	\$0	\$84,000
Total Revenue	\$6,883	\$1,422,856	\$11,400	\$1,662,614

Explanation of Revenues

\$ 154,884 - Health Share of Oregon (Medicaid): Based on FY16 Medicaid Rates

\$ 84,000 - Fee For Service Insurance Receipts

\$ 1,423,730 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40078-16 Early Assessment & Support Alliance

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$67,000	\$0	\$67,000	\$0
Total GF/non-GF	\$67,000	\$0	\$67,000	\$0
Program Total:	\$67,000		\$67,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2016: 40079-16 Mental Health Services for Victims and Survivors of Domestic Violence

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

Executive Summary

Community Based Mental Health for children and youth serves over 11,000 at risk children up to age 21 through a continuum of prevention, early intervention and treatment services. The majority of funding is contracted to Certified Mental Health Providers in Multnomah County. A small portion supports Early Childhood Head Start Mental Health Prevention Services and Child Abuse Mental Health services at CARES NW.

Program Summary

Services range from prevention/early intervention to a comprehensive continuum of treatment services in treatment centers, clinics, homes, schools, and the community. 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, Sub-Acute, and Respite.

Evidence-based practices for at risk children and their families are used to deliver: Incredible Years parent groups, early childhood classroom consultation, psychiatric day treatment, crisis respite, individual 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 responsive 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 keep vulnerable children in home with their families, permanent foster care or with other long-term caregivers. Early Childhood and Head Start Programs' provide prevention and early intervention for 5,564 children, and address child and family needs before they become more acute. The Child Abuse Mental Health program (CARES NW), reduces the trauma of 1,042 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 4,252 children and parents, and seeks to promote long term stability. Intensive mental health treatment services intervene in crisis situations to keep children at home, in school, and out of trouble. 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total children receiving outpatient services ¹	4,252	4,154	4,671	4,671
Outcome	% of children demonstrating improvement in their global distress score ²	81%	76%	82.5%	82.5%
Output	Total children (0-6) receiving prevention services	5,485	new	5,564	5,600

Performance Measures Descriptions

¹ 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. Multnomah Mental Health, Verity, and Multnomah Treatment Fund (MTF) claims data.

² 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 Addictions and Mental Health Services
Health Share of Oregon Risk Accepting Entity Participation Agreement
Head Start Revenue Contract

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,421,780	\$1,411,361	\$1,573,856	\$705,444
Contractual Services	\$101,970	\$11,245,047	\$111,432	\$11,286,577
Materials & Supplies	\$0	\$10,888	\$420	\$24,774
Internal Services	\$169,543	\$1,271,936	\$73,283	\$612,069
Total GF/non-GF	\$1,693,293	\$13,939,232	\$1,758,991	\$12,628,864
Program Total:	\$15,632,525		\$14,387,855	
Program FTE	12.27	12.55	13.20	5.97

Program Revenues				
Indirect for Dept. Admin	\$795,957	\$0	\$15,769	\$0
Intergovernmental	\$111,432	\$13,939,232	\$0	\$12,507,620
Service Charges	\$0	\$0	\$111,432	\$121,244
Total Revenue	\$907,389	\$13,939,232	\$127,201	\$12,628,864

Explanation of Revenues

- \$ 11,471,022 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
- \$ 111,432 - Federally Qualified Health Centers Medicaid Wraparound Funds
- \$ 248,725 - Head Start Contracts
- \$ 121,244 - Fee For Services Insurance Receipt
- \$ 787,873 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40080-16 Community Based MH Services for Children & Families

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

Executive Summary

Multnomah Wraparound and Care Coordination follows the System of Care Principles and Values, and is a contracted service through Multnomah Mental Health and Local Mental Health Authority. Multnomah Mental Health has oversight of the screening and eligibility of medical necessity 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

Multnomah Wraparound is funded by Oregon Health Plan and managed by Multnomah Mental Health, with additional resources from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice -Juvenile Justice. Approximately 225 children, youth, and families are engaging multi-system coordination at any given time.

