

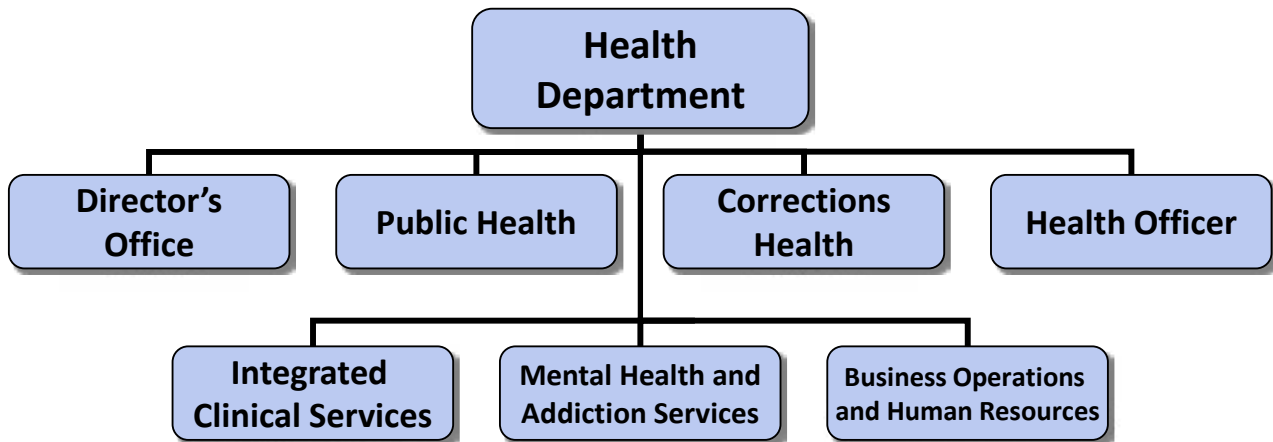
Department Overview

The Health Department’s vision ‘Healthy People in Healthy Communities’ guides our work. The Department has six broad goals:

- 1) Effectively position Multnomah County Health Department as a trusted partner to state/local officials for assessment, policy development and long-range planning.
- 2) Develop a finance strategy to preserve critical services and support infrastructure for improved health outcomes.
- 3) Fundamentally change the way we do our work to challenge embedded internal and external structures that contribute to inequity.
- 4) Genuinely engage with communities and staff to drive positive changes.
- 5) Recruit, retain and promote a diverse, inclusive and high performing workforce.
- 6) Increase our effectiveness and reduce duplication across service areas.

To achieve these six goals, the Department uses these key strategies:

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



Budget Overview

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

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

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

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

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

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

Successes and Challenges

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

- Primary care, pharmacy, and dental care services provided for an economically vulnerable, racially and ethnically diverse patient population across seven primary care clinics, one HIV specialty primary care clinic, twelve Student Health Centers, and one dental clinic co-located at Central City Concern's Old Town Clinic.
- Health care and behavioral health care for all individuals housed in the county's two jails and one juvenile detention facility.
- Mental health crisis services, school based mental health and suicide prevention services available to the whole community.
- Specialized mental health services for the seriously mentally ill, specifically with strategies to help mentally ill individuals in the criminal justice system.
- Managing the broad range of mental health and addiction services available to the people living in Multnomah County insured by the Oregon Health Plan.
- Protecting the environmental health of our community including addressing lead in our water, restaurant inspection, healthy homes and the spread of disease.
- Monitoring and treating communicable and sexually transmitted diseases.
- Promoting healthy behaviors, safe and healthy environments and social norms for all people in Multnomah County particularly people facing health disparities.
- Implementing a comprehensive five-year Community Health Improvement Plan to address racial and ethnic health disparities in Multnomah County.

The Department faces significant funding challenges for the foreseeable future. After a period of health care expansion, funding from the federal government is in question and state resources are flat or declining. While demand for mental health services remains high, our funding falls short of demand.

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

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

State and federal funding for public health services is declining at a time when interest in addressing community wide population health is rising. The Department will continue to focus on core services and reach out to community partners to build community capacity to address public health needs.

Diversity and Equity

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

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

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

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

Budget by Division

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

Director's Office

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

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

Significant Changes

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

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

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

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

Health Officer

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

The Emergency Medical Services program coordinates, regulates and works to improve the quality of pre-hospital medical services for people experiencing an emergency; the EMS Director provide medical directions to all medical responders in the County. The Medical Examiner is responsible for establishing the causes and manner of death under special circumstances in the County.

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

Significant Changes

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

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

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

Public Health

The Public Health Division is statutorily responsible for promoting and protecting health and preventing disease for Multnomah County's diverse communities. The division is guided by public health science, demonstrated best practices, and community driven solutions, which include the Multnomah County Public Health Advisory Board and Community Health Improvement Plan. These drivers allow the division to address inequities by incorporating community voice and culturally specific approaches alongside assessment, evaluation, research, population health monitoring, and disease investigation.

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

Significant Changes

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

Integrated Clinical Services

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

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

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

Significant Changes

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

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

Business Operations Human Resources

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

Business Operations is a bridge to the Department of County Assets (e.g. IT, facilities) and the Department of County Management (HR, Finance, Budget) for the provision of services and assuring compliance with County policies. Operations is responsible for the development and maintenance of the strategic plan, communications, and priority setting for IT and data resources.

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

Significant Changes

Health care transformation changes continue to dominate the landscape for Business Operations. We are working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers for Medicare and Medicaid Services (CMS) to anticipate changes that impact the department. Business Operations has been working with Mental Health and Addiction Services (MHAS) and our partners at Health Share of Oregon to balance the regional Medicaid mental health funding to meet our financial obligations to clients and community providers.

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

Unemployment in the State of Oregon has been steadily declining since 2010, currently at less than 5% with an even lower rate of 3.4% within Health Services. This coupled with the growing rate of retirement-eligible employees creates a need to develop a more proactive and inclusive recruitment and retention strategy. The Health Department is expanding its recruitment efforts, with the goal of increasing the diversity of our hires at all levels of the organization.

Corrections Health

Corrections Health meets national standards that assure access to care and safeguard the health of those who are in detention in the Multnomah County Detention Center (MCDC), the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home. In the adult facilities, staff provide around-the-clock health evaluation, illness identification and treatment services for over 36,000 adults each year. Over half have serious, unstable and/or chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental/behavioral illnesses. The vast majority of detainees return to their communities, so improvement of their health in the detention settings also improves the health of their families and the community. Stabilization of substance use and behavioral health conditions allows detainees to more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process. Corrections Health continues to promote effective evaluation and treatment of behavioral health issues, including facilitating psychiatrist, mental health nurse practitioner and mental health nursing assessments.

At the juvenile facility licensed nursing staff provide services 16 hours per day, including screening, symptom evaluation and treatment for over 2,000 youth per year. More than one third of youth receive mental health treatment. Diagnosis and treatment of sexually transmitted diseases (STD) continues to be a focus to improve the health of the youth as well as that of the community.

Significant Changes

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

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

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

Mental Health and Addiction Services

Multnomah County Mental Health and Addiction Services Division (MHASD) aims to enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults experiencing mental health challenges or substance use disorder.

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

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

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

Significant Changes

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

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

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

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

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

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

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

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

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

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

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

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Invite board employee engagement through All Staff and Employee Resource Groups (ERG) 1:1 meetings*	0	0	0	18
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions).	\$223 mil	\$233 mil	\$221 mil	\$238 mil

Performance Measures Descriptions

*New measure for FY2019, discontinued the measure "Increased access to Health Dept. services as measured by # of clients served."

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$856,330	\$0	\$998,563	\$0
Contractual Services	\$51,500	\$0	\$114,500	\$0
Materials & Supplies	\$130,968	\$0	\$143,988	\$0
Internal Services	\$77,313	\$0	\$99,255	\$0
Total GF/non-GF	\$1,116,111	\$0	\$1,356,306	\$0
Program Total:	\$1,116,111		\$1,356,306	
Program FTE	4.00	0.00	5.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40000 Health Department Director's Office

Retirement of Joanne Fuller in September 2017 resulted in the County's Chief Operating Officer naming Wendy Lear and Vanetta Abdellatif as Co-Interim Department Directors in October 2017. There is a national recruitment for a permanent Health Department Director.

Department: Health Department **Program Contact:** Jessica Guernsey

Program Offer Type: Support **Program Offer Stage:** As Adopted

Related Programs:
Program Characteristics:

Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership, administration, and quality management to support the foundational public health competencies of the Public Health Division (PHD). The PHD promotes and protects health, and prevents disease of all residents within Multnomah County. PHA-QM sets the strategic direction of the PHD and ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, and effective financial management.

Program Summary

Through leadership, administration, quality and project management, Public Health Administration and Quality Management (PHA-QM) enables the Public Health Division (PHD) to meet the foundational capabilities and legal requirements to act as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, community partnerships, planning, and assessment. The following program areas support these strategies.

Leadership: This program area includes the Office of the Public Health Director. The Director is responsible for leadership and oversight of public health functions in Multnomah County. This unit sets the strategic direction of the PHD and anticipates future needs of public health in Multnomah County through division-wide strategic planning and active participation in regional and statewide public health systems. Major areas of focus include assessment and implementation of public health system reform and leadership on the Coalition of Local Health Officials, the Governor-appointed Public Health Advisory Board of the Oregon Health Authority, and the Multnomah County Public Health Advisory Board.

Administration: This program area provides core administrative functions for the PHD. Division-wide administration ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, effective financial management, and the PHD Strategic Plan.

Quality and Project Management: Oversees quality assurance, quality improvement, performance measurement, and information management activities for public health assessment, service delivery, community engagement, and partnerships. Other key functions include public health workforce development; public health informatics; project management for emerging public health issues with departmental and community significance (such as the prescription opioid epidemic); and academic partnerships.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Multnomah County Public Health Advisory Board meetings	12	12	9	12
Outcome	% of identified quality improvement, strategic projects, and strategic plan objectives successfully completed	80%	80%	80%	80%
Output	Number of grant proposals written	39	30	30	30
Outcome	Dollar amount (in millions) of grants funded	\$30.5	\$24	\$24	\$24

Performance Measures Descriptions

Measures 3 and 4 for new performance measures for FY2019.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,554,628	\$216,435	\$1,570,368	\$302,048
Contractual Services	\$108,852	\$28,500	\$420,362	\$28,500
Materials & Supplies	\$65,543	\$14,713	\$137,239	\$16,679
Internal Services	\$285,700	\$35,461	\$261,531	\$64,575
Total GF/non-GF	\$2,014,723	\$295,109	\$2,389,500	\$411,802
Program Total:	\$2,309,832		\$2,801,302	
Program FTE	11.41	1.74	11.24	2.11

Program Revenues				
Indirect for Dept. Admin	\$20,496	\$0	\$29,631	\$0
Intergovernmental	\$0	\$295,109	\$0	\$411,802
Total Revenue	\$20,496	\$295,109	\$29,631	\$411,802

Explanation of Revenues

State Opiate grant for Prescription drug Overdose Prevention and Federal BJA Hal Rogers PDMP to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency.

ST Opiate Grant: \$119,889
 Fed BJA Hal Rogers PDMP Grant: \$291,913

Significant Program Changes

Last Year this program was: FY 2018: 40001 Public Health Administration and Quality Management

Department: Health Department

Program Contact: Paul Lewis

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

This program provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to improve the consistency and quality of public health services; increase learning and collaboration across the counties; and improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties. Clackamas and Washington Counties contract with Multnomah County for their health officer services.

Program Summary

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

In Multnomah County the Health Officer is also the TriCounty Health Officer and supervises three deputy health officers, one in each county. In Multnomah County, the deputy Health Officer serves as medical consultant to the Communicable Disease, Sexually Transmitted Infection, Tuberculosis, and Environmental Health Food Service programs. The Health Officer oversees the EMS Program, the Public Health Emergency Preparedness Program, and the regional 6 county Hospital Preparedness Program. In addition the Health Officer supervises the Medical Director of the Multnomah County Clinics and provides technical consultation to the Maternal Child Health program and health promotion efforts.

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

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

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. The health officer program staff provides leadership on chronic disease prevention programs, addresses issues of communicable disease control, leads the regional opiate safety coalition, leads the regional response to Emergency Department and Emergency Medical System overload that occurs nearly every winter, provides technical support for board presentations on Emergency Medical Systems and Opioids. Dr Lewis also participates as the large county representative on the Cleaner Air Oregon advisory Committee to the OHA and DEQ and is on the Governors Opioid Task Force.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	100%	100%	100%	100%

Performance Measures Descriptions

Measured by renewal of intergovernmental agreement through FY19. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY19 will be negotiated and finalized by June 30, 2018. These will provide guidance for work priorities and program activities. Annual survey completed in January 2018 and both counties indicated they intend to renew the contract.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$326,205	\$402,527	\$349,518	\$412,516
Materials & Supplies	\$12,038	\$9,825	\$534	\$7,837
Internal Services	\$33,340	\$50,902	\$29,296	\$53,650
Total GF/non-GF	\$371,583	\$463,254	\$379,348	\$474,003
Program Total:	\$834,837		\$853,351	
Program FTE	1.00	1.50	0.80	1.45

Program Revenues				
Indirect for Dept. Admin	\$38,117	\$0	\$40,467	\$0
Intergovernmental	\$0	\$463,254	\$0	\$474,003
Total Revenue	\$38,117	\$463,254	\$40,467	\$474,003

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by > \$400,000 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: FY 2018: 40002 Tri-County Health Officer

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40000
Program Characteristics:

Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of projects completed on time with an error rate not to exceed 3%.	93%	92%	93%	93%
Outcome	Survey rating by Department Leadership Team on scale of 1 to 10.	8	8	9	9

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$444,626	\$0	\$420,043	\$0
Materials & Supplies	\$24,478	\$0	\$21,325	\$0
Internal Services	\$111,455	\$0	\$65,801	\$0
Total GF/non-GF	\$580,559	\$0	\$507,169	\$0
Program Total:	\$580,559		\$507,169	
Program FTE	5.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40003 Health Department Leadership Team Support

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

Executive Summary

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

Program Summary

The MC EMS Program has the following major functions:

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Ambulance response times ≤ 8 min. 90% of calls	90.9%	90%	90.2%	90%
Outcome	Cardiac arrest survival to hospital	49%	35%	37%	35%

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,108,860	\$803,592	\$1,106,127	\$828,562
Contractual Services	\$809,124	\$76,608	\$679,134	\$0
Materials & Supplies	\$172,507	\$13,751	\$194,938	\$3,153
Internal Services	\$143,880	\$220,263	\$234,172	\$167,481
Total GF/non-GF	\$2,234,371	\$1,114,214	\$2,214,371	\$999,196
Program Total:	\$3,348,585		\$3,213,567	
Program FTE	7.03	6.75	6.55	7.05

Program Revenues				
Indirect for Dept. Admin	\$63,898	\$0	\$81,282	\$0
Fees, Permits & Charges	\$1,860,811	\$0	\$1,619,316	\$0
Intergovernmental	\$263,132	\$0	\$280,055	\$0
Other / Miscellaneous	\$109,882	\$985,383	\$120,000	\$999,196
Total Revenue	\$2,297,723	\$985,383	\$2,100,653	\$999,196

Explanation of Revenues

Program costs are recovered from licenses, franchise fee, contracts, and fines. The fees are established and collected through agreements with the exclusive emergency ambulance provider and other jurisdictions. The County Ambulance Services contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fees directly fund system oversight and support functions provided by the County. The fines fund system improvements.

Emergency Ambulance Franchise and other Ambulance License Fees: \$1,321,527

EMS Medical Direction contracts: \$280,055, First Responder Supply reimbursement: \$141,539

Agency Joint Training reimbursement from Emergency Ambulance vendor: \$156,250

Ambulance Contract and Code Enforcement Fines (estimated): \$120,000

Coordinated Care Organization grants of TC911 Program: Health Share: \$999,196

County General Funds to provide TC911 services to those not covered by CCO \$195,000

Significant Program Changes

Last Year this program was: FY 2018: 40004A Ambulance Services (Emergency Medical Services)

The County's updated Ambulance Service Plan and Code changes approved by the Board in Dec. 2016 will become effective Sept. 1, 2018.

The County will start a new exclusive emergency ambulance contract initiating on Sept. 1, 2018 selected through a competitive request for proposal process.

Preparedness

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

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Trainings participated in by Incident Management Team	6	6	6	6
Outcome	CDCs Operational Readiness Review Score (scaled "Early," "Intermediate," "Established," and "Advanced").	Established	Established	Established	Established
Outcome	Improved regional healthcare system emergency response	100%	98%	98%	99%
Quality	Program satisfaction	95%	96%	96%	97%

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$105,123	\$280,577	\$51,485	\$526,735
Contractual Services	\$0	\$59,713	\$0	\$0
Materials & Supplies	\$3	\$6,513	\$12,432	\$9,687
Internal Services	\$26,953	\$92,824	\$41,757	\$85,325
Total GF/non-GF	\$132,079	\$439,627	\$105,674	\$621,747
Program Total:	\$571,706		\$727,421	
Program FTE	0.80	1.97	0.00	3.15

Program Revenues				
Indirect for Dept. Admin	\$38,771	\$0	\$51,674	\$0
Intergovernmental	\$0	\$568,458	\$0	\$621,747
Total Revenue	\$38,771	\$568,458	\$51,674	\$621,747

Explanation of Revenues

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

State Public Health Emergency Preparedness \$259,028 and Cities Readiness Initiative \$30,336
 OHA, Health Security, Preparedness, and Response Program: \$274,383; Urban Area Security Initiative (UASI): \$58,000

Significant Program Changes

Last Year this program was: FY 2018: 40005 Public Health & Regional Health Systems Emergency Preparedness

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40037, 40060, 40053
Program Characteristics:

Executive Summary

The Tobacco Control and Prevention Program uses a variety strategies to prevent and reduce tobacco and nicotine use and exposure in Multnomah County with particular attention to reducing tobacco-related racial and ethnic disparities.

Program Summary

Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined in Multnomah County, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status. Nearly 1,274 residents die prematurely from tobacco use each year, and more than 23,395 suffer from a disease caused by smoking. Despite these risks, approximately 114,750 Multnomah County adults currently smoke cigarettes. And the harmful effects of smoking do not end with the smoker. Secondhand smoke exposure causes serious disease and death, and even brief exposure can be harmful to health. Coupled with this enormous health toll is the significant economic burden. Currently an estimated \$233.9 million is spent on tobacco-related medical costs and \$187.5 million is lost in productivity due to premature tobacco-related deaths.

Components of the program include: implementation of strategies to reduce youth access to, and use of, tobacco and nicotine products, establishment of policy/regulation, counter-marketing, promotion of smokefree environments, providing support and resources to smokers who want to quit, surveillance and evaluation, and engaging diverse communities in tobacco prevention efforts in order to reduce tobacco-related disparities. Tobacco retail licensing components include: annual compliance inspections, minimum legal sales age inspections, trainings, outreach and consultation in order to increase retailer compliance with all laws related to the sale of tobacco and nicotine products and decrease access and availability of these products within Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of tobacco retail licenses issued	NA	975	878	975
Outcome	Number of policies established to reduce tobacco use and exposure	2	2	1	3
Output	Number of retailer inspections	NA	1053	918	1,380
Output	Number of community partnerships	NA	26	40	45

Performance Measures Descriptions

1) Number of tobacco retail licenses issued under the county ordinance. 2) Number of policies enables program to track and monitor whether partnership activities result in concrete changes to policy. 3) Retailers inspected on-site (includes annual compliance inspection as well as minimum legal sales age inspections, education, and outreach visits as needed). 4) Tracked by the number of established and strengthened partnerships through specific project and program activities.

Legal / Contractual Obligation

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

Multnomah County Ordinance 2015-1225.

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

Senate Bill 754 (Oregon Laws 2017, Chapter 701)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$391,837	\$297,143	\$409,996	\$330,632
Contractual Services	\$2,000	\$0	\$1,123	\$16,000
Materials & Supplies	\$33,734	\$1,148	\$25,202	\$3,484
Internal Services	\$82,505	\$106,709	\$73,755	\$131,607
Total GF/non-GF	\$510,076	\$405,000	\$510,076	\$481,723
Program Total:	\$915,076		\$991,799	
Program FTE	3.66	2.70	3.64	2.80

Program Revenues				
Indirect for Dept. Admin	\$28,139	\$0	\$32,435	\$0
Fees, Permits & Charges	\$510,076	\$0	\$510,076	\$0
Intergovernmental	\$0	\$405,000	\$0	\$481,723
Total Revenue	\$538,215	\$405,000	\$542,511	\$481,723

Explanation of Revenues

Program revenues include OHA Oregon Public Health Division Tobacco Prevention and Education grant (\$481,723) and Tobacco retail licenses general fund fees (\$510,076).

Significant Program Changes

Last Year this program was: FY 2018: 40006 Tobacco Prevention and Control

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

Executive Summary

Health Inspections and Education is a fee-supported program that helps protect the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County with national standards. The inspection program received an outstanding rating in the 2014 Oregon Health Authority triennial review.

Program Summary

Health Inspections and Education is a legally mandated program that protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place, and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the following program functions.

Inspected Facilities: The Health Inspections program has responsibility for assuring health and safety in 5,236 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. **Swimming Pools and Spas:** The program inspects and licenses 527 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 66 pool operators each year. **Schools, Child and Adult Foster Care Facilities:** The program inspects 914 schools, childcare centers, and other service providers to ensure they handle food properly, are clean, and are free of health and safety hazards. **Small Drinking Water Systems:** There are 44 small water systems that are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems that are monitored; the program responds to alerts as needed.

Foodborne Illness Outbreaks: Registered Environmental Health Specialists investigate local foodborne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 13 foodborne illness investigations (FBI) in food service facilities in the previous fiscal year. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 5,000 facilities, which can be used in a robo-calling system. A monthly newsletter/blog has over 3000 subscribers consisting of food operators, regulators, and community members.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of licenses issued	6,633	8,011	6,719	7,271
Outcome	Number of Priority & Priority Foundation violations	11,858	11,042	14,060	14,060
Output	Number of facility inspections	14,580	13,734	15,003	16,626
Output	Number of Food Worker Cards issued	13,514	13,763	12,403	13,952

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$3,428,825	\$84,109	\$3,938,253	\$66,096
Contractual Services	\$263,417	\$0	\$274,040	\$15,000
Materials & Supplies	\$195,004	\$2,729	\$175,587	\$3,285
Internal Services	\$625,285	\$10,229	\$675,863	\$8,334
Total GF/non-GF	\$4,512,531	\$97,067	\$5,063,743	\$92,715
Program Total:	\$4,609,598		\$5,156,458	
Program FTE	31.21	0.89	34.02	0.65

Program Revenues				
Indirect for Dept. Admin	\$7,966	\$0	\$6,483	\$0
Fees, Permits & Charges	\$4,512,531	\$0	\$5,063,743	\$0
Intergovernmental	\$0	\$97,067	\$0	\$92,715
Total Revenue	\$4,520,497	\$97,067	\$5,070,226	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140.