Multnomah Wraparound and Care Coordination 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. Multnomah Wraparound and Care Coordination utilizes flex funding and community resources to meet the needs of families, monitors quality assurance, conducts utilization management, and evaluates service effectiveness.

Multnomah Wraparound and Care Coordination ensures policies and procedures are culturally competent and services provided are compatible with the families' cultural beliefs, practices, literacy skills and language. Multnomah Wraparound and Care Coordination is leading the effort to develop a System of Care cross sector governance structure, inclusive of youth and families

HSO Multnomah and LMHA intake unit provides 372 screenings on children per year for intensive services and care coordination. Multnomah Wraparound facilitates 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, as the risk accepting entity for HSO Multnomah, is responsible for appropriate mental health service authorizations and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of unique children served through Wraparound	159	172	172	172
Outcome	% of children who are meeting their goals on Wraparound service plan ¹	84%	84%	84%	84%
Outcome	% of children completing the Youth Care Coordination Progress review each quarter	81%	76%	81%	81%
Output	Number of unique children screened for Youth Care Coordination eligibility	258	219	270	270

Performance Measures Descriptions

¹ % of children rated as stable or making progress on their goals in the quarterly Children's Progress Review System.

Legal / Contractual Obligation

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$2,137,530	\$0	\$2,500,310
Contractual Services	\$0	\$592,525	\$0	\$183,566
Materials & Supplies	\$0	\$845	\$0	\$15,967
Internal Services	\$0	\$462,468	\$0	\$620,484
Total GF/non-GF	\$0	\$3,193,368	\$0	\$3,320,327
Program Total:	\$3,193,368		\$3,320,327	
Program FTE	0.00	19.47	0.00	22.92

Program Revenues				
Indirect for Dept. Admin	\$191,988	\$0	\$235,919	\$0
Intergovernmental	\$0	\$3,193,368	\$0	\$3,320,327
Total Revenue	\$191,988	\$3,193,368	\$235,919	\$3,320,327

Explanation of Revenues

\$ 3,202, 907 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
 \$ 117,421 - Centennial School District

Significant Program Changes

Last Year this program was: FY 2016: 40081-16 Multnomah Wraparound

Department: Health Department **Program Contact:** William Baney
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40080,
Program Characteristics: Measure 5 Education

Executive Summary

School Based Mental Health is a vital component of the system of care for children and families, serving over 1500 children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public School Districts. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

Program Summary

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 1500 underserved families. This program reaches youth who have not accessed services in a mental health clinic and over 43% of those served were children of color. Approximately 75% of the children served were insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/ support for students and their families. No one partner is prepared or responsible to the needs of all identified. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority, to ensure capacity and supports are available to assist with improving attendance for students served, leading to school completion and raising indicators for economic well being and improved health.

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 the Cradle to Career Framework.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total unduplicated children receiving mental health services	1,531	1,500	1,700	1,700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement. (NEW)	62%	81.5%*	55%	60%

Performance Measures Descriptions

*Changed Performance Measure 2 Outcome to a client/student reported perception of change versus the previous measure of a clinician observation of improvement. Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment.

Legal / Contractual Obligation

Revenue contracts with school districts.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$1,069,045	\$1,378,338	\$1,036,565	\$1,558,914
Materials & Supplies	\$12,547	\$14,927	\$8,857	\$1,129
Internal Services	\$73,030	\$153,151	\$311,284	\$96,293
Total GF/non-GF	\$1,154,622	\$1,546,416	\$1,356,706	\$1,656,336
Program Total:	\$2,701,038		\$3,013,042	
Program FTE	9.25	13.46	9.04	13.14

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$26,848	\$0
Intergovernmental	\$137,266	\$1,546,416	\$0	\$1,456,337
Service Charges	\$0	\$0	\$137,265	\$199,999
Total Revenue	\$137,266	\$1,546,416	\$164,113	\$1,656,336

Explanation of Revenues

\$ 137,265 - Federally Qualified Health Center Medicaid Wraparound payments

\$ 237,547 - Local Public Health Agency IGA with State of Oregon for School Based Clinics

\$ 22,498 - Parkrose School District

\$ 74,996 - Centennial School District

\$ 199,999 - Fee for Service Insurance Receipts

\$ 177,000 - Portland Public Schools

\$ 944,296 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40082A-16 School Based Mental Health Services

and FY 2016: 40082B-16 Expansion of School Based Mental Health 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 First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid increases mental health literacy in the community, providing a preventive and empowering tool to the community. It provides the public with the education necessary to intervene before an individual potentially reaches mental health crisis. The program offer funds a minimum of two trainings per month with up to 30 participants per training. 653 people were trained in FY15.

Program Summary

Mental Health First Aid is a national program managed, operated and disseminated by the National Council for Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. The national program trains and certifies instructors to deliver the 8-hour Mental Health First Aid course. There are also Youth Mental Health First Aid and Law Enforcement Mental Health First Aid certifications. The interactive 8-hour course presents an overview of mental illness and substance use disorders, introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments. Participants of the 8-hour course become certified as Mental Health First Aid-ers and learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social and self-help care. The Mental Health First Aid course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

In addition to Mental Health First Aid, the Prevention Coordinator has been offering Applied Suicide Intervention Skills Training (ASIST). ASIST is an evidenced based practice to provide suicide first aid. Shown to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. Developed in 1983, and regularly updated to reflect improvements in knowledge and practice, ASIST is the world's leading suicide intervention workshop. During the two-day interactive session, participants learn to intervene and help prevent risk of suicide. In FY16, we estimate that 180 community members will have been trained in ASIST.

In FY16, we estimate that 587 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY17, Mental Health First Aid will continue to be offered to all county employees as well as identified community groups and members who express a need for increased awareness and training in preventing mental health crisis in the community.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of individuals trained in Mental Health First Aid and ASIST ¹	653	720	767	775
Outcome	% of individuals who report greater understanding of mental illness.	87%	90%	88%	88%

Performance Measures Descriptions

¹ Estimate for current year total # trained in MH First Aid 587, Estimate for current year # trained in ASIST 180. The Suicide Prevention Coordinator position funded in FY16, has provided the necessary program administration to increase promotion of mental health awareness and increased community involvement.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$88,306	\$0	\$93,400	\$0
Contractual Services	\$85,945	\$0	\$40,000	\$0
Materials & Supplies	\$20,062	\$0	\$21,295	\$0
Internal Services	\$14,148	\$0	\$16,371	\$0
Total GF/non-GF	\$208,461	\$0	\$171,066	\$0
Program Total:	\$208,461		\$171,066	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues

Total Revenue	\$0	\$0	\$0	\$0
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Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2016: 40083-16 Mental Health First Aid

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

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 723 indigent individuals received services in FY15.

Program Summary

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities currently under-served or insufficiently served. Those communities are: Eastern European/Slavic/Russian Speaking, African-American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. Multnomah County Mental Health prevalence data suggests that members of the African-American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. African-Americans are over represented in correctional facilities and the criminal justice system. Culturally-specific services address mental health problems through early access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

A growing population of African, Pacific Islander and Middle East refugees were identified in stakeholder discussions and culturally specific behavioral health provider meetings. Programs and benefits for refugees are time limited and do not offer comprehensive mental health treatment. Culturally specific providers reported that the majority of uninsured refugee referrals (72%) came from Multnomah County Health Department clinics. Funding targeted for comprehensive mental health treatment and support services specific to refugee populations will decrease the need for crisis services, hospitalization and/or unnecessary involvement in the criminal justice system.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Total culturally diverse individuals receiving services ¹	723	820	735	735
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.2	3.4	3.2	3.2