In FY18, the Inspections Program received a 3-year, \$70,000 per year, FDA Grant to assist culturally diverse food establishments to understand the food code, reduce violations, and improve inspection scores.

Multnomah County Environmental Health receives \$22,715 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the state is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

Health inspection and education licenses general fund fees: \$5,063,743

Significant Program Changes

Last Year this program was: FY 2018: 40007 Health Inspections and Education

Between FY16 and FY18 fees have been raised by 28% to fund new inspectors and staff to support the operations of the health inspection program. This increase was requested and supported by the Multnomah County Food Service Advisory Committee and brings the program in better compliance with state mandates.

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

Executive Summary

The Vector program protects the public from emerging and imminent vector-borne (animal to human) diseases and reduces the social/economic impact of uncontained outbreaks. Major vector-borne diseases include Hantavirus, West Nile Virus and Zika virus. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) will increase the risk of vector-borne diseases. Interventions include surveillance, analysis, proactive control/abatement of rodents and mosquitoes, and public education. The program includes enforcement of nuisance codes.

Program Summary

Vector control and code enforcement are core public health services. Multnomah County's climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the county in the 1930's, when malaria was endemic. In 2017, six counties in Oregon reported 97 mosquito-cases of West Nile Virus. There were no cases detected in Multnomah County. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this and other vector-borne diseases using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

The Vector program's major components include mosquito control; rodent control; and nuisance code enforcement. The program solicits input from a Commissioner-appointed Citizen Advisory Committee. Mosquito control comprises the majority of the program's funds/staffing. The program is the primary provider of rodent control in the county. Nuisance code enforcement addresses public health code violations, including restaurant enforcement, dumping, and harboring specified animals (e.g., bees, livestock, and birds).

The program's main activities include collecting and identifying mosquitoes, birds, and rats; monitoring for and responding to emerging vector-borne disease such as Zika virus and now-endemic West Nile Virus; performing laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size; abating/suppressing mosquitoes that carry West Nile Virus with pesticides with the least impact; reducing the mosquito breeding habitat through water control and vegetation management; and educating the average citizen and vulnerable populations about preventing vectors and their habitat through community meetings, pamphlets and the media.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of acres treated for mosquitoes	493	2,000	1,500	1,500
Outcome	Mosquitoes prevented (in billions)	0.49	1.25	1.0	1.0
Efficiency	Number of acres treated for mosquitoes per FTE	99	300	150	150
Output	Number of rodent inspections conducted	1,077	1,000	1,025	1,025

Performance Measures Descriptions

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

Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A; 7 contractual mandates include grants, contracts, federal, regional, and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$987,015	\$0	\$901,861	\$0
Contractual Services	\$26,500	\$0	\$26,500	\$0
Materials & Supplies	\$102,663	\$0	\$101,770	\$0
Internal Services	\$255,444	\$0	\$275,552	\$0
Total GF/non-GF	\$1,371,622	\$0	\$1,305,683	\$0
Program Total:	\$1,371,622		\$1,305,683	
Program FTE	9.60	0.00	8.05	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$290,935	\$0	\$290,935	\$0
Total Revenue	\$292,435	\$0	\$292,435	\$0

Explanation of Revenues

Local municipalities' revenue contracts equal \$292,435. This include \$1,000 penalties;\$66,935 City of Portland - Sustainability, \$500 Special Animal Permits, and \$224,000 City of Portland - BES.

Significant Program Changes

Last Year this program was: FY 2018: 40008 Vector-Borne Disease Prevention and Code Enforcement

Department: Health Department **Program Contact:** Jae Douglas

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of birth and death certificates issued	41,533	41,713	40,272	38,015
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	2018	2018	2019	2019
Personnel	\$0	\$657,449	\$0	\$722,783
Contractual Services	\$0	\$19,537	\$0	\$19,537
Materials & Supplies	\$0	\$16,194	\$0	\$17,221
Internal Services	\$0	\$170,155	\$0	\$190,839
Total GF/non-GF	\$0	\$863,335	\$0	\$950,380
Program Total:	\$863,335		\$950,380	
Program FTE	0.00	6.91	0.00	7.12

Program Revenues				
Indirect for Dept. Admin	\$62,260	\$0	\$70,906	\$0
Fees, Permits & Charges	\$0	\$863,335	\$0	\$950,380
Total Revenue	\$62,260	\$863,335	\$70,906	\$950,380

Explanation of Revenues

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.
Vital Stats Certs (Licenses): \$950,380

Significant Program Changes

Last Year this program was: FY 2018: 40009 Vital Records

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

Executive Summary

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through appropriate disease control interventions. CDS upholds the State of Oregon communicable disease statutes, responding to over 5,000 disease reports each year, ranging from tuberculosis (TB) and pertussis to E. coli 0157 and Zika. CDS responds 24/7 to events of public health importance.

Program Summary

The vision of Communicable Disease Services (CDS) is to be a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDS works with communities to provide health education, and offers immunizations through our downtown clinic. For people who already have diseases like TB, the program assures access to medicine. For healthcare providers, the program assures availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens. CDS is also the frontline of an international system that tracks communicable disease threats, collecting and sharing essential information with the State of Oregon and the Centers for Disease Control and Prevention.

CDS' culturally diverse staff includes highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and State reporting rules. Staff work with other Health Department programs, including Environmental Health, Health Officers, and Emergency Preparedness; provide educational opportunities for future public health professionals; and support newly arriving refugees, who are disproportionately affected by communicable diseases common in their countries of origin.

CDS services include comprehensive TB prevention through clinic and home visits, nursing case management, and screening; epidemiologic investigation and assured preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases like Zika; public health disease surveillance and analysis to track communicable disease threats; and provision of OSHA-mandated blood-borne pathogens training and health screenings for County employees. CDS is also expanding partnerships with government and community partners to build preemptive capacity to address emerging issues, including the need for increased provider support and case investigation related to Zika. Ongoing challenges include multi-drug resistant TB, healthcare-acquired infections, and increased homelessness making identification of cases and contacts more difficult.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of disease report responses	5,240	5,850	5,560	5,560
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	NA	70%	70%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	90%	94%	90%

Performance Measures Descriptions

1) Disease & laboratory reports received/reviewed/responded to. 2) New in FY18: Timeliness of response. Potentially exposed persons. Excludes chronic Hepatitis B cases. 3) National goal for completing TB treatment (90% per OHA & CDC).

Legal / Contractual Obligation

ORS Chapters 433, multiple sections. OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting
 OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR
 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19. OHA ACDP Investigative Guidelines,
 per OAR 333, Div. 19. Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. OHA and CLHO BT/CD &
 TB Assurances
 OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18;
 Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,352,046	\$1,178,836	\$2,306,994	\$1,433,375
Contractual Services	\$59,065	\$32,952	\$63,449	\$32,209
Materials & Supplies	\$113,354	\$15,201	\$173,453	\$16,974
Internal Services	\$580,950	\$141,323	\$744,364	\$180,183
Total GF/non-GF	\$3,105,415	\$1,368,312	\$3,288,260	\$1,662,741
Program Total:	\$4,473,727		\$4,951,001	
Program FTE	19.12	10.68	16.59	11.27

Program Revenues				
Indirect for Dept. Admin	\$96,682	\$0	\$126,676	\$0
Intergovernmental	\$0	\$1,135,826	\$0	\$1,363,699
Other / Miscellaneous	\$0	\$176,882	\$0	\$180,288
Service Charges	\$0	\$37,477	\$0	\$118,754
Total Revenue	\$96,682	\$1,350,185	\$126,676	\$1,662,741

Explanation of Revenues

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

State of Oregon LPHA (Direct State and Federal through State): \$1,391,638
 Refugee Health Promotion (Direct Federal): \$198,239
 Medical Fees: \$72,864

Significant Program Changes

Last Year this program was: FY 2018: 40010 Communicable Disease Prevention and Control

Due to reductions in this Program Offer and related offer 40014, the CDS Clinic will close one day a week and TB shelter screening and support for the shelter Blue Card program will not be provided. Direct provision of a reduced number of immunizations has been moved into this Program Offer from offer 40014.

Department: Health Department
Program Offer Type: Existing Operating Program

Program Contact: Kim Toevs
Program Offer Stage: As Adopted

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

Communicable Disease Services (CDS) protects the health of the community by responding to reportable communicable diseases with prompt disease investigation, and limiting the spread of these diseases through disease control interventions. This one-time-only offer focuses on specialty clinical and outreach services for tuberculosis and immunizations that directly support communicable disease prevention work. The program has been working closely with Community Care Organization (CCO) partners to help stabilize funding for these services, with a completed agreement expected during FY19.

Program Summary

The vision of Communicable Disease Services (CDS) is to be a trusted community resource that protects the people of Multnomah County from preventable infectious diseases. The program limits the spread of life-threatening infectious diseases using core public health principles and tools. Staff conduct investigations that find people who have been exposed to serious diseases to make sure they get the information and care they need to stay healthy. To prevent these diseases before they start, CDS works with communities to provide health education and screening, and offers immunizations through our downtown clinic. For people who already have diseases like TB, CDS assures access to evaluations, medications, and TB case management services.

As part of assuring access to tuberculosis evaluation, screening & treatment and immunizations, the program provides point-of-care services through a downtown clinic, home visits, and community sites, like the Transition Projects Day Center. Because the public health model used to deliver these services does not easily fit into fee-for-service medical care reimbursement models, CDS has been working diligently with a CCO to identify an alternate payment mechanism for these point of care services (per ORS 414.153, based on HB 3650, Section 24). An agreement for a payment model supporting point of care services should be completed in FY 2019. This model should provide a mechanism through which CCOs and payors can provide appropriate compensation for clinical services and supports provided to their clients, using public health models of care for specialty conditions directly related to the control of communicable diseases in the community. This compensation should allow CDS to maintain a comprehensive disease prevention system. Specifically, services eliminated from 40010A-19 will be restored from July to December 2018 – keeping the CDS Clinic open 5 days/week (current Program Offer limits to 4 days/week), and maintaining staff who support both the provision of immunizations as well as TB screening for shelter residents (the Blue Card program). This program offer will also bring FTE Data Analyst Senior up to 0.70 FTE to support reporting for the new CCO compensation agreement. If an agreement cannot be reached, the remainder of FY19 will be used to engage stakeholders – including those representing persons experiencing homelessness as well as regional medical providers – on how to move forward without the Blue Card program and with decreased capacity as a provider of last resort for immunizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Implemented compensation model with CCO for clinical point-of-care services for TB and immunizations.	NA	NA	NA	1
Outcome	Maintain current CDS service level for shelter screening (shelter clients screened or evaluated).	NA	NA	NA	2,500
Outcome	Maintain current CDS service level for immunizations (immunization doses administered added back).	NA	NA	NA	1,000

Performance Measures Descriptions

1) Compensation model with CCO for clinical point-of-care services for TB and immunizations, with payment mechanisms in place. 2) Number of shelter clients likely to be screened or evaluated for TB if the shelter screening program is restored. 3) Number of doses of vaccine provided likely to be added back if immunizations-specific LPN position is restored.

Legal / Contractual Obligation

For CCO: ORS 414.153, based on HB 3650, Section 24

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$140,220	\$13,748
Materials & Supplies	\$0	\$0	\$11,226	\$132
Internal Services	\$0	\$0	\$0	\$1,734
Total GF/non-GF	\$0	\$0	\$151,446	\$15,614
Program Total:	\$0		\$167,060	
Program FTE	0.00	0.00	1.20	0.10

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$1,349	\$0
Service Charges	\$0	\$0	\$0	\$15,614
Total Revenue	\$0	\$0	\$1,349	\$15,614

Explanation of Revenues**Significant Program Changes**

Last Year this program was:

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40061, 40012, 40025
Program Characteristics:

Executive Summary

The STD/HIV/Hep C Community Prevention Program meets the statutory obligation to investigate and interrupt disease transmission as a core public health function. The program prioritizes efforts to reduce STD inequities among racial and sexual minority adolescents and young adults. It includes the critical services of disease tracking, partner notification, focused public health clinical services, and related wraparound services that link clients to services such as HIV care. These services remain critical functions as the county continues to see significant increases in syphilis and gonorrhea.

Program Summary

Multnomah County is succeeding in reducing new HIV cases through condom distribution, testing, linking infected individuals to HIV treatment, and preventing infection with medication called HIV Pre Exposure Prophylaxis (PrEP). New HIV cases decreased 24% in past two years from previous five-year average. The increase in STDs among County residents observed over the past five years continues. Comparing new rates this year to the past five-year average. There were 260 new syphilis cases identified (increase of 4%). A total of 2,085 new cases of gonorrhea (increase of 19%) and 5,230 new cases of chlamydia (increase of 23%). These infections threaten fertility and pregnancy outcomes and have permanent neurological consequences. The syphilis rate for gay and bisexual men is as much as 200 times higher than for heterosexual men. New syphilis cases are increasing among heterosexual women, which is very concerning due to potentially devastating outcomes in pregnancy. There have been seven cases of syphilis in pregnancy among County residents the past 12 months.

The STD/HIV/Hep C Community Prevention Program uses culturally-specific, evidence-based, population-focused approaches to prevent disease transmission. Program areas include: Partner Services - Disease Intervention Specialists contact infected people and their sex/needle-sharing partners, link them to testing and treatment, and counsel for behavior change. STD Clinical Services - Medical staff provide timely evaluation, treatment, and prevention counseling for people without health care access, including for rare, complex cases, in a judgment-free, culturally-relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. Additionally, staff provide consultations and continuing medical education to medical providers in the community. The STD clinic is a designated training site for medical providers. Testing services are also provided in geographic areas of highest morbidity. Partnerships - Targeted community-based testing, health promotion, and condom distribution is provided through direct services and subcontracts with community partners. Collaboration with community organizations and health care systems enhance programmatic capacity. Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to inform health care and other systems to appropriately target resources and efforts. Multnomah County STD Clinic, in partnership with local public health lab surveillance, is one of only ten sentinel sites across the US that works with the Centers for Disease Control (CDC) to identify emerging drug-resistant strains of STDs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of STD and HIV test clinical encounters	5,330	5,000	5,500	5,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	19%	20%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	80%	85%	87%	85%
Output	Number of patients initiated on PrEP	127	150	160	150

Performance Measures Descriptions

2) Shows impact of program's ability to find, diagnose, and treat reportable STDs and capacity to target services to those at highest risk. Decrease in FY18 due to community partner capacity to provide targeted testing. 3) Priority diseases recommended by CDC (high priority gonorrhea also investigated although not included here). 4) HIV PrEP is a new public health intervention implemented in FY17.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,037,445	\$1,007,718	\$323,806	\$2,455,702
Contractual Services	\$159,444	\$238,500	\$134,863	\$1,674,969
Materials & Supplies	\$99,534	\$34,395	\$81,003	\$43,109
Internal Services	\$390,346	\$119,741	\$242,365	\$495,208
Total GF/non-GF	\$1,686,769	\$1,400,354	\$782,037	\$4,668,988
Program Total:	\$3,087,123		\$5,451,025	
Program FTE	8.51	10.78	2.77	22.50

Program Revenues				
Indirect for Dept. Admin	\$93,254	\$0	\$238,795	\$0
Intergovernmental	\$0	\$1,090,733	\$0	\$4,318,688
Service Charges	\$0	\$309,621	\$0	\$350,300
Total Revenue	\$93,254	\$1,400,354	\$238,795	\$4,668,988

Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority for HIV prevention and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

State Local Public Health Authority IGA: \$829,913
 Federal STD Surveillance Network Grant (SSuN): \$200,000
 HIV EIO: \$3,181,744
 PH Modernization: \$107,031
 Medical Fees: \$350,300

Significant Program Changes

Last Year this program was: FY 2018: 40011 STD/HIV/Hep C Community Prevention Program

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

Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to 2,700 highly vulnerable people living with HIV. Services target low income, uninsured, and people experiencing homelessness, mental illness and substance abuse, as well as other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

Program Summary

The HIV Clinic serves over 1,350 clients each year and is part of the County's FQHC. Clinic services include outpatient medical care, mental health services, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. Patient navigation services assist clients with access to housing and other needs for support. In addition, collaboration with a community partner also makes substance abuse peer support available at the Clinic. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well-established network of HIV social services providers, and is an AIDS Education and Training Center site training over 40 doctors, nurses, and pharmacists each year. The clinic serves as a Practice Transformation Training site to mentor providers in rural FQHCs caring for clients living with HIV. Clients continue to be severely affected by poverty, lack of stable housing, and lack of adequate services to treat mental illness and substance abuse. The Clinic also provides Hepatitis C assessment and treatment to the County's non-HIV Primary Care Patients.

HIV Care Services Program (HCS) coordinates a regional 6-county care system that promotes access to high quality HIV services through contracts with health departments and community organizations. In the past year HCS served over 2,700 clients. HCS funded services include:

Early Intervention: Outreach ensures early identification of people living with HIV and linkage to medical care.

Care: A coordinated primary care system provides medical, dental, and mental health and substance abuse treatment.

Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.

Housing and Basic Needs: Through rental assistance and building life skills, provides housing and support, including meals, to clients who are among the most vulnerable in our community to ensure ability to remain engaged in medical care and adherent to medications.

Health Promotion: Behavioral education provides clients with self-management skills.

Planning: A community-based council identifies service needs and allocates funding to address these gaps.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unduplicated HCS clients served (all srvtypes/whole 6-county system).	2,761	2,700	2,680	2,700
Outcome	Percent of HCS clients (all 6 counties) who have had at least one CD4 or viral load test in the past year.	NA	NA	94%	95%
Output	Number of unduplicated HIV Clinic clients.	1,488	1,450	1,354	1,425
Quality	Percent of HIV Clinic clients whose last viral load test is below 200 copies.	87%	85%	87%	90%

Performance Measures Descriptions

2) Revised: Given new guidance for frequency of medical visits necessary for clients living with HIV whose disease is well managed, measuring regular lab testing is a more reliable measure of HIV monitoring than in-person medical visits. 4) This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also very low chance of transmitting HIV to others.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,099,813	\$3,287,483	\$1,058,165	\$3,510,796
Contractual Services	\$0	\$2,414,580	\$164,224	\$3,463,670
Materials & Supplies	\$182,161	\$172,148	\$56,565	\$301,698
Internal Services	\$194,112	\$996,090	\$209,214	\$1,155,336
Total GF/non-GF	\$1,476,086	\$6,870,301	\$1,488,168	\$8,431,500
Program Total:	\$8,346,387		\$9,919,668	
Program FTE	10.77	25.03	7.04	29.22

Program Revenues				
Indirect for Dept. Admin	\$377,905	\$0	\$393,904	\$0
Intergovernmental	\$0	\$5,615,169	\$0	\$7,284,680
Other / Miscellaneous	\$0	\$20,039	\$0	\$0
Service Charges	\$1,402,884	\$1,315,914	\$1,452,223	\$1,146,820
Total Revenue	\$1,780,789	\$6,951,122	\$1,846,127	\$8,431,500

Explanation of Revenues

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

Federal Ryan White: \$5,129,431; OHA Ryan White: \$1,958,724; OHSU HIV: \$13,121
 Federal Access HIV Care & Treat: \$45,000; AETC AIDS Educ & Train: \$81,400
 Medical Fees: \$2,559,043; Boston U Tech: \$46,563; AIDS United: \$10,441

Significant Program Changes

Last Year this program was: FY 2018: 40012 Services for Persons Living with HIV

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

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) Programs; and assuring that schools and childcare facilities comply with state school immunization rules.

Program Summary

As a program within Communicable Disease Services, the vision of CIP is to be a trusted community resource that protects the people of Multnomah County from vaccine-preventable communicable diseases. No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school.

CIP assures state and federally funded program components through Program Element 43, including safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers; and conducting activities that uphold State mandates related to school immunization laws, including issuing exclusion orders as needed, assuring that all children and students are complete or up-to-date on their immunizations. To uphold State mandates, CIP works in certified day care centers, preschools, kindergartens, Head Start Programs, and private, alternative, and public schools. Each year, CIP assists hundreds of facilities in complying with State mandates.

Increasing complexity of addressing State school immunizations law requirements, combined with decreased Medicaid revenues and flat state funding, are challenging to all aspects of this program. However, CIP is committed to values of innovation, collaboration, diversity, excellence, teamwork, and accountability to find solutions to address these challenges, including expanding community partnerships for delivering services and the use of technology to meet training needs for schools and day cares complying with school exclusion rules.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of immunizations directly provided to keep children in school.	820	1,000	760	NA
Outcome	Percent of assisted facilities successful in meeting immunization law requirements.	96%	98%	90%	90%
Output	Number of schools & other facilities assisted with immunization law requirements.	452	420	440	440
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	75%	95%	95%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. This program is eliminated in the FY19 budget reduction. Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. Related outcome (percent successful) indicates reports submitted by state deadlines. Next year offers contingent on receiving CDC-funded Public Health Associate (PHA) to assist with reporting process in FY 2019.

Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047

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

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

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$155,558	\$223,237	\$0	\$156,189
Contractual Services	\$2,575	\$17,062	\$0	\$18,128
Materials & Supplies	\$36,539	\$2,410	\$0	\$0
Internal Services	\$78,341	\$29,350	\$0	\$19,695
Total GF/non-GF	\$273,013	\$272,059	\$0	\$194,012
Program Total:	\$545,072		\$194,012	
Program FTE	1.06	1.84	0.00	1.24

Program Revenues				
Indirect for Dept. Admin	\$22,857	\$0	\$15,322	\$0
Intergovernmental	\$0	\$197,762	\$0	\$194,012
Service Charges	\$0	\$92,424	\$0	\$0
Total Revenue	\$22,857	\$290,186	\$15,322	\$194,012

Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority, and by county general fund. For over a decade, state and federal immunizations funding has been essentially flat, and immunizations revenue has declined as more people receive vaccines through their medical home or pharmacies. This pattern has left structural deficits in Program funding.