Performance Measures Descriptions

¹ This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. ² Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2014.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$1,567,513	\$0	\$1,567,513	\$0
Total GF/non-GF	\$1,567,513	\$0	\$1,567,513	\$0
Program Total:	\$1,567,513		\$1,567,513	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$180,000	\$0	\$0	\$0
Total Revenue	\$180,000	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2016: 40084-16 Culturally Specific Mental Health Services

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

Executive Summary

This continuum consists of addictions outpatient and residential treatment for under and uninsured adult residents; medication management; and recovery support services. Projects include a program for homeless individuals with complex behavioral health problems including severe addiction; and care coordination to assist high utilizers of detox and hospitals in accessing appropriate treatment options. The continuum serves approximately 2,250 clients a 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, with roughly 18% of those accessing addiction treatment and more than 40% of those who try to get help experiencing barriers related to cost or insurance issues. Addiction is recognized as a chronic disease often requiring lifelong attention due to relapse rates similar to other chronic diseases including diabetes. While the overall goal of treatment is to help clients maintain sobriety, it also reduces criminal activity, infectious disease transmission, and child abuse and neglect even when people continue to struggle with their disease.

Treatment helps clients shift from denial about their addiction to acceptance and hope. Our adult continuum supports treatment engagement, recovery and a return to a healthy lifestyle. Services address the negative consequences of alcohol and other drug abuse; target specific issues that are barriers to recovery; and teach pro-social alternatives to addictive behaviors through clinical therapy, skill building, and peer delivered services. Providers also address self sufficiency needs through help with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and recreation and healthy use of leisure time.

Clinical services are delivered throughout Multnomah County by a network of state licensed providers. These providers are culturally competent and many have bilingual staff. Outpatient treatment allows a client to work, go to school, attend job training, socialize, and otherwise carry on a normal life. The continuum treats about 2,250 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, due to the severity of illness, as well as risk factors like unemployment and housing problems. Residential treatment serves about 500 clients annually. Recovery support services facilitate ongoing clean and sober social support activities for clients and their families, and provide an avenue for recovering people to give back to the community.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number served in treatment (all levels of care)	1,547	3,395	1,856	1,856
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	45%	45%	45%	45%

Performance Measures Descriptions

Performance measures reflect a move to more intensive services for a fewer number of individuals with higher-level needs, and an increase in recovery support services separate from treatment. New County reporting methods and State MOTS data led to adjusting estimates.¹ "Successful completion of treatment" is defined as the client completing at least two thirds of their treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Health Systems Division contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant which obligates us to spend funds in accordance with State Service Elements. Local 2145 Beer and Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to alcohol and drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$200,963	\$645,677	\$207,597	\$1,075,816
Contractual Services	\$3,386,881	\$16,174,348	\$2,536,792	\$11,294,700
Materials & Supplies	\$7,640	\$14,348	\$0	\$13,077
Internal Services	\$39,917	\$782,108	\$0	\$223,773
Total GF/non-GF	\$3,635,401	\$17,616,481	\$2,744,389	\$12,607,366
Program Total:	\$21,251,882		\$15,351,755	
Program FTE	1.50	6.33	1.50	10.35

Program Revenues				
Indirect for Dept. Admin	\$492,290	\$0	\$57,245	\$0
Intergovernmental	\$0	\$17,616,481	\$0	\$12,607,366
Total Revenue	\$492,290	\$17,616,481	\$57,245	\$12,607,366

Explanation of Revenues

\$ 5,741,435 - Healthshare of Oregon (Medicaid): Based on FY16 Medicaid Rates
 \$ 578,890 - Local 2145 Beer and Wine Tax
 \$ 720,557 - Community Mental Health Block Grant
 \$ 125,000 - Safe Neighborhoods Advocacy Partnership US Department of Health & Human Services
 \$ 485,000 - Addictions Benefit Coordinate Pilot Program
 Revenue below is from the State Mental Health grant based on 2015-2017 IGA with State of Oregon
 \$ 1,300,000 - State Mental Health Grant: Adult Substance Use Disorder Residential Treatment
 \$ 431,649 - State Mental Health Grant: Supported Capacity for Dependent Children
 \$ 1,356,002 - State Mental Health Grant: Community Behavioral and Substance Use Disorder Services
 \$ 1,868,833 - State Mental Health Grant: Substance Use Disorder Residential Capacity

Significant Program Changes

Last Year this program was: FY 2016: 40085-16 Adult Addictions Treatment Continuum

Medicaid expansion through the Affordable Care Act has allowed us to 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 and recovery outcomes, as well as new care coordination for high utilizers of detox and hospital services. Traditional performance measures reflect a move towards more intensive services 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 2014-2015 data the county's community-based providers treated approximately 327 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact 99% of the time and 74% report no gambling 12 months following treatment.

Program Summary

Multnomah County's Problem Gambling services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Gambling treatment and prevention services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, family members, and communities. In 2014-2015, 285 gamblers enrolled in treatment. As noted, family participation is important, and 42 family members enrolled in treatment as well.

Approximately 1,400 adult Oregonians statewide receive Lottery funded treatment each year. Multnomah County has the highest rate, per capita (18 years and older), of lottery sales statewide. Nearly 90% report a preference for gambling on machines (video poker, line games, slots). Problem gambling treatment services are focused on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Problem gambling treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, learning gambling prevention techniques, and maintaining recovery.

Multnomah County provider network has expanded and includes Lewis & Clark, Volunteers of America InAct, Cascadia Behavioral Healthcare, OHSU IPP, Empowerment Clinic and Voices of Problem Gambling Recovery (VPGR). Culturally specific Asian, African American and Latino services are available in this network of providers.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	327	330	350	360
Outcome	Gambler successful treatment completion rate ²	49%	40%	50%	50%

Performance Measures Descriptions

¹ Output - The number of persons completing the enrollment process and entering treatment.

² Outcome - The number of gamblers completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and not engaging in problem gambling behaviors for a least 30 days prior to discharge. The rate is the number of successful gamblers divided by the number of unsuccessful gamblers and the "neutral" drops.

Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$19,190	\$0	\$17,905
Contractual Services	\$0	\$696,000	\$0	\$770,000
Materials & Supplies	\$0	\$11	\$0	\$1,595
Internal Services	\$0	\$2,405	\$0	\$0
Total GF/non-GF	\$0	\$717,606	\$0	\$789,500
Program Total:	\$717,606		\$789,500	
Program FTE	0.00	0.17	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$717,606	\$0	\$789,500
Total Revenue	\$0	\$717,606	\$0	\$789,500

Explanation of Revenues

\$ 19,500 - State Mental Health Grant: Local Administration - Addictions Services based on 2015-2017 IGA with State of Oregon

\$ 70,000 - State Mental Health Grant: Problem Gambling Prevention Services based on 2015-2017 IGA with State of Oregon

\$ 700,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40086-16 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. Last year, the public housing program provided over 5,500 prevention service contacts. The County is also in the second year of a federally-funded coalition initiative to prevent substance abuse and underage drinking among youth 18 and under.

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. In 2014, Multnomah County received a Drug Free Communities (DFC) grant 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.