Fed/State LPHA Immunization Special Payments: \$194,012

Patient Fees: None (fees for immunizations provided by general CDS Clinic staff are in related Program Offer #40010)

Significant Program Changes

Last Year this program was: FY 2018: 40014 Immunizations

Due to a position elimination, direct provision of a reduced number immunizations has been moved related Program Offer 40010.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain other coverage. Last year, more than 16,000 clients were screened and 10,800 enrolled in OHP.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Annual number of clients screened	13,694	14,000	16,000	18,000
Outcome	% of Self-Pay patients in Medical	12%	15%	17%	15%
Outcome	% of Self-Pay patients in Dental	13%	12%	17%	15%

Performance Measures Descriptions

Output: Annual number of clients completing financial screening to determine eligibility for available programs
Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,261,093	\$430,228	\$1,272,492
Contractual Services	\$1,500	\$0	\$18,000	\$0
Materials & Supplies	\$5,282	\$6,390	\$10,599	\$2
Internal Services	\$91,857	\$249,556	\$230,215	\$160,461
Total GF/non-GF	\$98,639	\$1,517,039	\$689,042	\$1,432,955
Program Total:	\$1,615,678		\$2,121,997	
Program FTE	0.00	14.40	4.00	14.00

Program Revenues				
Indirect for Dept. Admin	\$102,860	\$0	\$124,831	\$0
Intergovernmental	\$0	\$294,467	\$0	\$295,693
Service Charges	\$0	\$1,095,197	\$0	\$1,137,262
Total Revenue	\$102,860	\$1,389,664	\$124,831	\$1,432,955

Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY18 is based on actual expenses from FY2017. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

Division of Medical Assistance Programs (DMAP): \$1,137,262
 Federal Primary Care Grant: \$295,693

Significant Program Changes

Last Year this program was: FY 2018: 40016 Medicaid/Medicare Eligibility

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

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 27,000 people in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides unique child based services to uninsured and underinsured clients; focuses on access for patients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

Program Summary

The Dental program has three distinct service components. Six dental clinics provide comprehensive and urgent dental treatment for Medicaid (Oregon Health Plan) and self-pay patients. The clinics perform outreach to patients who have not had a visit in the past 12-24 months. The clinical program also focuses on services for pregnant women in order to reduce the risk of premature birth, and to foster a good oral health learning collaboration between the dental program, and expectant mothers. The School and Community Oral Health Program provides dental education, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting. The Dental program also delivers mandated services within two Corrections Health sites. Dental Services is an essential program that provides education, prevention, and dental treatment to the poorest and most vulnerable in Multnomah County. The County dental program is heavily invested in capturing oral health metrics recently introduced at both the federal and state level. These services include dental sealants (protective coatings placed on children's molar teeth), which have been a mainstay at our School and Community Oral Health Program for many years, preventive measures and improving access for patients who have recently gained insurance through our outreach efforts. The Dental program continues to search for ways to deliver the best evidence based oral healthcare services, to the most persons, in a reasonable, and cost-effective manner.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Billable patient visits (including School and Community Oral Health)	77,000	91,573	84,000	91,706
Outcome	No show rate	18%	17%	16%	15%
Quality	Opioid Prescribing by Dentists	CY 16~2,240	CY 17~1,800	CY 17~1,108	CY 18~1,000

Performance Measures Descriptions

RETIRED: Measure 3: percent of patients who say that provider always listens. As this figure was, and is consistently high, often over 90%, we feel it is not a useful benchmark going forward. It has been replaced: NEW: Measure 3: Opioid prescribing by dentists: As this measurement is critical, and impressive and valued by all HD employees, we have opted to add this important measurement for FY 19, in order to continue to emphasize its importance to the program, and the county as a whole. These figures are based on a CY. not FY.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$9,307,324	\$6,814,179	\$11,946,957	\$4,345,224
Contractual Services	\$10,000	\$320,346	\$189,186	\$223,753
Materials & Supplies	\$284,980	\$1,111,174	\$488,472	\$743,965
Internal Services	\$1,184,809	\$2,579,803	\$1,925,564	\$2,452,611
Total GF/non-GF	\$10,787,113	\$10,825,502	\$14,550,179	\$7,765,553
Program Total:	\$21,612,615		\$22,315,732	
Program FTE	62.69	72.24	81.24	48.25

Program Revenues				
Indirect for Dept. Admin	\$1,521,931	\$0	\$1,598,263	\$0
Intergovernmental	\$0	\$312,187	\$0	\$312,564
Other / Miscellaneous	\$0	\$0	\$500,000	\$0
Beginning Working Capital	\$263,961	\$0	\$263,961	\$0
Service Charges	\$10,523,152	\$10,513,315	\$13,786,218	\$7,452,989
Total Revenue	\$12,309,044	\$10,825,502	\$16,148,442	\$7,765,553

Explanation of Revenues

The primary source of revenue is Medicaid payments and patient fees.

Dental Patient Fees: \$ 20,661,947.

Federal Primary Care Grant: \$ 377,260.

Significant Program Changes

Last Year this program was: FY 2018: 40017A Dental Services

For FY 2019 the program will continue to deliver services in a compassionate, whole body manner in order to facilitate and promote integration with primary care. After completing the pilot (at the SE Dental clinic), we have decided to eliminate Open (Advanced Access) Scheduling. The county dental program has been a State leader at reducing the number of opioids prescribed by over 50% from CY 2016 compared to CY 2017. We will continue to focus on this in order to reduce the addiction/opioid epidemic in our society.

Department: Health Department **Program Contact:** Kathleen Humphries
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 14,500 pregnant women and mothers and their infants and young children per month. WIC promotes positive health outcomes through strengthening life course nutrition with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Summary

WIC is a public health program that improves the nutrition and nutrition-related health of pregnant women, nursing moms, infants, and young children. The program is committed to raising the level of nutrition-related health status experienced by the most vulnerable members within the county. WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, peer breastfeeding support, and networks of support to eligible families. These services strive to have lasting effects so families enjoy better nutrition and health throughout their lives.

Early life nutrition affects every aspect of health across the life course. Evaluation of WIC has demonstrated that families on WIC are in overall better health and have less food insecurity when they are on the program. Further, WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, which translates into better health and less chronic disease throughout their lives. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid costs. Supporting families in their breastfeeding goals is another key focus area for WIC. Breastfeeding provides immunity protection to infants, health benefits to the mother, and lifelong risk reduction for important chronic diseases. Breastfeeding promotion at WIC and the Breastfeeding Peer Counseling (BFPC) program use an evidence-based support model that is effective for the County's most vulnerable families who experience significant economic and racial disparities in breastfeeding.

WIC served over 23,000 different clients last year with multiple visits and provided access to other support services including prenatal and children's healthcare, immunizations, Head Start, housing and day care assistance, social services, referrals to other County public health programs, SNAP and other food assistance. WIC acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid and private insurance and other early childhood programs. WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and reduce health inequities. For example, 28% of WIC clients do not speak English and, in a given month, WIC serves over 4,077 clients who speak 38 languages other than English. The program responds to this need by having signage in multiple languages, hiring professional staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of WIC clients in one year who receive healthful foods with E-WIC benefits	20,222	26,734	23,048	23,050
Outcome	Percent of WIC clients initiating breastfeeding	92%	92%	92%	93%
Outcome	Number of nutrition education contacts with WIC families	59,937	55,000	52,852	55,000
Quality	Average number of clients served per month in languages other than English	NA	4,526	4,077	4,080

Performance Measures Descriptions

1) Participants receive healthful foods and culturally specific ideas on how to use them. Infants who are breastfeeding receive food benefits via enhanced food packages for their nursing mother. 2) % of mothers who initiated breastfeeding after delivery. 3) All participant contacts that include nutrition education, counseling, or support activity or interaction. 4) New in FY18: Families who indicate "prefers a language other than English" and for whom interpreters were provided and family was successful in becoming certified at WIC.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$881,221	\$2,650,583	\$1,115,100	\$2,639,861
Contractual Services	\$40,000	\$0	\$100,085	\$0
Materials & Supplies	\$74,216	\$1,912	\$65,562	\$2,060
Internal Services	\$804,561	\$322,314	\$786,153	\$332,888
Total GF/non-GF	\$1,799,998	\$2,974,809	\$2,066,900	\$2,974,809
Program Total:	\$4,774,807		\$5,041,709	
Program FTE	9.92	27.68	11.55	26.90

Program Revenues				
Indirect for Dept. Admin	\$251,011	\$0	\$258,972	\$0
Intergovernmental	\$0	\$2,974,809	\$0	\$2,974,809
Total Revenue	\$251,011	\$2,974,809	\$258,972	\$2,974,809

Explanation of Revenues

WIC's revenue includes federal funds in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. County general funds assist the WIC program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC and the Breastfeeding Peer Counseling program.

State WIC grant: \$2,678,010; State Maternal & Child Health (Title V) grant: \$75,000
Breastfeeding Peer Counseling support grant: \$221,799

Significant Program Changes

Last Year this program was: FY 2018: 40018A Women, Infants, and Children (WIC)

In FY18, WIC implemented an extensive redesign project to boldly re-imagine WIC for Multnomah County. The purpose of the redesign has been to aggressively engage in quality improvement efforts to make WIC more relevant to Multnomah County families who are eligible for its services. Caseload declines have been reduced significantly with the one time only funding that WIC received in FY18 and the many quality improvements undertaken.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care and is part of the County's FQHC. The clinic provides care to approximately 4,100 patients that identify North Portland Health Center as their medical home.

Program Summary

North Portland Health Center primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a North Portland Health Center assigned PCP	4263	6000	4100	4900
Outcome	% Adolescent Well Visits Completed	n/a	51%	60%	51%

Performance Measures Descriptions

Output: Number of patients with a NPHC assigned PCP seen within the last 12 months.
Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,336,551	\$1,442,761	\$2,128,824	\$1,814,064
Contractual Services	\$0	\$62,475	\$0	\$54,603
Materials & Supplies	\$7,410	\$739,264	\$46,583	\$157,500
Internal Services	\$277,911	\$940,845	\$587,176	\$656,484
Capital Outlay	\$0	\$154,458	\$0	\$0
Total GF/non-GF	\$2,621,872	\$3,339,803	\$2,762,583	\$2,682,651
Program Total:	\$5,961,675		\$5,445,234	
Program FTE	22.80	7.40	12.60	18.40

Program Revenues				
Indirect for Dept. Admin	\$342,934	\$0	\$386,797	\$0
Intergovernmental	\$0	\$1,311,787	\$0	\$583,281
Service Charges	\$2,565,220	\$2,028,016	\$2,755,354	\$2,099,370
Total Revenue	\$2,908,154	\$3,339,803	\$3,142,151	\$2,682,651

Explanation of Revenues

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

Medical Fees: \$4,854,724

Federal Primary Care grant PC 330: \$123,281

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

State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40019 North Portland Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland and is part of the County's FQHC. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. The clinic provides care to approximately 5700 patients that identify Northeast Health Center as their primary care home.

Program Summary

Northeast Health Clinic primary care services are designed to be a Patient Centered Primary Care Home (PCPCH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Northeast Health Center assigned PCP	5943	7500	5700	6100
Outcome	% Adolescent Well Visits Completed	n/a	51%	52.5%	51%

Performance Measures Descriptions

Outcome: Number of patients with a NEHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,767,811	\$2,146,081	\$2,554,827	\$2,109,215
Contractual Services	\$0	\$111,049	\$0	\$119,063
Materials & Supplies	\$30,036	\$271,024	\$20,712	\$330,258
Internal Services	\$346,935	\$1,289,958	\$903,829	\$755,719
Total GF/non-GF	\$3,144,782	\$3,818,112	\$3,479,368	\$3,314,255
Program Total:	\$6,962,894		\$6,793,623	
Program FTE	16.50	23.90	12.92	23.28

Program Revenues				
Indirect for Dept. Admin	\$458,871	\$0	\$457,544	\$0
Intergovernmental	\$0	\$976,002	\$0	\$1,035,816
Service Charges	\$3,218,691	\$2,842,110	\$3,472,882	\$2,278,439
Total Revenue	\$3,677,562	\$3,818,112	\$3,930,426	\$3,314,255

Explanation of Revenues

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

Medical Fees: \$5,656,691; Federal Primary Care grant: \$1,025,816
 State Family Planning grant: \$10,000; Legacy Health CARES grant: \$94,630

Significant Program Changes

Last Year this program was: FY 2018: 40020 Northeast Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for the community and is part of the County's FQHC. The clinic provides a medical home to approximately 11,000 patients.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities, Lutheran Community Services). About 80% of all clients are immigrants or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, Iraq, Iran, etc.). Staff represent approximately 25 different countries and more than 60% of the MCHC staff speak a second language. Many are immigrants and a few were refugees themselves. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The immigrant and refugee populations often receive little preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Many client families have three or more children; often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	10923	14000	11000	11000
Outcome	% Adolescent Well Visits Completed	n/a	51%	55.5%	51%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC assigned PCP seen within the last 12 months
Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$4,762,981	\$3,262,116	\$5,602,369	\$2,807,555
Contractual Services	\$0	\$326,832	\$529,481	\$0
Materials & Supplies	\$5,506	\$498,481	\$81,519	\$574,929
Internal Services	\$1,524,948	\$906,318	\$920,647	\$1,767,222
Total GF/non-GF	\$6,293,435	\$4,993,747	\$7,134,016	\$5,149,706
Program Total:	\$11,287,182		\$12,283,722	
Program FTE	49.90	18.70	38.70	26.70

Program Revenues				
Indirect for Dept. Admin	\$764,603	\$0	\$822,420	\$0
Intergovernmental	\$0	\$661,474	\$0	\$689,061
Service Charges	\$6,288,021	\$4,482,905	\$7,127,012	\$4,460,645
Total Revenue	\$7,052,624	\$5,144,379	\$7,949,432	\$5,149,706

Explanation of Revenues

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

Medical Fees: \$11,561,224

Federal Primary Care grant: \$679,061

State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40022 Mid County Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

East County Health Center primary care services are designed to be a person centered medical home (PCMH). This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center plays a significant role in providing safety net medical services to residents in the community. The clinic provides a medical home to over 10,500 patients.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a East County Health Center assigned PCP	10,535	14,500	10,500	11,000
Outcome	% Adolescent Well Care Visits Completed	n/a	51%	53.3%	51%

Performance Measures Descriptions

Outcome: Number of patients with a ECHC assigned PCP seen within the last 12 months.

Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$4,342,037	\$2,167,491	\$3,737,875	\$3,632,749
Contractual Services	\$66,040	\$96,023	\$0	\$348,126
Materials & Supplies	\$16,609	\$364,258	\$76,662	\$318,691
Internal Services	\$529,334	\$1,721,680	\$1,331,498	\$885,847
Total GF/non-GF	\$4,954,020	\$4,349,452	\$5,146,035	\$5,185,413
Program Total:	\$9,303,472		\$10,331,448	
Program FTE	34.50	17.10	19.38	35.72

Program Revenues				
Indirect for Dept. Admin	\$599,279	\$0	\$723,059	\$0
Intergovernmental	\$0	\$1,249,324	\$0	\$1,311,143
Service Charges	\$4,958,280	\$3,100,128	\$5,132,328	\$3,874,270
Total Revenue	\$5,557,559	\$4,349,452	\$5,855,387	\$5,185,413

Explanation of Revenues

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

Medical Fees: \$9,006,598; Federal Primary Care grant: \$1,291,143; State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40023 East County Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Student Health Center (SHC) (formerly School Based Health Centers) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 12 school based health centers and is part of the County's FQHC. Without this safety net many school-aged youth would not receive necessary health care.

Program Summary

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

The SHC program operates 12 fully equipped medical clinics. All clinics are located in schools. This program assures access to care by providing service ties beyond regular school times, with one of the sites remaining open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

SHC is working with the Youth Advisory Councils (YACs) to launch rebranding and media campaign aimed at client education and engagement. SHC is also working to support East County School District plans for new health centers.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of patients with one or more visits with a risk assessment in the last year	74%	70%	72%	70%
Outcome	% of patients with persistent asthma prescribed appropriate medications	92%	92%	92%	90%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,146,195	\$1,815,414	\$2,423,809	\$1,678,164
Contractual Services	\$9,294	\$65,467	\$3,264	\$68,659
Materials & Supplies	\$366,080	\$70,425	\$290,266	\$93,490
Internal Services	\$953,976	\$431,211	\$1,203,604	\$439,422
Total GF/non-GF	\$3,475,545	\$2,382,517	\$3,920,943	\$2,279,735
Program Total:	\$5,858,062		\$6,200,678	
Program FTE	14.76	16.08	16.62	15.14

Program Revenues				
Indirect for Dept. Admin	\$312,518	\$0	\$337,649	\$0
Intergovernmental	\$0	\$1,169,791	\$0	\$1,015,169
Service Charges	\$1,829,533	\$1,212,726	\$2,075,300	\$1,264,566
Total Revenue	\$2,142,051	\$2,382,517	\$2,412,949	\$2,279,735

Explanation of Revenues

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

Medical Fees: \$3,339,866

State SHC grant: \$620,000

Federal Primary Care grant: \$375,169

State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40024 School Based Health Centers

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs: 40024A
Program Characteristics: One-Time-Only Request

Executive Summary

The Student Health Center (SHC) (formerly School-Based Health Centers) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 12 school-based health centers and is part of the County's FQHC. Without this safety net, many school-aged youths would not receive necessary health care.

Program Summary

The SHC sites provide comprehensive preventive primary care for school-aged youth to keep them healthy and focused on learning. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

This program offer creates a sustainable and operationally efficient program that maximizes health impact for children and youth in Multnomah County and supports staffing, transition planning, and community engagement with students served by SHCs in K-8 and middle schools, as well as continuing planning work with East County School Districts. The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate and remain in school.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	N/A	N/A	N/A	N/A	N/A
Outcome	Increase total number of students ages 5-13 obtaining a health assessment across all SHC high schools.	N/A	N/A	N/A	250

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$115,364	\$150,492	\$111,586	\$0
Contractual Services	\$1,405	\$0	\$0	\$0
Materials & Supplies	\$21,769	\$17,623	\$0	\$0
Internal Services	\$91,755	\$20,220	\$0	\$0
Total GF/non-GF	\$230,293	\$188,335	\$111,586	\$0
Program Total:	\$418,628		\$111,586	
Program FTE	1.06	1.19	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$19,610	\$0	\$0	\$0
Intergovernmental	\$0	\$111,284	\$0	\$0
Service Charges	\$74,251	\$77,051	\$0	\$0
Total Revenue	\$93,861	\$188,335	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40012, 40060
Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Sexual Health Equity Program (ASHEP) aims to create a culture that affirms and advocates for individual and relationship health and justice of youth, and address the root causes of health inequities including racism. Through training, ASHEP builds community capacity in schools and community partners and provides direct evidence-based health promotion with youth, parents, and caring/mentoring adults. Goals: support school districts to meet state requirements, reduce youth/teen dating violence, eliminate sexual/reproductive health disparities, and promote youth development.

Program Summary

The Adolescent Sexual Health Equity Program (ASHEP) promotes individual and relationship health through empowering partners to provide large-scale population-level programming in multiple school districts and community settings. ASHEP uses public health and social determinate data to identify geographic areas and specific populations at highest need for focused resources. Locally, significant sexual and reproductive health inequities exist among Latinos, Native Americans, and African Americans. LGBTQ youth populations are also disproportionately impacted by violence and sexually transmitted infection when compared to the county as a whole. Both health inequities and trauma related to violence can interrupt education and limit future opportunities impacting the long-term fertility and health of youth. In FY19, ASHEP will reach over 2,000 youth.

ASHEP partners with youth, educators, caregivers, and service providers in school and community settings. Oregon law requires comprehensive sexuality and healthy relationship skill education for youth; development and adoption of child sexual abuse prevention programs for students in grades K-12; and that all youth, regardless of income, citizenship status, gender identity or type of insurance, have access to the full range of preventive reproductive health services. ASHEP plays a key role in supporting schools to meet this goal, and to help ensure community members have the information and support systems needed to access and advocate for their own health care. ASHEP trains educators and adult mentors in evidence-based sexual and relationship health curricula and teen-dating violence prevention curricula. ASHEP staff evaluate programs and adapt/translate curricula to provide effective education to special populations. ASHEP Health Educators also reach high-need youth not enrolled in mainstream public schools. Together ASHEP staff and community partners work to strengthen community resilience, address inequities, and support culturally-specific and responsive efforts. The capacity of African American, Latino, and Native American communities is increased by training, collaborating, and providing technical support to partner organizations to provide culturally-specific skill building, policy advocacy, and community mobilization among both youth and their parents/caring adults.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of participants in educational sessions/training	11,035	11,200	10,500	2,500
Outcome	Percent of trained educators who feel confident teaching evidence-based sexuality and/or violence prevention curr	90%	85%	90%	85%
Quality	Percent of classes taught to fidelity	85%	89%	90%	85%

Performance Measures Descriptions

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) See significant changes 2) The percentage of educators, after training, that feel confident they can implement an evidence-based sexual health or violence prevention curriculum. 3) The percentage of observed classes that include key components of evidence-based curricula.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$176,616	\$528,389	\$230,915	\$0
Contractual Services	\$0	\$637,520	\$0	\$0
Materials & Supplies	\$4,723	\$19,839	\$959	\$0
Internal Services	\$114,194	\$64,251	\$98,500	\$0
Total GF/non-GF	\$295,533	\$1,249,999	\$330,374	\$0
Program Total:	\$1,545,532		\$330,374	
Program FTE	1.72	5.13	2.15	0.00

Program Revenues				
Indirect for Dept. Admin	\$50,038	\$0	\$0	\$0
Intergovernmental	\$0	\$1,249,999	\$0	\$0
Total Revenue	\$50,038	\$1,249,999	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40025 Adolescent Sexual Health Equity Program (ASHEP)

The significant decrease in our OUTPUT performance measure is due to a loss of federal funding in 2018. AHEP had received a multi-year Teen Pregnancy Prevention (TPP) grant from the federal Office of Adolescent Health (OAH). National TPP funding was eliminated mid-contract cycle, resulting in a local loss of half of AHEP personnel and ending financial support to community partners for staff and program implementation. However, positive impact for youth continues due to continuation of work by trained school and community partners.

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood and is part of the County's FQHC. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care and vital services to a population that otherwise may not have access to medical care. The clinic provides care to approximately 1900 patients that identify La Clinica de Buena Salud Health Center as their medical home.

Program Summary

La Clinica provides culturally appropriate services, and Patient Centered Primary Care Home (PCPCH) services, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. La Clinica health and social services team includes: primary, preventive and urgent health care, behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

Performance Measures					
Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a La Clinica assigned PCP	1857	3000	1900	2000
Outcome	% Adolescent Well Visits Completed	n/a	51%	53.1%	51%

Performance Measures Descriptions

Outcome: Number of patients with a La Clinica assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$554,347	\$1,071,467	\$794,480	\$1,080,664
Contractual Services	\$0	\$33,891	\$0	\$39,254
Materials & Supplies	\$6,699	\$102,643	\$13,664	\$102,231
Internal Services	\$189,904	\$376,450	\$265,184	\$284,604
Total GF/non-GF	\$750,950	\$1,584,451	\$1,073,328	\$1,506,753
Program Total:	\$2,335,401		\$2,580,081	
Program FTE	2.60	9.40	3.40	10.00

Program Revenues				
Indirect for Dept. Admin	\$142,422	\$0	\$183,952	\$0
Intergovernmental	\$0	\$772,212	\$0	\$800,776
Service Charges	\$750,950	\$812,239	\$1,065,180	\$705,977
Total Revenue	\$893,372	\$1,584,451	\$1,249,132	\$1,506,753

Explanation of Revenues

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

Medical Fees: \$1,771,157

Federal Primary Care/Homeless grant: \$780,776

State Family Planning grant: \$20,000

Significant Program Changes

Last Year this program was: FY 2018: 40026 La Clinica de Buena Salud

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who might not otherwise have access to health care and is part of the County's FQHC. Poverty, limited access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 23% of the Health Department's clients live in Southeast Portland, 12% are homeless or at risk for homelessness.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (SE 34th/Powell). The clinic provides comprehensive, culturally appropriate services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a Patient Centered Primary Care Home (PCPCH) for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Southeast Health Clinic staff provide coordination services weekly at St. Francis Dining Hall. The clinic provides a medical home to approximately 3,200 patients.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	3749	4500	3200	3500
Outcome	% Adolescent Well Visits Completed	n/a	51%	43.7%	51.0%

Performance Measures Descriptions

Outcome: Number of patients with a SEHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,273,380	\$1,838,956	\$1,309,684	\$2,022,528
Contractual Services	\$0	\$58,111	\$0	\$59,029
Materials & Supplies	\$6,319	\$177,177	\$37,460	\$139,799
Internal Services	\$169,122	\$911,261	\$366,170	\$735,131
Total GF/non-GF	\$1,448,821	\$2,985,505	\$1,713,314	\$2,956,487
Program Total:	\$4,434,326		\$4,669,801	
Program FTE	12.75	13.15	7.30	18.90

Program Revenues				
Indirect for Dept. Admin	\$283,816	\$0	\$326,891	\$0
Intergovernmental	\$0	\$1,392,469	\$0	\$1,391,635
Service Charges	\$1,549,545	\$1,593,036	\$1,702,133	\$1,564,852
Total Revenue	\$1,833,361	\$2,985,505	\$2,029,024	\$2,956,487

Explanation of Revenues

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

Medical Fees: \$3,266,985
 Federal Primary Care grant: \$172,463
 Federal Primary Care/Homeless grant: \$1,209,172
 State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40027 Southeast Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy

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

Related Programs:
Program Characteristics:
Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community and is part of the County's FQHC. Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care. The clinic provides care to more than 5400 patients that identify Rockwood Health Center as their medical home.

Program Summary

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

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of patients with a Rockwood assigned PCP	5320	6000	5400	5800
Outcome	% Adolescent Well Visits Completed	n/a	51%	51%	51%

Performance Measures Descriptions

Outcome: Number of patients with a Rockwood assigned PCP seen within the last 12 months.

Outcome: % Adolescent Well Visits Completed

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,508,462	\$1,314,561	\$2,534,215	\$1,813,726
Contractual Services	\$432	\$92,866	\$0	\$186,099
Materials & Supplies	\$7,552	\$279,194	\$95,546	\$134,962
Internal Services	\$310,050	\$959,044	\$643,179	\$610,364
Total GF/non-GF	\$2,826,496	\$2,645,665	\$3,272,940	\$2,745,151
Program Total:	\$5,472,161		\$6,018,091	
Program FTE	19.00	13.20	16.40	18.00

Program Revenues				
Indirect for Dept. Admin	\$355,095	\$0	\$426,534	\$0
Intergovernmental	\$0	\$724,606	\$0	\$774,768
Service Charges	\$2,860,776	\$1,921,059	\$3,263,139	\$1,970,383
Total Revenue	\$3,215,871	\$2,645,665	\$3,689,673	\$2,745,151

Explanation of Revenues

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

Medical Fees: \$5,233,522; Federal Primary Care grant: \$764,768
State Family Planning grant: \$10,000

Significant Program Changes

Last Year this program was: FY 2018: 40029 Rockwood Community Health Clinic

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

Executive Summary

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

Program Summary

Medical Directors Office:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.
7. Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	80% (or more) of providers are maintaining and serving their maximum panel size.	na/-	80%	75%	80%
Outcome		na/-	na/-	na/-	na/-
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

Performance Measures Descriptions

Output reflects a focus on improving value and good patient outcomes as opposed to face to face visits as a part of an APM (Alternative Payment Methodology) pilot where there is a focus on increased value in care delivery. This pilot incentivizes whole person care.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,380,409	\$87,024	\$1,448,537	\$58,182
Contractual Services	\$82,500	\$142,040	\$91,000	\$142,040
Materials & Supplies	\$95,896	\$25,311	\$150,930	\$8,356
Internal Services	\$269,550	\$10,582	\$242,864	\$13,462
Total GF/non-GF	\$1,828,355	\$264,957	\$1,933,331	\$222,040
Program Total:	\$2,093,312		\$2,155,371	
Program FTE	7.10	0.00	7.00	0.50

Program Revenues				
Indirect for Dept. Admin	\$88,452	\$0	\$83,634	\$0
Intergovernmental	\$0	\$264,957	\$0	\$222,040
Other / Miscellaneous	\$200,000	\$0	\$200,000	\$0
Service Charges	\$750,000	\$0	\$900,000	\$0
Total Revenue	\$1,038,452	\$264,957	\$1,183,634	\$222,040

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is funded with county general fund and BPHC/HRSA grant revenue.

Federal Primary Care grant: \$142,040
 State Family Planning: \$80,000
 Patients Fees: \$1,100,000

Significant Program Changes

Last Year this program was: FY 2018: 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$7,638,327	\$0	\$7,725,473
Contractual Services	\$0	\$183,100	\$0	\$167,990
Materials & Supplies	\$0	\$10,166,510	\$0	\$10,493,551
Internal Services	\$0	\$1,772,436	\$0	\$1,892,909
Capital Outlay	\$0	\$0	\$0	\$450,000
Total GF/non-GF	\$0	\$19,760,373	\$0	\$20,729,923
Program Total:	\$19,760,373		\$20,729,923	
Program FTE	0.00	56.78	0.00	52.83

Program Revenues				
Indirect for Dept. Admin	\$723,349	\$0	\$757,868	\$0
Service Charges	\$0	\$19,760,373	\$0	\$20,729,923
Total Revenue	\$723,349	\$19,760,373	\$757,868	\$20,729,923

Explanation of Revenues

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

Prescription Fees: \$20,343,608

Patient Fees: \$300,000

Significant Program Changes

Last Year this program was: FY 2018: 40031 Pharmacy

Increased expense for the purchase of drugs for dispensing.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,626,438	\$1,190,266	\$2,726,518	\$1,239,362
Contractual Services	\$0	\$39,600	\$1,000	\$68,000
Materials & Supplies	\$87,708	\$72,388	\$55,786	\$73,356
Internal Services	\$714,619	\$255,682	\$834,079	\$304,286
Capital Outlay	\$0	\$0	\$0	\$120,000
Total GF/non-GF	\$3,428,765	\$1,557,936	\$3,617,383	\$1,805,004
Program Total:	\$4,986,701		\$5,422,387	
Program FTE	24.30	11.90	24.21	11.99

Program Revenues				
Indirect for Dept. Admin	\$344,092	\$0	\$389,053	\$0
Intergovernmental	\$0	\$269,904	\$0	\$270,782
Other / Miscellaneous	\$1,810,000	\$0	\$2,320,000	\$0
Service Charges	\$1,150,000	\$1,288,032	\$1,050,000	\$1,534,222
Total Revenue	\$3,304,092	\$1,557,936	\$3,759,053	\$1,805,004

Explanation of Revenues

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

Medical Fees: \$4,904,222

Federal Primary Care Grant: \$270,782

Significant Program Changes

Last Year this program was: FY 2018: 40032 Lab and Medical Records

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Center Operations (HCO) Program (formerly Primary Care and Dental Access and Referral-PCARD) is the gateway for all new patients assigned and/or seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs, and for patients already established with our Primary Care program. HCO also provides written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

HCO is the point of entry for scheduling new and established clients for the Primary Care clinics. HCO also schedules new and established dental clients seeking both urgent and routine dental services. HCO provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. HCO also provides information for MCHD medical, dental, social services and key community service partners.

HCO's Language Services program provides interpretation in over 70 languages including sign language for all MCHD services and programs, and for established patients who access specialty care in the community. Comprehensive coordination of written translation for clinical and non-clinical programs and services is also provided. Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates those clients with limited English proficiency receive culturally competent interpretation throughout all of the MCHD programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of calls answered	273,000	n/a	292,000	300,000
Outcome	Average telephone abandonment is at or below 10%	24%	8%	18%	12%

Performance Measures Descriptions

New output measure in FY19: Number of calls answered by HCO staff. Removed output measure "# of new patients who received appointments."

Outcome: Number of calls through the Patient Access Center phone queue where the client ended the call before being answered by a staff member.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,348,030	\$702,830	\$2,029,792	\$584,906
Contractual Services	\$112,244	\$0	\$105,000	\$0
Materials & Supplies	\$16,703	\$0	\$12,032	\$0
Internal Services	\$752,275	\$59,875	\$856,450	\$73,756
Total GF/non-GF	\$2,229,252	\$762,705	\$3,003,274	\$658,662
Program Total:	\$2,991,957		\$3,661,936	
Program FTE	11.50	8.40	21.05	7.45

Program Revenues				
Indirect for Dept. Admin	\$178,394	\$0	\$251,452	\$0
Intergovernmental	\$0	\$658,627	\$0	\$658,662
Other / Miscellaneous	\$500,000	\$0	\$890,000	\$0
Service Charges	\$1,331,284	\$0	\$1,809,184	\$0
Total Revenue	\$2,009,678	\$658,627	\$2,950,636	\$658,662

Explanation of Revenues

Health Center Operations (HCO) Program is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

Medical Fees: \$2,699,184

Federal Primary Care grant: \$658,622

Significant Program Changes

Last Year this program was: FY 2017: 40033 Primary Care and Dental Access and Referral

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

Executive Summary

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

Program Summary

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

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external benchmarking organizations relative to performance indicators. Program works with the Community Health Council (consumer majority governing Board) and integrates client feedback results, and collaborations with other health care delivery systems.

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

Quality project management staff manage the Coalition of Community Health Clinics (CCHC) contract. CCHC is comprised of community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people. The County extends Federal Tort Claims coverage, licensing and credentialing to the volunteer providers at the Coalition of Community Health Clinics' (CCHC).

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	% of CCHC clinics that pass annual ICS Quality Department audit.	100%	new measure	100%	100%
Outcome	Maintain compliance with BPHC and JCAHO standards.	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) Changed previous measure (Number of hours, includes licensed health care volunteers who work at CCHC clinic sites) New Measure, 100% of CCHC clinics pass annual ICS Quality audit; 2) Good standing as a fully accredited organization under the Joint Commission's standards for health organizations 3) Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$3,406,256	\$1,354,230	\$4,055,774	\$1,409,247
Contractual Services	\$59,280	\$43,650	\$68,500	\$6,000
Materials & Supplies	\$111,707	\$30,191	\$136,315	\$19,784
Internal Services	\$849,529	\$407,391	\$995,853	\$480,346
Total GF/non-GF	\$4,426,772	\$1,835,462	\$5,256,442	\$1,915,377
Program Total:	\$6,262,234		\$7,171,819	
Program FTE	31.50	11.10	36.37	12.93

Program Revenues				
Indirect for Dept. Admin	\$411,715	\$0	\$535,838	\$0
Intergovernmental	\$0	\$1,383,006	\$0	\$1,525,377
Other / Miscellaneous	\$3,130,000	\$7,550	\$3,182,519	\$240,000
Service Charges	\$999,443	\$444,906	\$1,956,061	\$150,000
Total Revenue	\$4,541,158	\$1,835,462	\$5,674,418	\$1,915,377

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with HRSA grant revenue, quality incentive payments and County General Fund. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

Medical Fees: \$5,288,580
 Federal Primary Care grant: \$1,371,457
 State Family Plan: \$153,920
 ED Utilization RCHC: \$120,000
 ED Utilization SEHC: \$120,000

Significant Program Changes

Last Year this program was: FY 2018: 40034 Quality Assurance

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

Executive Summary

The Community Health Council (CHC) is a federally mandated consumer-majority governing body that oversees community involvement in Health Center quality assurance, policy approvals, and management accountability for the Health Department's Integrated Clinical Services.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Meet monthly, as required by Bureau of Primary Care, FQHC requirements to perform board responsibilities	12	12	12	12
Outcome	Percentage of consumers involved	71%	51%	65%	51%

Performance Measures Descriptions

1) Minimum monthly board meetings as required by BPHC/HRSA to meet board governing responsibilities. 2) Consumer majority of 51% or more.

Changed previous output of # of volunteers hours to more relevant measure of HRSA requirement.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$121,391	\$0	\$125,537	\$0
Contractual Services	\$102,997	\$0	\$104,670	\$0
Materials & Supplies	\$4,988	\$0	\$5,436	\$0
Internal Services	\$12,975	\$0	\$16,993	\$0
Total GF/non-GF	\$242,351	\$0	\$252,636	\$0
Program Total:	\$242,351		\$252,636	
Program FTE	1.30	0.00	1.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40036 Community Health Council and Civic Governance

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40007, 40008, 40053, 40060
Program Characteristics:

Executive Summary

Environmental Health Community Programs impact a wide range of well-documented, upstream, and emerging environmental health issues. Program areas include community environments, toxics reduction, and climate change with an explicit focus on environmental justice and vulnerable populations and address health inequities in lead poisoning, respiratory illness, and cardiovascular disease. Activities include monitoring and assessing environments, policies, and health; providing technical assistance and data expertise; reporting; communication; and direct services.

Program Summary

Environmental Health Community Programs bring together a continuum of services to ensure all county residents have access to optimal living conditions in their homes and neighborhoods. With an environmental justice framework, the programs focus first on the highest risk communities facing the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so that their concerns, expertise, and proposed solutions can be integrated into the activities of the following program areas.

Community Environments: This program area aims to ensure that all neighborhoods are safe and healthy. Focuses include housing, nutritious foods, safe parks and playgrounds, safe streets, and equitable public transportation to ensure access to jobs, schools, services, recreation, and child care. Example activities include participation in technical committees to support local and regional planning efforts such as Metro’s Regional Transportation Plan; analysis of pedestrian fatalities within the City of Portland; and supporting community groups to understand environmental risks through online maps and technical assistance.

Toxics Reduction: This program area identifies risks of exposure to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public. Staff work with vulnerable individuals and families to identify and reduce exposure to lead through home inspections and case management; and, within communities, respond to both well-documented and emerging environmental hazards. Major focuses have been lead in water at Portland Public Schools, and heavy metals from art glass manufacturers. Activities include partnering with local, state, and federal agencies to share and analyze local exposure risk data and empowering communities to advocate on their own behalf.

Climate Change: This program area works to understand upstream and emerging health issues; protect the public’s health from the impacts of climate change; advance climate justice; and maximize health benefits of climate mitigation and resilience actions. Staff track key indicators such as extreme heat-related illnesses, hypothermia, and harmful algal blooms.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Community Members receiving information on environmental threats	39,031	45,000	69,986	52,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	29	40	29	35
Output	Number of households with reduced household hazards	56+	100	109	NA
Outcome	Number of health-based policy recommendations made that are adopted	9	15	34	30

Performance Measures Descriptions

1) Includes all program areas (phone counseling, referral, educational materials, website & events). 2) HUD and EPA best-practice measure of effectiveness. 4) Includes review of state and local plans & legislation, participation in technical committees & responses to requests for technical & policy support from partners.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$43,076	\$270,979	\$61,985	\$234,186
Contractual Services	\$150,881	\$28,286	\$9,820	\$97,580
Materials & Supplies	\$194	\$40,189	\$26,323	\$16,765
Internal Services	\$25,287	\$97,416	\$57,406	\$62,969
Total GF/non-GF	\$219,438	\$436,870	\$155,534	\$411,500
Program Total:	\$656,308		\$567,034	
Program FTE	0.20	2.15	0.62	2.05

Program Revenues				
Indirect for Dept. Admin	\$25,662	\$0	\$22,974	\$0
Intergovernmental	\$0	\$436,870	\$0	\$239,000
Service Charges	\$0	\$0	\$0	\$172,500
Total Revenue	\$25,662	\$436,870	\$22,974	\$411,500

Explanation of Revenues

FY18 revenue includes \$196,500 from the City of Portland; \$10,000 from the State Lead Program; \$172,500 from Fish Advisory Outrch funding; State Maternal Child Health Perinatal fund \$32,500.

Significant Program Changes

Last Year this program was: FY 2018: 40037 Environmental Health Community Programs

Department: Health Department **Program Contact:** Pei-ru Wang
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Health Promotion and Capacity Building works to improve health and eliminate inequities through the Community Capacitation Center (CCC). Program activities include training community health workers (CHWs) and others; conducting community-based participatory research; evaluating CHW and related models; and managing projects that employ CHWs. These activities provide communities with the knowledge and skill set to identify and solve their most pressing health issues.

Program Summary

Health Promotion and Capacity Building, through the Community Capacitation Center (CCC), develops and implements culturally-appropriate and culturally-specific approaches tailored to the self-identified needs of communities. The CCC has the following program areas.

Community Health Worker (CHW) Training: The CCC uses popular (empowerment) education to train CHWs. CHWs have been identified as key to health system transformation. The CCC-developed 90-hour curriculum was the first to be approved by the Oregon Health Authority and qualifies CHWs for certification. Since March of 2013, the CCC, working with community-based organizations (CBOs), has provided certification training for over 390 CHWs. Several culturally specific community-based organizations expressed a strong interest in developing their own CHW training programs. The CCC supports CBOs to further develop their own training capacity by providing CHW facilitator training, curriculum consultation, and mentoring.

Training, Facilitation and Consultation: The CCC assists in building system capacity through community training, facilitation, and engagement by providing popular (empowerment) education facilitator training, meeting facilitation, and consultation to county programs and external CBOs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of organizations provided TA in developing CHW training capacity	NA	NA	2	5
Outcome	Number of Community Health Workers trained by partner organizations	NA	NA	25	50
Output	# of county staff trained to apply appropriate strategies for community training and engagement	NA	NA	45	100
Outcome	% of county staff trained who have increased confidence in providing facilitation and community engagement	NA	NA	NA	80%

Performance Measures Descriptions

1) New measure. 2) New measure. 3) New measure. 4) New measure.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$578,237	\$89,619	\$362,315	\$0
Contractual Services	\$1,500	\$374,456	\$57,600	\$0
Materials & Supplies	\$28,519	\$23,310	\$35,262	\$0
Internal Services	\$141,744	\$10,281	\$171,155	\$0
Total GF/non-GF	\$750,000	\$497,666	\$626,332	\$0
Program Total:	\$1,247,666		\$626,332	
Program FTE	4.47	0.85	2.80	0.00

Program Revenues				
Indirect for Dept. Admin	\$609	\$0	\$0	\$0
Fees, Permits & Charges	\$142,000	\$0	\$0	\$0
Other / Miscellaneous	\$0	\$497,666	\$0	\$0
Total Revenue	\$142,609	\$497,666	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40038 Health Promotion and Community Capacity Building

United Way will contract directly with Oregon Community Health Worker Association, rather than Multnomah County acting as a pass-through agent.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,447,714	\$0	\$2,925,913	\$0
Contractual Services	\$80,411	\$0	\$84,243	\$0
Materials & Supplies	\$112,310	\$0	\$86,383	\$0
Internal Services	\$410,011	\$0	\$419,432	\$0
Total GF/non-GF	\$3,050,446	\$0	\$3,515,971	\$0
Program Total:	\$3,050,446		\$3,515,971	
Program FTE	19.30	0.00	22.75	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40039 Human Resources and Training

Department: Health Department

Program Contact: Robert Stoll

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 40041 and 40042

Program Characteristics:
Executive Summary

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

Program Summary

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

Budget and Finance works closely with county staff in the CFO's office, Budget Office, and Central Finance. Compliance with a multitude of federal, state and county financial policies and procedures is a key responsibility of this division.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of invoices processed	10,700	11,000	10,000	10,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	11 days	8 days	11 days	8 days
Quality	Number of audit findings in County's annual financial audit.	no findings	no findings	no findings	no findings

Performance Measures Descriptions

The accounts payable measure, "# of invoices processed," cash management's along with "Avg # of days..." and "Number of audit findings" is a cross section of measures to test performance in many areas.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,778,428	\$0	\$3,132,027	\$0
Contractual Services	\$41,200	\$0	\$0	\$0
Materials & Supplies	\$65,606	\$0	\$47,411	\$0
Internal Services	\$272,525	\$0	\$258,423	\$0
Total GF/non-GF	\$3,157,759	\$0	\$3,437,861	\$0
Program Total:	\$3,157,759		\$3,437,861	
Program FTE	26.00	0.00	26.80	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40040 Budget & Finance

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,359,907	\$0	\$1,630,560	\$0
Contractual Services	\$10,330	\$0	\$10,400	\$0
Materials & Supplies	\$176,029	\$0	\$215,590	\$0
Internal Services	\$104,424	\$0	\$188,691	\$0
Total GF/non-GF	\$1,650,690	\$0	\$2,045,241	\$0
Program Total:	\$1,650,690		\$2,045,241	
Program FTE	13.00	0.00	15.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40041 Medical Accounts Receivable

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,371,133	\$0	\$1,496,347	\$0
Materials & Supplies	\$42,340	\$0	\$33,467	\$0
Internal Services	\$90,982	\$0	\$146,622	\$0
Total GF/non-GF	\$1,504,455	\$0	\$1,676,436	\$0
Program Total:	\$1,504,455		\$1,676,436	
Program FTE	12.00	0.00	13.50	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40042 Contracts & Procurement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,244,796	\$0	\$2,388,043	\$0
Contractual Services	\$11,500	\$0	\$70,080	\$0
Materials & Supplies	\$138,944	\$0	\$121,261	\$0
Internal Services	\$283,367	\$0	\$3,145,594	\$0
Total GF/non-GF	\$2,678,607	\$0	\$5,724,978	\$0
Program Total:	\$2,678,607		\$5,724,978	
Program FTE	16.60	0.00	16.80	0.00

Program Revenues				
Other / Miscellaneous	\$9,406,881	\$0	\$10,751,502	\$0
Total Revenue	\$9,406,881	\$0	\$10,751,502	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40043 Health Department Operations

Department: Health Department

Program Contact: Mark Lewis

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs: 40041

Program Characteristics:
Executive Summary

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

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of reports created	108	70	120	125
Outcome	Data System and Reporting Tools Supported	na/-	na/-	18	22

Performance Measures Descriptions

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$389,838	\$0	\$417,014	\$0
Materials & Supplies	\$2,613,525	\$0	\$1,879,158	\$0
Internal Services	\$38,736	\$0	\$29,865	\$0
Total GF/non-GF	\$3,042,099	\$0	\$2,326,037	\$0
Program Total:	\$3,042,099		\$2,326,037	
Program FTE	3.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40044 Health Clinical Data and Reporting

Department: Health Department **Program Contact:** Dr. Frank Franklin
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Community Epidemiology Services (CES) provides the fundamental capacity that enables the Public Health Division to make data-driven decisions, program improvements, and policy recommendations. CES helps public health leaders, policy makers, clinicians, and community members assess the magnitude of disease, disorder, and injury burden among community populations. CES identifies the drivers of health and disease determinants and captures whether health interventions are working well.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease, and promote and protect health among all County populations. CES includes Program Design and Evaluation Services (PDES), a unit shared between PHD and the Oregon Health Authority. PDES secures about \$3 million annually in grants and contracts to provide evaluation support to PHD, State public health, and other agencies, and to conduct applied public health research projects to improve community health, shape public policy, reduce health inequities, and study key emerging issues. CES functions include:

- 1) Leading PHD programs in coordinated public health data and epidemiologic analysis: CES identifies appropriate analytical approaches, helps assure the use of high quality data for analysis, and provides technical, scientific oversight and leadership for all research and assessment work in the PHD. CES provides support in quantitative and qualitative methods, guidance in the areas of traditional epidemiological analysis, social epidemiology, and equity-focused and trauma-informed methods in research and evaluation, and data management. In addition, CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines.
- 2) Informing program and policy: CES provides, analyzes, and reports on population and health system data to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES provides public health practice recommendations to PHD leadership based on needs identified from local data and evidence-based and promising practices identified through literature review. CES serves a key role in evaluating whether programs and policies are effective, collaborating with partners to identify areas for improvement and highlight successes (e.g., Healthy Birth Initiative, REACH, and STRYVE).
- 3) Disseminating analytic findings: CES shares findings through public health data reports, peer-reviewed scientific manuscripts, policy briefs, web-based reports, and presentations to County and State leadership, programs, and community partners. Examples include the development, maintenance, and dissemination of the County Maternal Child and Family Health Data Book, Report Card on Racial and Ethnic Disparities, and the morbidity and mortality publications, which provides data on emerging policy issues (e.g., retail marijuana legalization).

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of data-related community collaborations that involve all partners and combine data with action.	14	15	14	15
Outcome	Number of reports monitoring health status through surveillance, assessment, & community engagement.	23	23	20	18

Performance Measures Descriptions

Legal / Contractual Obligation

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

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

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$843,623	\$1,314,679	\$910,846	\$998,052
Contractual Services	\$8,000	\$421,752	\$50,195	\$285,000
Materials & Supplies	\$53,068	\$45,912	\$90,805	\$39,140
Internal Services	\$67,885	\$159,864	\$102,921	\$125,854
Total GF/non-GF	\$972,576	\$1,942,207	\$1,154,767	\$1,448,046
Program Total:	\$2,914,783		\$2,602,813	
Program FTE	6.15	9.34	5.80	6.48

Program Revenues				
Indirect for Dept. Admin	\$124,499	\$0	\$97,910	\$0
Intergovernmental	\$0	\$1,942,207	\$0	\$1,448,046
Total Revenue	\$124,499	\$1,942,207	\$97,910	\$1,448,046

Explanation of Revenues

State Local Public Health Authority IGA: \$633,022
Natl Institutes of Health: \$60,000
State Of Alaska: \$552,000
State Office of Multicultural Health: \$26,500
AK Chronic Retainer: \$120,000
Public Health Modernization: \$56,524

Significant Program Changes

Last Year this program was: FY 2018: 40048 Community Epidemiology

Department: Health Department **Program Contact:** Frank Franklin
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Native Hawaiians and Pacific Islanders are one of the fastest growing and most diverse racial groups in the U.S. There is a lack of data on health care access, quality of life and health outcomes and a lack of culturally specific health strategies for these communities in Multnomah County. This program offer is a collaboration between Pacific Islander community groups and Community Epidemiology Services to provide a culturally sensitive approach to collecting community health data from Native Hawaiians and Pacific Islanders to inform culturally specific health promotion strategies.

Program Summary

Every year, the Oregon Public Health Division collects community health data using a telephone survey called the Behavioral Risk Factor Surveillance System (BRFSS). Topics covered including physical activity, diet, smoking, health care access and utilization, disease screening and diagnoses, and other factors that can affect health. Although the BRFSS is an effective tool for collecting health information from dominant culture groups, many communities in Oregon have expressed concerns about the overall approach. Specifically, the BRFSS asks respondents to share sensitive health information over the phone. Several communities—particularly those within the Pacific Islander population—have indicated that this approach is not culturally appropriate. In addition, the telephone survey has traditionally only been offered in English and Spanish.

Respondent-driven sampling (RDS) is an alternative method used by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for collecting information from populations where methods like the BRFSS are less effective. RDS is a person-to-person method that allows for community-centered trust building among participants. The study begins with a few people, and each of them recruits other participants through their social networks. The process continues until the desired number of respondents is reached for meaningful analysis.

RDS has the potential to be a more appropriate method for collecting community health from groups like Native Hawaiians and Pacific Islanders. The RDS method has the potential to become a more culturally sensitive approach to informing a broader understanding of the health status and health care access within the Pacific Islander community.

Working in collaboration with Pacific Islander community groups, the Public Health Division Community Epidemiology Services staff will provide both technical assistance in data collection and analysis and a health status report. This project addresses the limitations and concerns expressed by the Pacific Islander community as a result of the Pacific Islander supplement to the 2014 Multnomah County Report Card on Racial and Ethnic Disparities. This one-time-only request is the result of new and developing partnerships between the Health Equity Initiative, Pacific Islander community groups and Community Epidemiology Services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# individuals surveyed in a respondent-driven sample	N/A	N/A	N/A	150
Outcome					
Output	Native Hawaiian and Pacific Islander Health Assessment Report	N/A	N/A	N/A	1

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$117,773	\$0
Contractual Services	\$0	\$0	\$49,000	\$0
Materials & Supplies	\$0	\$0	\$8,227	\$0
Total GF/non-GF	\$0	\$0	\$175,000	\$0
Program Total:	\$0		\$175,000	
Program FTE	0.00	0.00	0.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

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

Program Summary

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of client visits conducted by a CH nurse per yr	2,503	2,500	2,800	2,500
Outcome	% of detained youth receiving mental health medications monthly	36%	40%	40%	40%

Performance Measures Descriptions

Outcome Measure 1: Updated previous target of 3,500 to 2,500 based on actual trend and performance.
Outcome Measure 2: Updated to 40% based on trends of client needs in this setting.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$870,969	\$0	\$689,936	\$0
Materials & Supplies	\$43,913	\$0	\$51,747	\$0
Internal Services	\$110,795	\$0	\$151,505	\$0
Total GF/non-GF	\$1,025,677	\$0	\$893,188	\$0
Program Total:	\$1,025,677		\$893,188	
Program FTE	6.00	0.00	4.10	0.00

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

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2018: 40049 Corrections Health Juvenile Detention

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

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

Related Programs:
Program Characteristics:
Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

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

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 70 newly booked individuals each day. Nurses (24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. TB screening is an essential component of the screening process, to treat the individual as well as to protect the health of other detainees, staff and the community. An additional history and physical examination is performed on all individuals incarcerated for 14 days. Additionally, staff assess and treat acute and chronic medical and mental health issues as appropriate during each individual's incarceration. Suicide and self harm symptom identification is an essential mental health function. The Mental Health team is composed of a psychiatrist, PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. One half of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Average # of Reception Screening ("EPF"=Entry Progress Form") completed in a month	na/-	na/-	1,900	1,900
Outcome	% of + screenings resulting in a referral to the mental health team per year	30%	30%	30%	30%

Performance Measures Descriptions

FY18: Outcome Measure 1 was changed from monthly health screenings to monthly reception (intake) screenings to more accurately reflect the work needed to process incoming detainees.

Outcome Measure 2 captures initial interview information and how many clients are referred for mental health care.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,637,717	\$0	\$2,501,409	\$0
Contractual Services	\$100,000	\$0	\$105,000	\$0
Materials & Supplies	\$100,000	\$0	\$332,800	\$0
Internal Services	\$28,923	\$0	\$74,421	\$0
Total GF/non-GF	\$2,866,640	\$0	\$3,013,630	\$0
Program Total:	\$2,866,640		\$3,013,630	
Program FTE	19.60	0.00	19.50	0.00

Program Revenues				
Service Charges	\$40,000	\$0	\$0	\$0
Total Revenue	\$40,000	\$0	\$0	\$0

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2018: 40050A Corrections Health Multnomah County Detention Center (MCDC)

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

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

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,357	1,300
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	na/-	160	90	100

Performance Measures Descriptions

Output Measure: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.
Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,549,009	\$0	\$1,535,919	\$0
Contractual Services	\$360,000	\$0	\$319,321	\$0
Materials & Supplies	\$225,130	\$0	\$386,508	\$0
Internal Services	\$86,142	\$0	\$375,665	\$0
Total GF/non-GF	\$2,220,281	\$0	\$2,617,413	\$0
Program Total:	\$2,220,281		\$2,617,413	
Program FTE	9.30	0.00	10.30	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts a nominal fee for detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostics tests and communicable disease tests are performed at no charge. Clinical services are provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2018: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

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

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,234	1,000	1,300	1,300
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	na/-	160	90	90

Performance Measures Descriptions

Output Measure: Reflects care delivered on all floors at MCDC and includes both medical and mental health requests.
Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,983,674	\$0	\$2,313,610	\$0
Contractual Services	\$200,000	\$0	\$224,321	\$0
Materials & Supplies	\$100,479	\$0	\$0	\$0
Internal Services	\$207,962	\$0	\$254,894	\$0
Total GF/non-GF	\$2,492,115	\$0	\$2,792,825	\$0
Program Total:	\$2,492,115		\$2,792,825	
Program FTE	16.70	0.00	17.85	0.00

Program Revenues				
Service Charges	\$0	\$0	\$40,000	\$0
Total Revenue	\$0	\$0	\$40,000	\$0

Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. Those rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2018: 40050C Corrections Health MDCDC Housing Floors 5, 6, 7 & 8

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operator, one mental health and one triage/treatment room are available for office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, measure added for FY18.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$2,538,142	\$0	\$2,165,226	\$0
Contractual Services	\$200,000	\$0	\$200,000	\$0
Materials & Supplies	\$290,157	\$0	\$548,744	\$0
Internal Services	\$218,733	\$0	\$441,790	\$0
Total GF/non-GF	\$3,247,032	\$0	\$3,355,760	\$0
Program Total:	\$3,247,032		\$3,355,760	
Program FTE	18.40	0.00	20.40	0.00

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

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2018: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

Last year this program was also: Corrections Health MCIJ Supplemental Staffing

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, added for FY18.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,063,945	\$0	\$1,358,772	\$0
Contractual Services	\$140,000	\$0	\$224,321	\$0
Materials & Supplies	\$27,000	\$0	\$95,066	\$0
Internal Services	\$164,500	\$0	\$133,318	\$0
Total GF/non-GF	\$1,395,445	\$0	\$1,811,477	\$0
Program Total:	\$1,395,445		\$1,811,477	
Program FTE	9.00	0.00	6.50	0.00

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

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare. These rules and laws are under review and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are provided at no charge. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2018: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg # inmate nursing assessments monthly	1,594	1,000	1,600	1,600
Outcome	# of 14-day Health Assessments completed monthly	na/-	na/-	230	230

Performance Measures Descriptions

Measures reflect care delivered in the entire facility and includes both medical and mental health requests. Performance Measure 2: Based on accreditation requirements (NCCHC) we are tracking 14 day history and physical assessments, added for FY18.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$954,908	\$0	\$1,322,556	\$0
Contractual Services	\$122,000	\$0	\$224,321	\$0
Materials & Supplies	\$24,001	\$0	\$0	\$0
Internal Services	\$120,500	\$0	\$0	\$0
Total GF/non-GF	\$1,221,409	\$0	\$1,546,877	\$0
Program Total:	\$1,221,409		\$1,546,877	
Program FTE	7.90	0.00	8.30	0.00

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

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2018: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

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

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of deaths requiring investigation	2,233	2,500	2,350	2,500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	80%	82%	73%	73%

Performance Measures Descriptions

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

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,127,733	\$0	\$1,119,259	\$0
Contractual Services	\$16,516	\$0	\$17,010	\$0
Materials & Supplies	\$76,968	\$0	\$76,687	\$0
Internal Services	\$95,213	\$0	\$130,607	\$0
Total GF/non-GF	\$1,316,430	\$0	\$1,343,563	\$0
Program Total:	\$1,316,430		\$1,343,563	
Program FTE	10.10	0.00	10.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40052 Medical Examiner

Department: Health Department **Program Contact:** Kathryn Richer
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40052A
Program Characteristics:

Executive Summary

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

Program Summary

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Increase Number of deaths requiring investigation- no impact on program output	N/A	N/A	N/A	2,550
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls-improvement in outcome	N/A	N/A	N/A	80%

Performance Measures Descriptions

This out of target offer for an additional investigator will help the program achieve its performance goals in FY2019.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$0	\$119,477	\$0
Materials & Supplies	\$0	\$0	\$7,219	\$0
Total GF/non-GF	\$0	\$0	\$126,696	\$0
Program Total:	\$0		\$126,696	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The Multnomah County Medical Examiner's Office (MCMEO) currently employs a staff of six full-time Deputy Medical Examiners (aka Death Investigators) and one Chief Deputy Medical Examiner to cover an ORS-required 24/7/365 operation. The number of Death Investigators has remained the same since the early 1970s, despite a population increase of 30%. The objective of this proposal is to fund a new 1.0 FTE Deputy Medical Examiner position to: 1) Increase the number of personnel available to respond to death scene investigations, death notifications and associated activities; 2) Increase death scene investigation response times; 3) Decrease the percentage of cases being reviewed by phone; 4) Decrease overtime of full-time staff, and improve case load, and decrease costs for on-call employees.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40060, 40037, 40006
Program Characteristics:

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial and ethnic health disparities. REACH helps the County achieve its commitment to protecting the health of all residents by ensuring every person has the opportunity to realize optimal health potential. The REACH approach embeds the Health Equity Initiative to implement culturally tailored interventions that addresses root causes of health inequities through policy, systems, and environmental change strategies in partnership with community.

Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally-specific and cross-cultural approaches that combine learnings of the Health Equity Initiative and Centers for Disease Control and Prevention (CDC)-funded policy, system, and environmental change strategies focused on reducing chronic disease in the African American community. The REACH program takes these learnings to partner with Native American, Pacific Islander, African-American, African, Latino, and Immigrant and Refugee communities to improve outcomes by addressing the ways that societal conditions and organizational policies impact health. This work entails developing and maintaining authentic partnerships with culturally-specific community based organizations, clients, faith-based organizations, civic organizations, and local governments to enact approaches and policies to decrease health inequities. REACH has two main program areas.

Community Health Improvement Plan (Community Powered Change): In response to historical and persistent health inequities, the program contracts with a coalition of community partners to create a comprehensive CHIP that outlines priority community health issues. The CHIP identifies and implements community-driven recommendations to address longstanding health inequities, aligns Public Health Division strategies and activities with community needs and priorities, and shifts public health practice and organizational culture toward the elimination of health disparities.

Health Equity: Staff conduct assessments and implement recommendations to align with best practices, including culturally and linguistically appropriate services in health and health care (CLAS); language access and limited English Proficiency (LEP); and civil rights law. This happens by providing equity and empowerment consultation and technical assistance, building organizational capacity and infrastructure, and ensuring culturally-competent service delivery. These strategies improve the client's experience of care by resulting in higher quality service delivery, actualizing the Health Department's commitment to equity, and ensuring compliance with applicable laws and standards.

Health Promotion: With partners, staff employ policy, system, and environmental change strategies to reduce the burden of inequities on racial and ethnic minority communities by promoting culturally-specific and population level approaches.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of county-community partnerships to improve health outcomes in populations with health inequities	50	16	80	80
Outcome	Percent of racial/ethnic minorities with increased access to health promoting interventions	30%	25%	30%	30%
Output	Percent of PHD projects or strategies provided technical assistance in applying culturally responsive strategies	40%	75%	50%	50%
Outcome	% of PHD programs implementing baseline recommendations for Title VI of Civil Rights Act of 1964	NA	75%	25%	75%

Performance Measures Descriptions

3) Revised from programs to projects or strategies.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$858,661	\$156,696	\$886,281	\$92,648
Contractual Services	\$200,000	\$114,680	\$200,000	\$67,500
Materials & Supplies	\$67,159	\$24,841	\$61,291	\$14,538
Internal Services	\$163,919	\$87,158	\$106,446	\$11,683
Total GF/non-GF	\$1,289,739	\$383,375	\$1,254,018	\$186,369
Program Total:	\$1,673,114		\$1,440,387	
Program FTE	6.80	1.57	6.80	0.75

Program Revenues				
Indirect for Dept. Admin	\$14,839	\$0	\$9,089	\$0
Intergovernmental	\$0	\$383,375	\$0	\$186,369
Total Revenue	\$14,839	\$383,375	\$9,089	\$186,369

Explanation of Revenues

CDC REACH Grant: \$186,369

Significant Program Changes

Last Year this program was: FY 2018: 40053A Racial and Ethnic Approaches to Community Health

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40055, 40056, 40058
Program Characteristics:

Executive Summary

Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by more than 30 years of extensive research. NFP supports a partnership between low-income, first time mothers with a home visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy and provide confident and competent care for their children and families. This program serves over 400 families per year.

Program Summary

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

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, increased intervals between births, increased maternal employment, and improved school readiness for children. Multnomah County has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Council, and rigorous evaluation support through the NFP National Service Office. Long-term benefits to the county include healthy children ready to learn; decreased costs related to fewer families involved in child welfare and juvenile justice systems, and over the long-term families less affected by chronic disease.

Nurse Family Partnership is connected with the Healthy Birth Initiative (HBI). This partnership provides African American first-time mothers who are enrolled in NFP with all of the wraparound, culturally-specific services and leadership development of the HBI program. Additional families served through the coordinated programs are reflected in the HBI program offer.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served	440	425	425	350
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	56%	65%	66%	65%
Quality	Client retention in prenatal phase of NFP program	56%	70%	70%	70%

Performance Measures Descriptions

Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410- 147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,169,510	\$1,274,812	\$708,417	\$1,323,737
Contractual Services	\$538,766	\$108,853	\$603,843	\$101,388
Materials & Supplies	\$80,796	\$2,015	\$70,111	\$10,960
Internal Services	\$310,605	\$211,484	\$427,837	\$166,505
Total GF/non-GF	\$2,099,677	\$1,597,164	\$1,810,208	\$1,602,590
Program Total:	\$3,696,841		\$3,412,798	
Program FTE	8.62	8.99	4.78	8.56

Program Revenues				
Indirect for Dept. Admin	\$130,775	\$0	\$129,534	\$0
Intergovernmental	\$0	\$237,108	\$0	\$217,120
Service Charges	\$0	\$1,466,166	\$0	\$1,385,470
Total Revenue	\$130,775	\$1,703,274	\$129,534	\$1,602,590

Explanation of Revenues

NFP is funded by Medicaid fees from Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum; Targeted Case Management (TCM) for infants and children up to age 5 years; the Local Public Health Authority IGA with Oregon Health Authority; and an Early Home Visiting grant.

Local Public Health Authority IGA: \$192,120
 Target Case Management Babies First fees: \$750,000
 Medicaid Maternity Case Management fees: \$635,470
 Early Home Visiting grant: \$25,000

Significant Program Changes

Last Year this program was: FY 2018: 40054 Nurse Family Partnership

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40056, 40058, 40037
Program Characteristics:

Executive Summary

This program includes the Healthy Homes Asthma Home Visiting program, the Empezando con Salud/Maternal Child Medical Home project, and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions, by providing health assessments in the home, conducting care coordination, building a family's capacity to work with health/social services systems, reducing environmental toxins, and building culturally congruent health care.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and life stability. Home and community based services support families with children who have a chronic health condition and/or are identified as high-risk in community settings through three program areas.

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

Early Childhood health consulting is provided through community health nurses and community health workers. These services are provided by both staff and community contracts to support families enrolled in the Mt Hood Head Start program, Oregon Child Development Coalition, Multnomah Early Childhood Program, and Albina Head Start.

The Empezando con Salud/Maternal/Child Medical Home (MCMH) project began in FY17 and focuses on Latinix families at the Department's East County Health Center. The project recruits Latinix families through prenatal patients and patients ages 0-3; and works with patients and Latinix-serving community organizations to develop a trauma-informed, culturally responsive, coordinated care model. MCMH care coordination includes prenatal, developmental, and Adverse Childhood Experiences (ACEs) screenings; and a menu of clinical, group, home visiting, and behavioral health services. The Empezando con Salud/MCMH project has focused on planning, workforce development, and refining the model. The subsequent months of intervention will provide services to approximately 600 families at East County Health Center and continue refining the intervention. The Health Department's Integrated Clinical Services and Racial and Ethnic Approaches to Community Health are key organizational partners.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served by the Empezando con Salud/Maternal Child Medical Home	50	400	150	400
Outcome	Number of families receiving an environmental home inspection	NA	40	20	NA
Quality	% completion of nursing assessments for families seen more than three times	100%	95%	100%	100%
Output	% of prenatal clients in the Maternal/Child Medical Home completing a self assessment of needs screening	100%	60%	75%	75%

Performance Measures Descriptions

1) Due to delay in program implementation, FY18 Purchased goals not fully achieved. 2) Due to reductions in Title V Maternal and Child Health Services Block Grant Program funding, the environmental health inspections portion of this program has been eliminated in FY19.

Legal / Contractual Obligation

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

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$587,608	\$1,246,097	\$636,229	\$1,256,102
Contractual Services	\$30,000	\$83,650	\$204,656	\$99,984
Materials & Supplies	\$9,168	\$82,068	\$64,756	\$103,272
Internal Services	\$131,392	\$338,504	\$80,668	\$266,357
Total GF/non-GF	\$758,168	\$1,750,319	\$986,309	\$1,725,715
Program Total:	\$2,508,487		\$2,712,024	
Program FTE	5.92	12.11	5.44	9.01

Program Revenues				
Indirect for Dept. Admin	\$114,591	\$0	\$116,799	\$0
Intergovernmental	\$0	\$1,325,759	\$0	\$1,255,466
Service Charges	\$0	\$424,560	\$0	\$470,249
Total Revenue	\$114,591	\$1,750,319	\$116,799	\$1,725,715

Explanation of Revenues

This program offer is funded by the following:

\$993,957: CareOR MatrnI Med Hm
 \$166,992: Medicaid TCM/Babies First
 \$303,257: Healthy Homes TCM
 \$227,509: DDSD-CHN
 \$17,000: OCDH EHS-CHN
 \$17,000: MHCC Head Start

Significant Program Changes

Last Year this program was: FY 2018: 40055 Home and Community Based Health Consulting

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, evidence-based program that is part of the state-wide Healthy Families of Oregon (HFO) network. HFMC provides early childhood risk screening and home visiting for children and families at-risk of poor early childhood outcomes. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three. HFMC will screen approximately 1,000 families for eligibility, enrolling approximately 600 families in home visiting services.

Program Summary

Research shows the conditions of early life have a profound effect on long-term health and stability. HFMC serves families from the prenatal period or birth of a new child until the child turns three. Families who qualify for services are offered voluntary home visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones, all of which are critical to improved school readiness by age five. The program supports improved equity in communities of color and low income communities. Long-term benefits to the County include increasing the number of healthy children who enter kindergarten ready to learn, a healthier workforce and decreased costs to County systems by preventing future child welfare involvement, school absenteeism, juvenile crime and chronic disease.

The program has two components: 1) Welcome Baby screens families for service eligibility and refers families who may be experiencing risk indicators for parent stress. 2) HFMC home visiting delivers the accredited, evidence-based Healthy Families America model, delivered by highly trained staff at community-based agencies. Home visiting teams have a culturally-specific focus, including African American, immigrant/refugee, Latino families, teen parents, and parents with significant substance abuse or trauma history. HFMC collaborates with the Healthy Birth Initiative (HBI) to improve services for African American families. All families who receive prenatal services with HBI are offered three years HFMC home visiting services after their child is born. A Maternal Child and Family Health Advisory Council guides the program.

HFMC partners with Early Learning Multnomah (ELM), a collaboration of over 50 early learning programs. ELM identified two intersecting groups of children at greatest risk for not entering school ready to learn: those living at or near the poverty level and children of color (including English language learners). To further the County's collective impact, HFMC adopted ELM priority populations as new priority screening and service populations. The HFMC program maximizes investments HealthShare of Oregon made in FY18 to develop and pilot a new tri-county early childhood resource referral and service tracking database with the goal of closing service gaps for families most at risk. HFMC home visitors leverage Medicaid Administrative Claiming (MAC) funds which provide culturally-specific, African American Mental Health Consultation (MHC) and other program supports that strengthen service delivery and improve family engagement and retention in services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served with intensive home visiting	575	575	611	575
Outcome	% of participating parents who report reading to/with a child at least 3x/week	94%	94%	94%	94%
Quality	% of families remaining in intensive services for 12 months or longer	64%	66%	NA	66%
Outcome	% of families served who fit Early Learning Multnomah (ELM) priority populations (People of Color/low income)	NA	83%	90%	90%

Performance Measures Descriptions

3) Current Year Estimate unavailable due to a transition in data systems at the state Early Learning Division. In the future, the program will have the ability to independently draw data reports from a State of Oregon database.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$406,127	\$689,898	\$363,182	\$616,561
Contractual Services	\$456,935	\$1,480,838	\$214,564	\$1,574,975
Materials & Supplies	\$24,295	\$12,929	\$25,715	\$0
Internal Services	\$50,000	\$191,796	\$193,600	\$77,749
Total GF/non-GF	\$937,357	\$2,375,461	\$797,061	\$2,269,285
Program Total:	\$3,312,818		\$3,066,346	
Program FTE	3.00	6.65	3.21	5.65

Program Revenues				
Indirect for Dept. Admin	\$65,333	\$0	\$60,485	\$0
Intergovernmental	\$0	\$2,375,461	\$0	\$2,237,285
Other / Miscellaneous	\$0	\$0	\$0	\$32,000
Total Revenue	\$65,333	\$2,375,461	\$60,485	\$2,269,285

Explanation of Revenues

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County match of 25%, of which 5% must be cash match.

Healthy Families home visitors, through the completion of regular staff time studies, leverage Medicaid Administrative Claiming (MAC) program reimbursements, generally equal to about 5% of the State Healthy Families grant.

Healthy Families Grant: \$2,037,285
 Medicaid Administrative Claiming: \$200,00
 HSO: Help Me Grow Grant:\$32,000

Significant Program Changes

Last Year this program was: FY 2018: 40056 Healthy Families

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

Executive Summary

The Future Generations Collaborative (FGC) is a collective impact model whose partners include Native American and Alaska Native community members, Native-serving organizations, and government agencies. The FGC seeks to increase healthy pregnancies and healthy births and strengthen families in Native American and Alaska Native communities.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to Native American women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health effects, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally-specific, trauma-informed collective impact model to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders (FASDs). Eliminating the root causes of FASDs ensures that all Native families are supported to heal, grow and thrive; and that a healthy pregnancy and healthy start to life is possible for every Native person.

The FGC has adopted a trauma-informed collaborative process that helps heal people, organizations, and systems. Using the model, the FGC builds trusting relationships between and among people and organizations. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The FGC builds community capacity to mobilize, educate, and inform community through peer-to-peer support and training; increasing use of the relational world view and trauma-informed approaches within health and social service systems; and enhancing participation of Native-identified community health workers and community members in policy and systems changes. Finally, the FGC plays a unique role in Multnomah County, providing culturally-relevant and trauma-informed technical assistance and training to health and social service providers, including community health workers, to more effectively adapt systems and programs to support people and families affected by FASD.

The work of the FGC responds to the 2014 Report Card on Racial and Ethnic Disparities, as well as other local and regional community health assessments and community health improvement plans. The FGC addresses the underlying causes of health inequities by focusing on the social determinants of health, operating in a life course health perspective, and building capacity within the Native community and Native-serving organizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of TA and capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders	15	12	14	14
Outcome	% participants w/increased awareness of FASD prevention & effective support for those affected by FAS	NA	90%	90%	90%
Quality	# of Elders/Natural Helpers and Native-identified community health workers engaged in policy advocacy	42	13	24	20
Quality	# Meaning Making meetings to gather and integrate input on successes and process improvements for the FGC	3	2	2	2

Performance Measures Descriptions

2) Due to transition in evaluation, quantitative participant outcomes weren't tracked at each training or TA session. A new Indigenized process has been developed with greater emphasis on qualitative evaluation. 3) Revised: measures changed from unique clients to not unique contacts as some individuals engage in more than one event.

Legal / Contractual Obligation

The Health Department serves as the backbone agency for the FGC. In this role we have developed contracts with three Native-serving, community-based organizations to complete the planned work. Those contracts are Native American Youth and Family Center [contract number 44-1937], the Native Wellness Institute [44-1092] and SPIRITS [44-1537]. We expect these contracts to continue until the grant period ends (January 2018). The FGC is seeking additional grant funds to sustain the current scope of work and supplement general fund contribution to the collaborative.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$147,265	\$0	\$171,112	\$0
Contractual Services	\$71,334	\$263,435	\$81,476	\$150,000
Materials & Supplies	\$2,143	\$0	\$2,058	\$0
Internal Services	\$15,626	\$0	\$24,004	\$0
Total GF/non-GF	\$236,368	\$263,435	\$278,650	\$150,000
Program Total:	\$499,803		\$428,650	
Program FTE	1.35	0.00	1.50	0.00

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$113,435	\$0	\$0
Total Revenue	\$0	\$263,435	\$0	\$150,000

Explanation of Revenues

Future Generations Collaborative (FGC) is funded by county general fund, Local Public Health Authority Title V funds, In FY18, Title V support will be increased.

Maternal Child Health Federal Block Grant: \$150,000

Significant Program Changes

Last Year this program was: FY 2018: 40057 Future Generations Collaborative

In FY17, this program was 100% funded with general fund. In FY18, 30% of the general fund was replaced with federal Maternal Child Health Title V funding.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40056
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 250 new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 15 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health outcome disparities in the county and, therefore, the Health Department recognizes the work of HBI as part of its core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health systems. HBI also enrolls uninsured members of the African American community in health insurance. HBI works with its Community Action Network (CAN) to achieve collective impact on topics such as breastfeeding, family planning, and male/father involvement. The CAN is led by parents and comprised of a number of healthcare, social-service, and culturally specific agencies working together to implement community-identified strategies.

Long-term benefits of the program include healthy children ready to learn; a healthier work force; decreased costs related to school failure, juvenile crime, and chronic disease; strengthened partnerships; and gains in equity for the county's African American community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of families served	165	225	200	250
Outcome	Percent of mothers initiating breastfeeding after delivery	95%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years-old	80%	85%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	92%	95%	95%	95%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$572,083	\$926,607	\$659,694	\$818,191
Contractual Services	\$116,000	\$91,875	\$97,000	\$75,375
Materials & Supplies	\$36,721	\$53,155	\$71,213	\$25,744
Internal Services	\$62,862	\$233,393	\$96,010	\$279,610
Total GF/non-GF	\$787,666	\$1,305,030	\$923,917	\$1,198,920
Program Total:	\$2,092,696		\$2,122,837	
Program FTE	5.43	8.05	6.00	6.80

Program Revenues				
Indirect for Dept. Admin	\$77,701	\$0	\$80,265	\$0
Intergovernmental	\$0	\$750,000	\$0	\$750,000
Service Charges	\$0	\$448,920	\$0	\$448,920
Total Revenue	\$77,701	\$1,198,920	\$80,265	\$1,198,920

Explanation of Revenues

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

Health Resources Services Administration grant: \$750,000
Targeted Case Management: \$448,920

Significant Program Changes

Last Year this program was: FY 2018: 40058 Healthy Birth Initiative

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40050-40051
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 80 juveniles. Over 36,000 adult individuals are cared for each year with approximately 30% having mental health and behavioral issues. Over 2,000 juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

Program Summary

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

This offer represents the mental health services to adults in the MCDC and MCIJ facilities and juveniles in the JDH facility. At MCDC, approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. At MCIJ, approximately 600 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial are housed. A 10 bed medical unit provides skilled nursing and protective isolation in house, and utilization of the unit prevents a stay in a hospital at a much greater cost. Mental health services are also provided to inmates at MCIJ, both individually and in groups. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

In addition to the services provided by mental health professions, mental health and behavioral issues are screened for and addressed by nursing and other staff in a variety of circumstances: intake/reception screening, 14-Day Health Assessment, response to medical request forms, management in observation units and at release. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	160	160	200	200
Outcome	Avg suicide watches per month (used to prevent inmate injury or death)	na	160	90	90
Output	Avg number of evaluations performed by Mental Health Consultants for all Corrections Health sites per month	na	na	840	900
Outcome	% of detained youth receiving mental health medications monthly	36%	40%	40%	40%

Performance Measures Descriptions

Outcome Measure: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.
 NEW Output Measure: Tracking MHC evaluations helps to assess access to care and resource utilization
 NEW Outcome Measure: Tracking percentage of youth receiving psychotropic medications allows for monitoring of needs at the JDH facility.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$3,016,255	\$0	\$3,192,760	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$295,803	\$0	\$19,724	\$0
Internal Services	\$121,855	\$0	\$307,010	\$0
Total GF/non-GF	\$3,473,913	\$0	\$3,559,494	\$0
Program Total:	\$3,473,913		\$3,559,494	
Program FTE	23.20	0.00	21.80	0.00

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

Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. Those rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for detainee-requested evaluations and clinic visits. Provider-ordered treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Youth in the Alcohol and Drug Treatment Program have Oregon Health Plan (OHP) coverage so some of their clinic appointments with a physician and medications are billed to the Oregon Health Plan. Clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2018: 40059 Corrections Health Mental Health Services

The description of mental health program components in all facilities comprising mental health delivery services have been consolidated into this program. Positions and expenditures were also previously budgeted in Program Offers 40050B Corrections Health Multnomah County Detention Center (MCDC), 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8, 40051B Corrections Health MCIJ General Housing Dorms 4 - 11, 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary.

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40053, 40006, 40025, 40037, 40038
Program Characteristics:

Executive Summary

Chronic Disease and Violence Prevention (CDVP) includes the STRYVE, Defending Childhood Initiative (DCI), and Healthy Communities programs. These programs respond to documented health inequities by working in neighborhoods with the highest rates of crime and disease. Prevention strategies include community-informed planning and decision-making; training and technical assistance, community health worker initiatives; and activities that improve policies, systems, and environments.

Program Summary

Research shows that an individual's zip code is a main determinant of health and wellbeing. Locally, geographic areas with higher poverty, lower educational attainment, and neighborhoods subjected to disinvestment and/or gentrification also have significant health disparities, including for chronic disease and exposure to violence and trauma. CDVP programs work alongside community members to improve and prevent these inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, health care, and physical environments.

Violence Prevention strategies are implemented by STRYVE (Striving to Reduce Youth Violence Everywhere) and DCI (Defending Childhood Initiative). STRYVE prevents youth violence through community health workers (CHWs) who work in partnership with youth and adults to address community trauma, increase resilience, and build system capacity to use a public health approach to violence. Activities improve neighborhood livability through peace poles, murals, and other projects that are community-led and provide summer employment programs for youth. DCI works with partners to enhance capacity to recognize, respond to, and prevent childhood exposure to all forms of violence and trauma. Activities include providing professional development and training; collaborating with stakeholders to ensure policies and programs support community needs; and utilizing public awareness campaigns to highlight key issues. STRYVE and DCI co-convene multi-sectoral partners to plan and implement violence prevention activities through the Violence Prevention Coordination Team, contracts, and coordination with the Department's Adolescent Sexual Health Equity Program.

Chronic disease prevention strategies are implemented by Healthy Communities. Chronic diseases are among the leading causes of death in the County and reducing these mortality rates can only be done by addressing racial and ethnic disparities. The program's main focuses are on health and socioeconomic inequities, poor health outcomes, and chronic conditions caused by poor nutrition, physical inactivity, and tobacco and nicotine. Activities include increasing access to physical activity through integrating health and equity into transportation planning; increasing access to evidence-based lactation and nutrition improvements in worksites; conducting assessments to better understand barriers to preventative health screenings; and decreasing use of and exposure to tobacco and nicotine. Key partners include governments, health systems and community organizations.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Youth and community members and professional engaged in STRYVE activities and DCI activities	3,200	3,000	3,200	3,700
Outcome	Number of policies & practices established to prevent and reduce rates of chronic disease	43	15	22	15
Output	Number of Violence Prevention Coordination Team meetings	3	16	15	16
Outcome	# of community sites involved in chronic disease and/or violence prevention activities in areas of highest need	33	12	36	29

Performance Measures Descriptions

1) FY19 offer includes DCI. 2) Includes policies to promote healthy eating and active living and create healthier neighborhoods and workplaces. This measure does not include tobacco-related policies; those are tracked in program 40006, Tobacco Prevention and Control. 3) 12 monthly meetings, 4 quarterly grant meetings. 4) FY19 offer includes DCI.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,102,466	\$506,853	\$1,062,436	\$379,184
Contractual Services	\$215,000	\$225,433	\$729,197	\$121,354
Materials & Supplies	\$133,055	\$74,426	\$139,327	\$33,232
Internal Services	\$135,792	\$126,985	\$185,230	\$76,052
Total GF/non-GF	\$1,586,313	\$933,697	\$2,116,190	\$609,822
Program Total:	\$2,520,010		\$2,726,012	
Program FTE	9.85	5.00	9.35	3.60

Program Revenues				
Indirect for Dept. Admin	\$58,471	\$0	\$37,199	\$0
Intergovernmental	\$0	\$950,407	\$0	\$609,822
Total Revenue	\$58,471	\$950,407	\$37,199	\$609,822

Explanation of Revenues

This Program Offer includes federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors (\$412,240) and Oregon Health Authority Healthy Communities funding (\$197,582).

Significant Program Changes

Last Year this program was: FY 2018: 40060 Chronic Disease and Violence Prevention

This program offer consolidates functions formerly associated with FY18 25045 YFS-DCI: Safe and Thriving Communities into the Health Department from County Human Services.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40011, 40061
Program Characteristics:

Executive Summary

Drug abuse is a serious health issue that affects almost every community and family in some way. The opioid epidemic, and an increase in methamphetamine use, has led to a sustained rise in injection drug use. Portland-area surveys show an increase in the percent of heroin users hooked on prescription opioids before ever using heroin - from 45% in 2011 to 51% in 2016. This program saves lives by training people who inject drugs how to respond to overdoses, reduces HIV/AIDS, hepatitis and other infections by engaging people who inject drugs in syringe exchange.

Program Summary

The harm reduction program works with people who may not be ready to stop substance use, offering strategies to reduce risks and negative outcomes for people who inject drugs and those around them. In the last 5 years syringe exchange demand has increased 31% in clients served, 143% in encounters, and 122% in syringes collected. This program provides access to sterile syringes in exchange for used ones, serving over 6,500 unique clients exchanging over 4 million syringes in FY17. Exchanging on behalf of a social network occur at 20% of client encounters and new client registration averages 190 per month. Services address improperly discarded syringe debris through distribution and return of sharps containers. With 70% of clients reporting houselessness or temporary/unstable housing, these containers empower clients to return syringes and enable a return rate of 100.8% for CY17; supporting studies that show syringes obtained from programs are more likely to be safely disposed. Staff administer the Healthy Streets community-based syringe drop box project, providing convenient public disposal to reduce the number of improperly discarded syringes. Activities include outreach, engagement and safe disposal education.

Opioid overdose prevention and naloxone distribution (a medication that reverses overdoses) help clients recognize and respond to overdose. Before receiving a naloxone kit, all clients complete a training with staff. With the influx of new clients every month, training needs continue. Clients report saving lives - an increase of 26% in overdose rescues reported in FY16. This program provides regional and statewide capacity building trainings allowing local CBOs to purchase naloxone for on-site rescues. This work is supported by a two-year SAMHSA grant to provide technical assistance to Washington, Columbia and Clatsop Counties. Since the program began in 2013, the number of heroin overdose deaths in Multnomah County has decreased every year. This trend is unusual at a time when heroin deaths continue to increase both nationally and in other Oregon counties where naloxone is not readily available.

This program operates a Harm Reduction Clinic which couples syringe exchange/overdose prevention with acute/urgent care and sexual health services. The only program of its kind in Oregon, this low barrier clinic creates an access point for individuals not otherwise engaged in healthcare and aims to increase readiness to improve health outcomes and reduce emergency room visits. An Addictions Benefits Coordinator assists clients to enter addictions treatment programs.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of syringe exchange client encounters.	51,193	50,000	50,000	50,000
Outcome	Number of overdose rescues reported.	749	750	800	750
Output	Number of unique syringe exchange clients served.	6,639	NA	6,500	6,500
Outcome	% clients who felt prepared for a future overdose rescue.	88%	80%	85%	85%

Performance Measures Descriptions

- 1) Visits to MCHD and Outside In. 2) Overdose rescues reported to MCHD and Outside In. Previously tracked in 40061B. 3) Revised: Changed from 'number of new clients' to more accurately reflect service volume. Includes MCHD and Outside In.
- 4) Clients from MCHD and Outside In. Previously tracked in 40061B.

Legal / Contractual Obligation

Federal Program Requirements

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$456,304	\$41,528	\$663,976	\$222,817
Contractual Services	\$292,230	\$22,540	\$277,417	\$114,320
Materials & Supplies	\$329,029	\$22,520	\$402,738	\$39,651
Internal Services	\$222,735	\$5,050	\$250,265	\$28,098
Total GF/non-GF	\$1,300,298	\$91,638	\$1,594,396	\$404,886
Program Total:	\$1,391,936		\$1,999,282	
Program FTE	4.61	0.25	6.15	2.32

Program Revenues				
Indirect for Dept. Admin	\$3,933	\$0	\$21,859	\$0
Intergovernmental	\$0	\$91,638	\$0	\$360,360
Other / Miscellaneous	\$0	\$0	\$0	\$44,526
Total Revenue	\$3,933	\$91,638	\$21,859	\$404,886

Explanation of Revenues

\$83,418 - HIV Prevention Block Grant:
\$8,320 - Healthy Streets Grant:
\$44,526 - CCC Wound Care:
\$268,622- PH SAMSHA

Significant Program Changes

Last Year this program was: FY 2018: 40061A Harm Reduction

Last year this program was also: 40061B Overdose Prevention Strategy.

Department: Health Department
Program Offer Type: Innovative/New Program
Related Programs: 40061A
Program Characteristics: One-Time-Only Request

Program Contact: Kim Toevs
Program Offer Stage: As Adopted

Executive Summary

The Healthy Streets project launched in February 2016 in response to the growing concern of discarded syringes in downtown Portland. This community-based disposal strategy established safe sharps disposal boxes on the Waterfront Esplanade to encourage safe disposal of used needles by people who inject drugs (PWID). FY 2019 services will expand Healthy Streets by adding five additional safe sharps disposal boxes outside of the downtown core to address inappropriate syringe disposal and public safety.

Program Summary

The Healthy Streets project is one component of a strategy to reduce the number of improperly discarded syringes and provide the public a safe community-based disposal option. Over the past several years, injection drug use has dramatically increased as part of the overall rise in opioid addiction and methamphetamine use. Syringe exchange surveys conducted by Multnomah County Public Health show an increase in the percentage of heroin users using prescription opioids before ever using heroin (from 45% in 2011 to 51% in 2016). Increases in community members experiencing substance use disorders and living in public spaces due to homelessness, along with safe disposal options community wide, has contributed to an increase in discarded syringes.

Members of the general public have become increasingly concerned as the number of syringes found in neighborhoods, public spaces and businesses increases. Safe sharps disposal boxes create a 24/7 disposal option for safe disposal of syringes by community members finding used syringes. Members of the public comfortable with taking action when finding syringes are able to call Multnomah County for guidance and/or access safe disposal information.

This program is a collaboration between the Public Health Division and Multnomah County Department of County Assets Facilities Unit. Facilities purchase, install and maintain drop boxes. A biohazard waste disposal company is contracted to routinely monitor, empty and clean the sharps disposal boxes.

In addition to safe sharps disposal boxes, the Public Health Division supplies small syringe disposal units to community partners for distribution directly to PWID. This program offer will expand the number of community partnerships for distribution of safe disposal units.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# new syringe drop boxes installed	N/A	3	2	5
Outcome					
Output	# new community partnerships for distribution of small disposal units and referral to needle exchange	N/A	N/A	N/A	4

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$9,981	\$0	\$23,756	\$0
Contractual Services	\$20,000	\$0	\$80,000	\$0
Materials & Supplies	\$19	\$0	\$40,000	\$0
Total GF/non-GF	\$30,000	\$0	\$143,756	\$0
Program Total:	\$30,000		\$143,756	
Program FTE	0.00	0.00	0.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$483,201	\$633,048	\$518,044	\$669,498
Contractual Services	\$4,000	\$250,000	\$4,000	\$301,563
Materials & Supplies	\$9,914	\$73,595	\$10,540	\$74,786
Internal Services	\$34,370	\$120,356	\$5,223	\$197,589
Total GF/non-GF	\$531,485	\$1,076,999	\$537,807	\$1,243,436
Program Total:	\$1,608,484		\$1,781,243	
Program FTE	4.65	3.83	4.65	3.83

Program Revenues				
Indirect for Dept. Admin	\$21,824	\$0	\$32,476	\$0
Intergovernmental	\$0	\$911,840	\$0	\$1,243,436
Other / Miscellaneous	\$0	\$165,159	\$0	\$0
Total Revenue	\$21,824	\$1,076,999	\$32,476	\$1,243,436

Explanation of Revenues

\$ 880,089 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 363,347 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40065 Mental Health & Addiction Services Administration

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$179,124	\$460,944	\$174,918	\$571,682
Contractual Services	\$0	\$0	\$0	\$33,923
Materials & Supplies	\$0	\$7,862	\$66	\$7,832
Internal Services	\$0	\$165,111	\$3,801	\$181,933
Total GF/non-GF	\$179,124	\$633,917	\$178,785	\$795,370
Program Total:	\$813,041		\$974,155	
Program FTE	2.11	5.19	1.96	6.34

Program Revenues				
Indirect for Dept. Admin	\$34,879	\$0	\$42,917	\$0
Intergovernmental	\$0	\$633,917	\$0	\$795,370
Total Revenue	\$34,879	\$633,917	\$42,917	\$795,370

Explanation of Revenues

\$ 656,793 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
 \$ 138,577 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40068 Mental Health Quality Management & Protective Services

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$816,884	\$3,063,682	\$773,439	\$3,649,427
Contractual Services	\$0	\$2,940,240	\$0	\$3,091,435
Materials & Supplies	\$878	\$421,339	\$1,221	\$297,804
Internal Services	\$72,188	\$685,783	\$149,569	\$834,209
Total GF/non-GF	\$889,950	\$7,111,044	\$924,229	\$7,872,875
Program Total:	\$8,000,994		\$8,797,104	
Program FTE	7.04	25.79	6.09	30.11

Program Revenues				
Indirect for Dept. Admin	\$221,377	\$0	\$264,499	\$0
Intergovernmental	\$0	\$7,111,044	\$0	\$7,872,875
Total Revenue	\$221,377	\$7,111,044	\$264,499	\$7,872,875

Explanation of Revenues

\$ 6,866,245 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
 \$ 1,006,630 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2018: 40068 Mental Health Quality Management & Protective Services

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

Executive Summary

Mental Health and Addiction Services Division operates a 24-hour, 365-day-a-year behavioral health emergency crisis response system, including a 24/7 crisis hotline, a 24/7 mobile crisis outreach and a seven day a week walk-in clinic.

Program Summary

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

Utilization Review - This function provides authorization oversight of Multnomah Mental Health funds and indigent treatment funds for those experiencing mental health emergencies and crisis.

Project Respond – Mobile outreach service that is contracted with a community based organization and is available 24/7, 365 days/year. Project Respond is deployed by the Call Center or Portland Police to provide face-to-face crisis evaluation and triage services to those in crisis regardless of insurance status. In FY17, total number of clients served was 2,210. Hospital Outreach Liaisons- in the Project Respond program assist in diverting 301 individuals in Emergency Departments from Acute care services to appropriate treatment services in the community.

Urgent Walk-In Clinic (UWIC) – Clinic based service contracted with a community-based organization, available from 7:30 a.m. to 10:30 p.m., Monday - Friday, that provides crisis evaluation, triage, and stabilization on a walk-in basis. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Clients seen at the clinic are primarily indigent.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total Crisis System Contacts ¹	76,290	84,000	80,000	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	99.5%	96%	98.4%	96%

Performance Measures Descriptions

¹ FY17 totals include Cascadia UWIC Report: 4,168, FY17 Project Respond: 2,210. CATC: 611, ED Liaison Contacts: 301, Calls to call center: 68,923

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

Legal / Contractual Obligation

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

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,180,472	\$1,308,847	\$958,648	\$2,108,972
Contractual Services	\$1,822,446	\$5,475,838	\$1,335,876	\$7,686,679
Materials & Supplies	\$487	\$30,923	\$1,691	\$18,944
Internal Services	\$59,198	\$341,086	\$110,660	\$400,439
Total GF/non-GF	\$3,062,603	\$7,156,694	\$2,406,875	\$10,215,034
Program Total:	\$10,219,297		\$12,621,909	
Program FTE	9.82	10.08	7.44	13.79

Program Revenues				
Indirect for Dept. Admin	\$68,432	\$0	\$145,305	\$0
Intergovernmental	\$0	\$7,156,694	\$0	\$10,150,484
Beginning Working Capital	\$0	\$0	\$0	\$64,550
Total Revenue	\$68,432	\$7,156,694	\$145,305	\$10,215,034

Explanation of Revenues

- \$ 6,282,192 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
- \$ 3,213,159 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children
- \$ 30,820 - Fee for Service Insurance Reimbursement Family Care
- \$ 409,446 - Washington County Crisis
- \$ 64,550 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40069A Behavioral Health Crisis Services

Last year this program was also: 40069B Crisis Service Current Capacity Funding

Department: Health Department **Program Contact:** Neal Rotman

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

Related Programs:
Program Characteristics:
Executive Summary

The Mental Health and Addiction Services Division (MHASD) has identified alternatives to inpatient hospitalization as a missing service in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 350 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	320	376	306	306
Outcome	Number of admissions that are Non-HSO Multnomah Members	67	40	56	56
Output	Number of inpatient days for Non-HSO Multnomah Adults	11,801	11,153	10,797	10,800
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members:	17.3%	9.62%	15.5%	15%

Performance Measures Descriptions

Legal / Contractual Obligation

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

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$642,048	\$2,354,195	\$664,520	\$4,093,869
Internal Services	\$24	\$0	\$0	\$0
Total GF/non-GF	\$642,072	\$2,354,195	\$664,520	\$4,093,869
Program Total:	\$2,996,267		\$4,758,389	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,354,195	\$0	\$4,093,869
Total Revenue	\$0	\$2,354,195	\$0	\$4,093,869

Explanation of Revenues

\$ 4,093,869 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2018: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

Department: Health Department **Program Contact:** Jean Dentinger
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Commitment Services includes Emergency Psychiatric Holds (E-Holds), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent E-Holds and ICP staff are required to investigate to determine whether individuals on a hold present a risk of harm to themselves or others and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority.

Program Summary

Commitment Services is comprised of several distinct yet interconnected services:

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

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

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of E-Holds ¹	3,540	3,500	3,425	3,500
Outcome	% of investigated E-Holds that did not go to Court hearing ²	88.4%	93%	86.9%	87%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment ²	92.5%	91%	93.3%	91%
Output	# of commitments monitored annually ³	389	380	412	380

Performance Measures Descriptions

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

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

³ # monitored reflects new & existing commitments of residents in acute care settings & secure placements.

Legal / Contractual Obligation

The ORS 426 requires that all persons placed on a notice of mental illness be investigated within 24 hours, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,077,624	\$1,924,853	\$1,018,819	\$2,121,684
Contractual Services	\$20,000	\$683,195	\$20,700	\$569,722
Materials & Supplies	\$45	\$41,308	\$946	\$39,990
Internal Services	\$146,656	\$318,598	\$234,645	\$236,557
Total GF/non-GF	\$1,244,325	\$2,967,954	\$1,275,110	\$2,967,953
Program Total:	\$4,212,279		\$4,243,063	
Program FTE	9.00	15.50	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,954	\$0	\$2,967,953
Total Revenue	\$0	\$2,967,954	\$0	\$2,967,953

Explanation of Revenues

\$2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2018-2019 IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2018: 40072 Mental Health Commitment Services

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

Executive Summary

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

Program Summary

This program offer supports the peer-run supported employment center through continued funding of positions and operating costs. The Supported Employment center offers employment, wellness and administrative support to adults with a mental illness who want to become employed. Continued funding through this offer would ensure that staff can continue to meet the training standards required for Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, employment and volunteer opportunities and advocating for reasonable accommodations.

The World Health Organization in their Health Impact Assessment and the Robert Wood Johnson Foundation have both endorsed increased education and employment as determinants of good health. This program provides the opportunity for those with mental illness to pursue both educational and employment opportunities that can be factors in improved health outcomes for those experiencing mental health issues.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of active members	168	240	168	168
Outcome	Percent of members in paid employment positions	35%	38%	35%	35%
Output	Average daily attendance (ADA)	25	35	25	25

Performance Measures Descriptions

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

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$112,618	\$0	\$109,940	\$0
Total GF/non-GF	\$112,618	\$0	\$109,940	\$0
Program Total:	\$112,618		\$109,940	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40073 Peer-run Supported Employment Center

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

Executive Summary

This program includes Mental Health Residential Services with 562 beds of Housing. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Foster Care Homes and a range of semi-independent supported housing programs. Transitional Housing serves approximately 136 individuals who require assistance obtaining permanent housing while addressing their mental health needs. Transitional housing provides short-term stable housing to decrease the likelihood that they will need crisis & acute services.

Program Summary

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

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

The Transitional Housing programs that receive funding provide 96 Single Room occupancy units that serve approximately 136 individuals annually. Diverse funding is utilized to maximize the ability of these programs to provide in-house supportive services that ensure individuals can maintain living independently and decrease the likelihood of being hospitalized due to inability to care for themselves.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of New Residential Services Referrals ¹	361	400	360	360
Outcome	% of County Residential Services referrals placed ²	38%	35%	35%	35%

Performance Measures Descriptions

¹ This measure indicates the gap between the number of existing residential treatment beds and the number of referrals for placement.

² OAR changes have impacted gatekeeping responsibilities of the County resulting in lower County placement percentages for in-county residential programs that are statewide resources.

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue Contract with City of Portland Bureau of Housing and Community Development.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$376,077	\$820,453	\$565,872	\$788,125
Contractual Services	\$521,804	\$11,897,888	\$501,521	\$11,625,137
Materials & Supplies	\$3,165	\$10,408	\$3,980	\$7,729
Internal Services	\$145,078	\$55,008	\$17,572	\$160,164
Total GF/non-GF	\$1,046,124	\$12,783,757	\$1,088,945	\$12,581,155
Program Total:	\$13,829,881		\$13,670,100	
Program FTE	3.50	7.64	5.00	6.68

Program Revenues				
Indirect for Dept. Admin	\$15,023	\$0	\$16,398	\$0
Intergovernmental	\$0	\$12,783,757	\$0	\$12,514,649
Beginning Working Capital	\$0	\$0	\$0	\$66,506
Total Revenue	\$15,023	\$12,783,757	\$16,398	\$12,581,155

Explanation of Revenues

- \$ 293,600 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates.
- \$ 43,278 - Washington County Older Adult Behavioral Health Coordination
- \$ 43,278 - Clackamas County Older Adult Behavioral Health Coordination
- \$ 12,134,493 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 66,506 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40074 Mental Health Residential Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This program includes Mental Health Residential Services with 562 beds of Housing. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Foster Care Homes and a range of semi-independent supported housing programs. Transitional Housing serves approximately 136 individuals who require assistance obtaining permanent housing while addressing their mental health needs. Older adults experiencing behavioral health issues that impact housing retention receive outreach mental health services.

Program Summary

The MDT program serves approximately 1,200 older adults annually via referrals from ADVSD Adult Protective Services (APS) investigators and case workers. Older Adults that are experiencing behavioral health issues that impact their ability to maintain a safe and healthy living situation receive mental health outreach services that; evaluate, provide immediate resolution services and coordinate on-going behavioral health services that are culturally responsive and specific to older adult treatment and care needs. Mental Health Specialists work with ADVSD case managers in five Multi-Disciplinary Teams, one in each branch office of ADVSD, to address barriers in obtaining medical, mental health or legal type interventions. The majority of participants in the program, approximately 80%, experience improvement in their ability to maintain housing and access to needed treatment and care services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of older adults receiving mental health assessments and counseling services.	1,418	1,200	1,245	1,200
Outcome	Percentage of participants reporting improvement did not report a worsening in conditions after engagement.	88%	80%	78%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$65,000	\$0
Total GF/non-GF	\$0	\$0	\$65,000	\$0
Program Total:	\$0		\$65,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Adult Mental Health Initiative (AMHI) Renamed by the Oregon Health Authority (OHA) The Choice Model Program as of 7/1/16: diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develops supports to maximize independent living. 683 individuals were served in FY17.

Program Summary

Mental Health and Addiction Services Division (MHASD) AMHI/Choice Model staff work with other MHASD units, OSH, OHA/Health Systems Division, Coordinated Care Organizations (CCO), and counties to coordinate the placement and movement of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by AMHI can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs Care Coordination (ENCC) to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of AMHI/Choice Model is assisting individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH; supporting quick, safe and appropriate discharges from OSH into the community; and providing supports (skills training, etc.) to help individuals achieve independent living in the least restrictive housing environment.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of Clients Served in AMHI	683	680	685	680
Outcome	% of clients receiving direct client assistance to meet basic needs (NEW) ¹	NA	NA	18.2%	18%

Performance Measures Descriptions

¹ Direct client assistance includes housing assistance, moving fees, guardianship, secure transportation and storage.

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,049,409	\$0	\$1,388,400
Contractual Services	\$0	\$1,544,963	\$0	\$2,518,457
Materials & Supplies	\$0	\$8,467	\$0	\$5,533
Internal Services	\$0	\$240,916	\$0	\$289,518
Total GF/non-GF	\$0	\$2,843,755	\$0	\$4,201,908
Program Total:	\$2,843,755		\$4,201,908	
Program FTE	0.00	9.33	0.00	11.66

Program Revenues				
Indirect for Dept. Admin	\$47,852	\$0	\$73,095	\$0
Intergovernmental	\$0	\$2,843,755	\$0	\$4,137,358
Beginning Working Capital	\$0	\$0	\$0	\$64,550
Total Revenue	\$47,852	\$2,843,755	\$73,095	\$4,201,908

Explanation of Revenues

\$ 1,323,271 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 2,077,119 - State Mental Health Grant: Adult Mental Health Initiative (AMHI) based on 2017-2019 IGA with State of Oregon

\$ 64,550 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40075 Adult Mental Health Initiative (AMHI)

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

Executive Summary

This program offer describes the existing continuum of adult mental health care funded by Oregon Health Plan and managed by Health Share Multnomah Mental Health. The continuum addresses the needs of adults at emergent, urgent & routine levels of care. Additional respite services provide intervention when an individual's symptoms have risen beyond the scope of outpatient treatment. Outpatient treatment services provide a range of care matched to diagnosis and acuity to approximately 16,000 adults annually.

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total adults receiving outpatient mental health and addiction services ¹	15,791	10,318	16,000	16,000
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	17.1	15.8	17.0	17.0

Performance Measures Descriptions

¹ Number of unduplicated Multnomah Mental Health adult enrollees who received an outpatient mental health service or addiction services during the measurement period - note: increase in clients is a result of the addition of clients receiving Substance Use Disorder (addiction) services.

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

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$11,766,460	\$0	\$14,520,664
Total GF/non-GF	\$0	\$11,766,460	\$0	\$14,520,664
Program Total:	\$11,766,460		\$14,520,664	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$11,766,460	\$0	\$14,520,664
Total Revenue	\$0	\$11,766,460	\$0	\$14,520,664

Explanation of Revenues

\$ 14,520,664 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

Significant Program Changes

Last Year this program was: FY 2018: 40076 Mental Health Services for Adults

Department: Health Department **Program Contact:** Neal Rotman

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

Related Programs:
Program Characteristics:
Executive Summary

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

Program Summary

The Mental Health and Addiction Services Division (MHASD) provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total # of adults who received county-funded outpatient services or medication	957	550	872	872
Outcome	Percentage of MTF clients that are hospitalized	15.7%	25%	14.6%	15%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,169,766	\$0	\$1,364,322	\$0
Total GF/non-GF	\$1,169,766	\$0	\$1,364,322	\$0
Program Total:	\$1,169,766		\$1,364,322	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2018: 40077A Mental Health Treatment & Medication for the Uninsured

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 12-25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis, with the goal of developing a long-term recovery plan. EASA offers formal psychiatric treatment services, educational support, employment support and involves the young person's family and other supports in treatment. The program will provide services for approximately 180 referred individuals.

Program Summary

EASA is an evidence- and fidelity-based model formed by years of research indicating that early intervention and immediate access to treatment can directly reduce hospitalization rates and the long term disabling consequences of psychosis. The multidisciplinary team approach and program activities and services are designed to meet the standards of the model as required by the state. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment support specialists, an occupational therapist, and a nurse. Treatment is community-based and is comprised of services tailored to meet the unique needs of each client. Clients are paired with a psychiatrist and a mental health consultant based on age and personal preferences. Clients can choose from any of the following services to support their unique goals and needs considered through treatment planning: medication management, case management, support for employment, occupational therapy assessment and intervention, multi-family groups, individual and/or family psychotherapy, psycho-education, and social skills building groups.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total individuals enrolled in the EASA program receiving services	131	140	132	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	92%	80%	93%	85%
Output	Number of unduplicated individuals referred to the EASA program	188	170	185	185

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,240,331	\$0	\$1,313,301
Contractual Services	\$0	\$185,960	\$0	\$186,200
Materials & Supplies	\$0	\$16,867	\$0	\$20,389
Internal Services	\$0	\$231,292	\$0	\$336,294
Total GF/non-GF	\$0	\$1,674,450	\$0	\$1,856,184
Program Total:	\$1,674,450		\$1,856,184	
Program FTE	0.00	11.04	0.00	11.04

Program Revenues				
Indirect for Dept. Admin	\$15,153	\$0	\$16,581	\$0
Intergovernmental	\$0	\$1,541,289	\$0	\$1,714,891
Service Charges	\$0	\$133,161	\$0	\$141,293
Total Revenue	\$15,153	\$1,674,450	\$16,581	\$1,856,184

Explanation of Revenues

- \$ 255,079 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
- \$ 141,293 - Fee For Service Insurance Receipts
- \$ 10,124 - State Community Mental Block Grant
- \$ 12,000 - State Vocational Rehabilitation Award
- \$ 1,437,688 - State Mental Health Grant based on 2017-2019 IGA with State of Oregon
- \$ 113,020 - SMHG MHS 38

Significant Program Changes

Last Year this program was: FY 2018: 40078 Early Assessment & Support Alliance

Department: Health Department **Program Contact:** David Hidalgo

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

Related Programs:
Program Characteristics:

Executive Summary

This program offer funds 1 FTE to perform mental health assessments of approximately 128 individuals receiving domestic violence-related services in Multnomah County, including at domestic violence shelters and the Gateway Center for Domestic Violence Services. Individuals receive additional mental health services such as; individual and group therapy, crisis intervention and case management.

Program Summary

Individuals who are receiving domestic violence-related services in Multnomah County receive on-site mental health assessments, including the four domestic violence shelters and the Gateway Center for Domestic Violence Services. The clinician who serves as a liaison between domestic violence, mental health, and additional providers travels to each of the shelters on a regular basis, and spends approximately two-thirds of the time at the Gateway Center. The clinician attends the appropriate domestic violence community meetings and events (such as the monthly Family Violence Coordinating Council meetings) and provides training to facilitate increased knowledge and understanding among the mental health and domestic violence providers. The clinician also carries a small caseload of uninsured consumers and provides evidence-based group services such as Seeking Safety and a domestic violence process group that supplements what is offered within the domestic violence settings.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unique clients served annually ¹	454	370	470	450
Outcome	Percentage of clients reporting they are better able to make informed decisions.	100%	98%	100%	98%

Performance Measures Descriptions

¹ Reflects all MH services provided to unique individuals.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$67,000	\$0	\$65,000	\$0
Total GF/non-GF	\$67,000	\$0	\$65,000	\$0
Program Total:	\$67,000		\$65,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40079 Mental Health Services for Victims and Survivors of Domestic Violence

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

Services range from prevention/early intervention to a comprehensive continuum of treatment services in treatment centers, clinics, homes, schools, and the community. The continuum of services for at risk children includes: Early Childhood Mental Health Prevention and Treatment Services at Head Start, Multnomah Early Childhood Program (MECP), Health Department Maternal Child and Family Services, and Child Abuse Mental Health Services at CARES NW provided by Multnomah County Direct Clinical Services. Health Share of Oregon Multnomah contracted services for Outpatient, Intensive Home Based Services, Psychiatric Day Treatment, Psychiatric Residential Treatment Services, Sub-Acute, and Respite.

Evidence-based practices for at risk children and their families are used to deliver: Incredible Years parent groups, early childhood classroom consultation, psychiatric day treatment, crisis respite, individual/group therapy, skill building and medication management. Care is coordinated with allied partners including Child Welfare, MECP, Head Start, Developmental Disabilities, Dept of Community Justice-Juvenile Services, Wraparound, School Based Mental Health and Physical Healthcare to ensure the best outcomes for children and youth. Prevention services to promote the development of healthy attachments and positive parenting practices are culturally responsive to ensure supports are accessible and relevant to all children and families served programs promote educational success and keep vulnerable children in home with their families, stable foster care, or with other long-term caregivers. Early Childhood Mental Health and Head Start programs provide prevention and treatment for 3,644 children, and address needs before a higher level of care is needed. As of 1/1/2016, culturally specific treatment services for Latino and African American children delivered to increase success at home and reduce the likelihood of expulsion from Head Start.

CARES NW, a child abuse mental health program, reduces the trauma of 1,042 vulnerable children and their families. In turn, this reduces risk of developing long-term health and mental health problems. Outpatient Services deliver a family-centered model to 4,252 children and parents, and seeks to promote long term stability. Intensive mental health treatment services intervene in crisis situations to keep children at home, in school, and out of trouble. The service array aligns with goals of the School Aged Policy Frameworks and Early Learning Multnomah: school readiness, strengthening families, and promoting educational success for children at risk for or with mental illness.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total children receiving outpatient services ¹	4,089	4,200	4,057	4,100
Outcome	% of children demonstrating improvement in their global distress score ²	72.5	75%	69.5%	69.5%
Output	Total children (0-6) receiving prevention services ³	3,644	3,600	3,600	3,600
Output	Numbers of children enrollment in early childhood culturally specific treatment services ³	27	48	48	48

Performance Measures Descriptions

¹ Measure is # of unduplicated children and youth ages 0-17, with at least one reported mental health or substance use treatment encounter in any outpatient service. Multnomah Mental Health, and Multnomah Treatment Fund (MTF) claims data.

² ACORN is short/frequent survey for clients to rate symptoms. Global distress score is average score of all items on survey.

³ Two clinicians. 12 clients each. 50% productivity (Program enrollments started Dec 1st. 2016).

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,441,524	\$538,523	\$1,520,943	\$695,116
Contractual Services	\$142,340	\$1,539,347	\$172,827	\$1,848,224
Materials & Supplies	\$73	\$21,005	\$1,622	\$20,073
Internal Services	\$132,460	\$93,244	\$119,716	\$80,436
Total GF/non-GF	\$1,716,397	\$2,192,119	\$1,815,108	\$2,643,849
Program Total:	\$3,908,516		\$4,458,957	
Program FTE	11.95	4.30	12.32	5.26

Program Revenues				
Indirect for Dept. Admin	\$9,360	\$0	\$22,680	\$0
Intergovernmental	\$0	\$2,143,447	\$0	\$2,592,047
Service Charges	\$111,432	\$48,672	\$111,500	\$51,802
Total Revenue	\$120,792	\$2,192,119	\$134,180	\$2,643,849

Explanation of Revenues

\$ 1,827,456 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates
\$ 111,500 - Federally Qualified Health Centers Medicaid Wraparound Funds
\$ 137,292 - Head Start Contracts
\$ 51,802 - Fee For Services Insurance Receipt
\$ 282,682 - Care NorthWest Family contracts
\$ 344,617 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40080 Community Based MH Services for Children & Families

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Youth Care Coordination provided through Multnomah Wraparound and Intensive Care Coordination (ICC) follow the System of Care principles and values, and is a contracted service through Multnomah Mental Health and Local Mental Health Authority. Multnomah Mental Health has oversight of the screening and eligibility for children in need of intensive mental health services including the State Hospital, Psychiatric Residential Treatment Services, Psychiatric Day Treatment Services, Home Based Services, Crisis Stabilization (hospital diversion), Mental Health Respite and Care Coordination.

Program Summary

Multnomah Wraparound and ICC is funded by Oregon Health Plan via contract with Health Share of Oregon and managed by Multnomah Mental Health, with additional resources from partnering entities such as DHS Child Welfare, School Districts, Dept of Community Justice-Juvenile Justice. Approximately 200 children, youth and families are engaged in multi-system coordination at any given time.

Multnomah Wraparound and ICC address system issues by identifying trends and implementing a cross system strategic plan through a multi-tiered System of Care governance framework. The governance framework builds partnerships to facilitate planning, decision making and oversight. It also supports family and youth involvement as primary decision makers in the development, implementation and modification of the system of care for children and families. Multnomah Wraparound and ICC utilize Mental Health Treatment Services, flex funding, and community resources to meet the needs of families, monitors quality assurance, conducts utilization management, and evaluates service effectiveness. Multnomah Wraparound and ICC ensure policies and procedures are culturally competent and services are compatible with the families' cultural beliefs, practices, literacy skills and language.

Multnomah Wraparound and ICC screen approximately 270 children per year for intensive services and care coordination. Multnomah Wraparound facilitate Child and Family Teams to develop a single plan of care with blended resources. The plan of care is family-guided, culturally competent, multidisciplinary and includes both formal and natural supports to help children stay with family, in the community, in school and out of trouble. Multnomah Wraparound, as the risk accepting entity for Health Share of Oregon Multnomah, is responsible for appropriate mental health service authorizations and managing flexible fund expenditures. Service effectiveness is monitored through data collection and outcome measurement.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of unique children served in Youth Care Coordination ¹	440	457	536	525
Outcome	% score measuring family's satisfaction and progress in Wraparound ²	86.8%	84%	85.4%	85%
Outcome	% of families completing a Wraparound WFI-EZ survey	28%	33%	31%	31%
Output	Number of unique children screened for Youth Care Coordination eligibility	268	270	269	270

Performance Measures Descriptions

¹ Measure updated to include all Youth Care Coordination enrollments (Wraparound and Intensive Care Coordination).

² Wrap-Track State Database (Fidelity EHR) Mean Total Satisfaction Score from Wraparound WFI-EZ.

Legal / Contractual Obligation

Health Share of Oregon Risk Accepting Entity Participation Agreement

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$2,562,349	\$0	\$3,431,115
Contractual Services	\$23,236	\$1,139,596	\$0	\$992,689
Materials & Supplies	\$0	\$10,248	\$0	\$16,872
Internal Services	\$0	\$677,316	\$0	\$939,640
Total GF/non-GF	\$23,236	\$4,389,509	\$0	\$5,380,316
Program Total:	\$4,412,745		\$5,380,316	
Program FTE	0.00	22.67	0.00	29.67

Program Revenues				
Indirect for Dept. Admin	\$242,578	\$0	\$334,073	\$0
Intergovernmental	\$0	\$4,389,509	\$0	\$5,380,316
Total Revenue	\$242,578	\$4,389,509	\$334,073	\$5,380,316

Explanation of Revenues

\$ 5,139,535 - Health Share of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 172,656 - Community Mental Health Block Grant

\$ 68,125 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40081 Multnomah Wraparound

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40080
Program Characteristics: Measure 5 Education

Executive Summary

School Based Mental Health is a vital component of the system of care for children and families, serving over 1,600 children and teens with serious mental health disorders in 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose and Portland Public School Districts. Mental health professionals provide evidence-based treatment in the school setting. Additionally, children, parents and school staff receive consultation from mental health consultants to assist with mental health needs during education planning to retain students in school and reduce risk of higher levels of care.

Program Summary

Mental health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 1600 underserved families. This program reaches youth who have not accessed services in a mental health clinic and over 43% of those served were children of color. The ongoing need for culturally specific/responsive mental health treatment and outreach continues to be a priority. Cultural alignment with the students served, increases therapeutic alliance which assists with addressing challenges to school attendance, contributes to school completion which is a strong indicator for lifelong economic well being and improved health. Approximately 75% of the children served were insured by the Oregon Health Plan.

Multnomah County and School Districts recognize that there is a continuum of need from prevention to mental health treatment/support for students and their families. No one partner is prepared or responsible for all the needs that are identified. School Based Mental Health Consultants provided 1,700 hours of Prevention, Education and Outreach to over 6,000 students, school staff or families.

School based mental health consultants provide screening; crisis intervention; mental health assessment; individual, group and family treatment; and clinical case management. School based mental health consultants provide consultation to education staff to optimize educational planning for children with mental health challenges. Mental health consultants are co-located in School-Based Health Clinics when possible to provide integrated physical and mental health services.

Locating mental health services in schools is a best practice and Multnomah County has been a leader in the nation by providing this program since 1989. Through this program children and teens with mental health disorders or at risk of harming themselves or others are identified and receive intervention. Mental health disorders may interfere with education completion which has lifelong implications for self-sufficiency and health outcomes. In Oregon, suicide remains the second leading cause of death among young people. Earlier identification and treatment can save lives, divert children from higher cost and more restrictive services and improve lifelong socio-economic and wellness outcomes.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total unduplicated children receiving mental health services	1,595	1,700	1,574	1,700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	69%	65%	69%	65%

Performance Measures Descriptions

¹ Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

Legal / Contractual Obligation

Revenue contracts with school districts.

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$1,429,480	\$1,565,720	\$1,719,661	\$1,469,474
Contractual Services	\$0	\$0	\$14,654	\$0
Materials & Supplies	\$14,730	\$3,166	\$10,625	\$3,774
Internal Services	\$308,238	\$253,874	\$95,209	\$140,276
Total GF/non-GF	\$1,752,448	\$1,822,760	\$1,840,149	\$1,613,524
Program Total:	\$3,575,208		\$3,453,673	
Program FTE	12.59	12.83	14.17	11.38

Program Revenues				
Indirect for Dept. Admin	\$37,087	\$0	\$48,939	\$0
Intergovernmental	\$0	\$1,522,759	\$0	\$1,372,033
Service Charges	\$139,828	\$300,001	\$139,828	\$241,491
Total Revenue	\$176,915	\$1,822,760	\$188,767	\$1,613,524

Explanation of Revenues

- \$ 139,828 - Federally Qualified Health Center Medicaid Wraparound payments
- \$ 214,900 - Local Public Health Agency IGA with State of Oregon for School Based Clinics
- \$ 22,500 - Parkrose School District
- \$ 75,000 - Centennial School District
- \$ 241,491 - Fee for Service Insurance Receipts
- \$ 177,000 - Portland Public Schools
- \$ 882,633 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40082A School Based Mental Health Services

Last year this program was also: 40082B Supplemental Case Management & Psychiatric Consultation Services

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

Executive Summary

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid increases mental health literacy in the community, providing a preventive and empowering tool to the community. It provides the public with the education necessary to intervene before an individual potentially reaches mental health crisis. The program offer funds a minimum of two trainings per month with up to 30 participants per training. 772 people were trained in FY17.

Program Summary

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

In addition to Mental Health First Aid, the Prevention Coordinator has been offering Applied Suicide Intervention Skills Training (ASIST). ASIST is an evidenced based practice to provide suicide first aid. Shown to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community. During the two-day interactive session, participants learn to intervene and help prevent risk of suicide. In FY18, we estimate that 150 community members will have been trained in ASIST.

In FY18, we estimate that 587 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. In FY19, Mental Health First Aid will continue to be offered to all county employees as well as identified community groups and members who express a need for increased awareness and training in preventing mental health crisis in the community.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST ¹ , QPR and/or CALM	772	650	737	700
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	87%	88%	86%	86%

Performance Measures Descriptions

¹ Reduction in number of individuals trained due to reduction in budget.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$98,036	\$0	\$104,845	\$0
Contractual Services	\$46,473	\$0	\$37,260	\$0
Materials & Supplies	\$21,000	\$0	\$20,556	\$0
Internal Services	\$23,894	\$0	\$18,625	\$0
Total GF/non-GF	\$189,403	\$0	\$181,286	\$0
Program Total:	\$189,403		\$181,286	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40083 Mental Health First Aid

\$181,286-County General Fund Support

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

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). These communities have encountered difficulty finding mental health treatment that incorporate their culture, tradition and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer 914 indigent individuals received services in FY17.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total culturally diverse individuals receiving services ¹	914	900	931	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.5	4.1	3.6	3.6

Performance Measures Descriptions

¹ This total includes all persons served under this contract and does not include those culturally diverse persons served by Multnomah Mental Health or in other programs. ² Service Rate Per 1,000 Calculation- Numerator: Total unduplicated culturally diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2015.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,618,420	\$0	\$1,674,369	\$0
Total GF/non-GF	\$1,618,420	\$0	\$1,674,369	\$0
Program Total:	\$1,618,420		\$1,674,369	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2018: 40084 Culturally Specific Mental Health Services

Department: Health Department **Program Contact:** Neal Rotman
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

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

Program Summary

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities currently under-served or insufficiently served. Those communities are: Eastern European/Slavic/Russian Speaking, African-American, Asian/Pacific Islander, Latino/Hispanic, Native American/ Alaskan Native, and the LBGTQ+.

LGBT individuals continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for LGBT populations. Thus, there is an urgent need to provide inclusive, high-quality mental health services to LGBT+ community so that they can achieve the highest possible level of health. A growing population of LBGTQ+ individuals needing mental health services and supports are increasingly being identified in the community. Through stakeholder discussions and behavioral health provider meetings there are strong requests for culturally-specific mental health and co-occurring services.

Culturally-specific LBGTQ+services address mental health problems through access to culturally responsive treatment to address the disparities for the LBTQ+ community by providing trauma-informed outpatient mental health treatment and supports including outreach, engagement, and treatment services. Early intervention can mitigate the need for expensive hospital, residential care, or crisis services.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Total number of LGBTQ individuals receiving treatment	0	0	0	N/A
Outcome	Increase capacity for data collection regarding LGBTQ individuals served	0	0	0	100%

Performance Measures Descriptions

Increase capacity for data collection regarding LGBTQ individuals served determined by implementation of a tracking system at provider agency (outcome met = 100%)

Revenue/Expense Detail

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

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

This program serves over 3,000 individuals per year and consists of a continuum of adult addictions treatment and recovery support services for adult residents of Multnomah County. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc). Research shows every dollar invested in addiction treatment yields a cost savings of nearly \$11.00.

Program Summary

Substance use disorders impact many areas of the County, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification. A recent review of Multnomah County Medicaid members revealed that, on average, receiving treatment reduced physical healthcare costs by \$4,400 per person relative to individuals who didn't receive treatment.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of alcohol and other drug abuse; target specific issues that are barriers to recovery; and teach pro-social/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. Community treatment and service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout Multnomah County by a network of state licensed community providers. These providers are culturally competent and many have bilingual staff. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, women, and parents whose children live with them while they are residential treatment.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number served in treatment (all levels of care)	3,371	1,856	3,371	3,371
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	46%	45%	46%	46%

Performance Measures Descriptions

Performance measures reflect the continuation towards more intensive services for a fewer number of individuals with higher-level needs, and an increase in recovery support services separate from treatment. Recently implemented County reporting methods and State MOTS data have led to continually adjusting estimates. (See, Significant Program Changes section, for additional comments regarding Performance Measure 1). ¹"Successful completion of treatment" is defined as the client completing at least two thirds of their treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$92,868	\$652,450	\$96,153	\$777,662
Contractual Services	\$2,327,386	\$7,062,008	\$2,503,200	\$8,074,278
Materials & Supplies	\$4,694	\$6,933	\$6,470	\$5,390
Internal Services	\$88,017	\$85,468	\$69,433	\$131,232
Total GF/non-GF	\$2,512,965	\$7,806,859	\$2,675,256	\$8,988,562
Program Total:	\$10,319,824		\$11,663,818	
Program FTE	0.65	5.70	0.65	6.70

Program Revenues				
Indirect for Dept. Admin	\$21,238	\$0	\$32,230	\$0
Intergovernmental	\$0	\$7,806,859	\$0	\$8,988,562
Total Revenue	\$21,238	\$7,806,859	\$32,230	\$8,988,562

Explanation of Revenues

[\$ 376,453 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates] [\$ 352,510 - Ryan White Award]
 [\$ 1,235,869 - Local 2145 Beer and Wine Tax] [\$2,643,899 - SAPT Block Grant]
 [\$ 125,000 - Safe Neighborhoods Advocacy Partnership] [\$ 170,576 - TANF A&D67 Award]
 [\$ 47,145 - Stop ACT Grant] [\$ 249,999 - OHA Peer Delivered Services]
 Revenue below is from the State Mental Health grant based on 2017-2019 IGA with State of Oregon
 \$ 2,197,319 - State Mental Health Grant
 Residential Treatment
 \$ 1,589,791 - State Mental Health Grant

Significant Program Changes

Last Year this program was: FY 2018: 40085A Adult Addictions Treatment Continuum

Two changes related to Performance Measures are important to articulate. In the FY 2018 offer, individuals served through CBEN, a program that provides support for basic needs to individuals in treatment, was not included. In order to more accurately reflect the total unique number of individuals served through our Adult Addictions Treatment Continuum, this population was included in this current program offer. Additionally, in previous program offers it appears that some of the youth (individuals aged 18 or younger) served through youth addictions treatment and recovery support services were included in the total unique number of individuals served. For this current program offer, those unique youth served were taken out of this Performance Measure and included in FY 2019: 40090 Family and Youth Addictions Treatment Continuum.

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Law Enforcement Assisted Diversion (LEAD) is a new innovative pilot program developed to address low-level drug street crime in downtown Portland. The goal of LEAD is to improve community health and safety by using a harm reduction and assertive engagement model and coordinating with law enforcement.

Program Summary

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program that allows police officers to redirect low-level offenders engaged in drug activity to community-based services instead of jail and prosecution. This program focuses on low-level misdemeanor and felony drug possession crimes. LEAD is modeled after a similar program by the same name in Seattle, WA. The Seattle program has been thoroughly evaluated and found to reduce crime (and associated costs) and improve participant outcomes like employment, housing, and health.

LEAD eligible individuals are referred to a treatment provider from the central precinct if they are deemed eligible for the program. LEAD is based on the collaboration between arresting officers with the Portland Police Bureau and treatment provider case managers. The goal is to engage individuals during pre-arrest in efforts to provide support and resources for basic needs and SUD treatment versus entering the criminal justice system.

LEAD eligibility is determined by the Portland Police Bureau Street Crimes Unit and Bicycle patrols in the downtown neighborhood of the City of Portland. There may be additional law enforcement assistance/referral with the TriMet Police Patrol and Multnomah County Sheriff's Office. Eligible individuals will then be connected with a LEAD intensive case manager who will then be responsible for brokering all services needed or requested by eligible individuals. All determining factors, criteria for LEAD eligibility, data collection criteria, etc. are vetted through the LEAD policy committee.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of referred eligible diverted participants who are screened	na/-	100%	100%	100%
Outcome	Participants will be assessed and have at least one primary need met within a six (6) month period.	na/-	65%	65%	65%

Performance Measures Descriptions

Legal / Contractual Obligation

Multnomah County contracts with Central City Concern for \$750,000 dollars to provide LEAD services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$750,000	\$0	\$750,000	\$0
Total GF/non-GF	\$750,000	\$0	\$750,000	\$0
Program Total:	\$750,000		\$750,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on FY16/17 data the county's community-based providers treated approximately 241 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact 99% of the time and 74% report no gambling 12 months following treatment.

Program Summary

Multnomah County's Problem Gambling services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Gambling treatment and prevention services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, family members, and communities. In FY16/17, 203 gamblers enrolled in treatment. As noted, family participation is important, and 38 family members enrolled in treatment.

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

Multnomah County provider network has expanded and includes Lewis & Clark College, Volunteers of America InAct, Cascadia Behavioral Healthcare, OHSU, Empowerment Clinic and Voices of Problem Gambling Recovery (VPGR). Culturally specific, African American services are available in this network of providers. Newly established is the Latino Problem Gambling Tri-County Services. This is a Latino culturally specific gambling treatment in the Tri-County region administered through Lewis and Clark College and funded direct by the State.

Problem gambling prevention strategies address widespread lack of awareness among youth, parents and other adults in our communities. The problem gambling prevention provider, Volunteers of America of Oregon (VOA), offers problem gambling prevention information to parents, teachers and school administrators, as well as implementing two curricula -- "Wanna Bet?" and "Stacked Deck" -- to their students.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	241	360	350	350
Outcome	Gambler successful treatment completion rate ²	35.4%	50%	45%	45%

Performance Measures Descriptions

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

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$18,797	\$0	\$19,927
Contractual Services	\$0	\$778,708	\$0	\$788,119
Materials & Supplies	\$0	\$2,203	\$0	\$2,204
Internal Services	\$0	\$11,293	\$0	\$0
Total GF/non-GF	\$0	\$811,001	\$0	\$810,250
Program Total:	\$811,001		\$810,250	
Program FTE	0.00	0.15	0.00	0.15

Program Revenues				
Intergovernmental	\$0	\$811,001	\$0	\$810,250
Total Revenue	\$0	\$811,001	\$0	\$810,250

Explanation of Revenues

\$ 38,500 - State Mental Health Grant: Local Administration - Addictions Services based on 2017-2019 IGA with State of Oregon.

\$ 700,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2017-2019 IGA with State of Oregon.

\$ 71,750 - State Mental Health Grant: Problem Gambling Prevention Services based on 2017-2019 IGA with State of Oregon, Oregon Health Authority (OHA).

Significant Program Changes

Last Year this program was: FY 2018: 40086 Addiction Services Gambling Treatment & Prevention

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

Executive Summary

The Alcohol and Drug Prevention Education Program (ADPEP) uses Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to address risk and protective factors for youth substance use that can lead to alcohol, tobacco and drug abuse and addiction. These State-funded efforts include prevention education, youth leadership activities, and support for schools and parents. With the prevention grant program now transitioned to the Oregon Health Authority's Public Health division, new emphases on tobacco prevention and environmental strategies have been introduced.

Program Summary

Beginning in FY18, Multnomah County's State-funded substance abuse prevention program refocused to begin a pilot prevention program offering services to schools, community organizations, parents and other groups. The key focus is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess needs, and offering prevention activities at school sites and organizations serving youth and parents. Year 1 activities include conducting key informant interviews and parent focus groups, partnering with local coalition efforts, and starting to offer prevention activities and classes.

The goal for FY19 (Year 2 of the pilot program) will be to identify additional schools and community programs seeking prevention programming and support for youth, parents and staff. Depending on identified needs within participating schools, prevention programming may include introducing evidence-based prevention curricula, student groups, campus-wide leadership initiatives and early intervention and referrals; offering positive youth activities (that include skill-building, health promotion, etc.); and providing presentations and educational materials at parent/family events. These prevention strategies can also be delivered to community-based groups and venues.

The prevention program became ADPEP -- the Alcohol and Drug Prevention Education Program -- when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division/Health Promotion and Chronic Disease Prevention unit. The Multnomah County 2017-19 Biennial ADPEP Local Plan now includes a tobacco policy strategy following up on the new "T21" law raising the minimum legal age to purchase tobacco in Oregon to 21. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to engage in T21 education and outreach emphasizing that it is no longer legal for tobacco or inhalant delivery systems to be purchased by 18-20 year olds.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Adults and youth served by substance abuse prevention services and programming ¹	NA	NA	100	275
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes ¹	NA	NA	75%	75%

Performance Measures Descriptions

¹ FY18 output and outcome measures will ultimately reflect prevention programming requested by participating schools, community organizations and other prevention partners. FY17 actual and FY18 purchased outcome measures are not applicable (NA) because they are incompatible with the new FY18 and FY19 offer outcomes, and were based on previous program goals before the program transition to the new pilot project.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$113,853	\$0	\$118,700
Contractual Services	\$0	\$393,068	\$0	\$193,069
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$11,977	\$0	\$7,632
Total GF/non-GF	\$0	\$523,748	\$0	\$324,251
Program Total:	\$523,748		\$324,251	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$523,748	\$0	\$324,251
Total Revenue	\$0	\$523,748	\$0	\$324,251

Explanation of Revenues

\$ 324,251 - Oregon Health Authority. Federal Substance Abuse Prevention and Treatment (SAPT) block grant and State general funds.

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

Significant Program Changes

Last Year this program was: FY 2018: 40087 Addiction Services Alcohol & Drug Prevention

The substance abuse prevention program has focused its services to help build prevention capacity and offer prevention programming to schools and communities. Now funded through the Oregon Health Authority's Public Health Division Health Promotion and Chronic Disease Prevention unit, the Alcohol and Drug Prevention Education Program (ADPEP) is transitioning to include more environmental strategies as well as tobacco prevention strategies.

Department: Health Department **Program Contact:** Jean Dentinger
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for individuals experiencing a severe mental health issue. Mental health professionals staff the Community Court, Mental Health Court and Forensic Diversion Program. Programs provide intensive support, with the goal of connecting to appropriate community treatment options. Each program diverts individuals experiencing a serious mental health issue from lengthy jail stays and promote stability in the community. Clients served in FY17; Community Court: 751, Forensic Diversion: 484, Mental Health