The DFC initiative has expanded the reach of the County effort called Safe Neighborhood Advocacy Partnership (SNAP), a coalition of diverse stakeholders in its fifth year of working to reduce high risk drinking among young adults ages 18-25 in downtown Portland. High risk drinking is defined as binge drinking, heavy drinking and underage drinking (for those 18-20 for whom drinking is illegal). The coalition has adopted a new name, Big Village, to reflect its expansion demographically and geographically — from young adults partying in downtown Portland to underage alcohol and marijuana use by youth under the age of 18 in the Portland Police Bureau's Central Precinct geographic area — with plans to expand even further. Big Village has two task forces: the Youth Empowerment Committee (YE Committee) and the Safe Nightlife Committee (SNL Committee). The YE Committee has created two educational fliers for parents and teachers, providing information on recreational marijuana laws, risks associated with underage marijuana use, and how to speak with youth. The SNL Committee has hosted the Portland Bar Academy for two years, an event designed to educate bar owners and employees on over-service prevention best practices.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Youth served at public housing sites ¹	387	275	300	275
Outcome	Core group youth w/ improved behavior ²	88%	75%	75%	75%
Outcome	Core group youth w/ improved academic achievement	91%	75%	75%	75%

Performance Measures Descriptions

- ¹ This measure includes all participants in the entire collaborative after-school program serving youth in public housing.
² 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) contract. Additionally, the Big Village coalition program is funded by the Federal Office of National Drug Control Policy (ONDCP) Drug Free Communities Support Program Grant (DFC). Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA and DFC grants, we are obligated to spend funds in accordance with regulations regarding State Service Elements A&D 70 (Prevention Services) as well as the Federal ONDCP DFC grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$0	\$107,368	\$0	\$110,599
Contractual Services	\$0	\$0	\$0	\$206,399
Materials & Supplies	\$0	\$1,482	\$0	\$4,970
Internal Services	\$0	\$16,347	\$0	\$2,783
Total GF/non-GF	\$0	\$125,197	\$0	\$324,751
Program Total:	\$125,197		\$324,751	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$125,197	\$0	\$324,751
Total Revenue	\$0	\$125,197	\$0	\$324,751

Explanation of Revenues

\$ 324,751 - Community Mental Health Block Grant

Significant Program Changes

Last Year this program was: FY 2016: 40087-16 Addiction Services Alcohol & Drug Prevention

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 FY15 Community Court: 1,074, Forensic Diversion: 305, Mental Health Court: 80.

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 37 new participants in FY15.

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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	# of participants in Community Court	1,074	1,375	1,054	1,100
Outcome	% of participants in good standing or have successfully completed services	61%	60%	58%	60%
Output	# of participants engaged with Forensic Diversion	305	600	344	450
Outcome	% of participants successfully engaged with Forensic Diversion	73%	68%	74%	70%

Performance Measures Descriptions

The outcomes measure the program's effectiveness to engage clients toward community based stabilization.

Legal / Contractual Obligation

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

State of Oregon Safe Neighborhood Advocacy Partnership grant

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$209,612	\$1,044,761	\$215,991	\$1,033,990
Contractual Services	\$0	\$300,027	\$291,999	\$208,022
Materials & Supplies	\$1,184	\$13,100	\$0	\$3,119
Internal Services	\$62,999	\$87,902	\$0	\$192,570
Total GF/non-GF	\$273,795	\$1,445,790	\$507,990	\$1,437,701
Program Total:	\$1,719,585		\$1,945,691	
Program FTE	2.00	9.20	2.00	9.20

Program Revenues				
Indirect for Dept. Admin	\$7,498	\$0	\$7,212	\$0
Intergovernmental	\$0	\$1,445,790	\$0	\$1,437,701
Total Revenue	\$7,498	\$1,445,790	\$7,212	\$1,437,701

Explanation of Revenues

\$ 358,194 - Multnomah Behavioral Health Treatment Court (MBHTC) federal grant from SAMHSA

\$ 1,079,507 - State Mental Health Grant: MHS Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40088-16 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 that served 2,375 in FY15, 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

The detoxification and stabilization program supports capacity for withdrawal management services to be provided 24 hours/day, 7 days/week under medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and acupuncture to reduce physiological stress so they are more likely to complete the process. Detoxification is provided in a culturally competent manner -- with new specialized services for African American individuals -- in an integrated medical clinic with primary care and dual-diagnosis capability. Stabilization services include counseling; case management; referrals related to housing, food and transportation, and such economic independence resources as job training, employment referrals, benefits eligibility screening; and discharge linkage to continuing care treatment.

Supportive Housing greatly increases post-detoxification treatment engagement rates. For people who are homeless, addicted, and newly sober, it can be a vital resource in the work towards long-term recovery. Supportive Housing addresses two interwoven challenges: without housing, clients lack the stability necessary to address the problems that lead to homelessness, and without attached supportive services, the client is likely to remain homeless due to unaddressed addiction issues.

Homeless clients transitioning to 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 \$2,724 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of admissions annually to detoxification ¹	2,375	2,400	2,375	2,400
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	90%
Output	Number of supportive housing units	133	168	168	168

Performance Measures Descriptions

¹ An admission is a person completing the admission process. There can be multiple admissions.

² Average length of stay in supportive housing is 14-15 weeks. Our outcome measures the annual utilization rate. Performance Measure 3 now reflects an increase in total number of supportive housing units.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on AMH State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements. Also, Local 2145 Beer & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$917,424	\$0	\$1,747,560	\$1,296,616
Total GF/non-GF	\$917,424	\$0	\$1,747,560	\$1,296,616
Program Total:	\$917,424		\$3,044,176	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,296,616
Total Revenue	\$0	\$0	\$0	\$1,296,616

Explanation of Revenues

\$ 1,187,152 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon
\$ 109,464 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40089-16 Addictions Detoxification & Post Detoxification Housing

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

Executive Summary

This program provides a continuum of services for adolescent youth in outpatient and residential addictions treatment and in early recovery, and includes culturally-specific outpatient services which target high-risk minority youth. This program also provides alcohol/drug-free supportive housing resources for families headed by adult parent(s) who are in early addiction recovery. In FY16, a minimum of 90 families will receive housing supports in recovery-focused housing communities, with the same projected for FY17.

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 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.

Most core treatment services are paid by public (Medicaid) or private insurance, and thus our offer focuses on engagement and recovery wraparound supports which Medicaid does not cover, to expand treatment access and strengthen recovery outcomes. We retain the ability to fund treatment for those 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 supporting families in 89 units of Central City Concern long-term transitional housing for families who are rebuilding their lives following the negative impacts of their addictions. These housing communities provide a clean, safe and sober living environment in which parents can raise their children while new recovery principles are reinforced. This offer funds an array of services aligned for FAN families including rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of households that received rent assistance	113	75	90	75
Outcome	Exiting families that move into long-term permanent housing	64%	52%	52%	52%
Output	Number of families that received housing coordination services	119	105	115	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	2016	2016	2017	2017
Contractual Services	\$337,133	\$702,614	\$205,000	\$795,779
Total GF/non-GF	\$337,133	\$702,614	\$205,000	\$795,779
Program Total:	\$1,039,747		\$1,000,779	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$702,614	\$0	\$795,779
Total Revenue	\$0	\$702,614	\$0	\$795,779

Explanation of Revenues

\$ 24,700 - Local 2145 Beer & Wine Tax

\$ 275,100 - State Mental Health Grant: A&D Special Projects based on 2015-2017 IGA with State of Oregon

\$ 495,979 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40090-16 Family & Youth Addictions Treatment Continuum

Legal / Contractual Obligation

Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State Service Elements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$1,067,134	\$0	\$855,446
Total GF/non-GF	\$0	\$1,067,134	\$0	\$855,446
Program Total:	\$1,067,134		\$855,446	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,067,134	\$0	\$855,446
Total Revenue	\$0	\$1,067,134	\$0	\$855,446

Explanation of Revenues

\$ 855,446 - State Mental Health Grant MHS 37 Special Projects based on 2015-2017 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2016: 40091-16 Family Involvement Team

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Contractual Services	\$0	\$0	\$500,000	\$0
Total GF/non-GF	\$0	\$0	\$500,000	\$0
Program Total:	\$0		\$500,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: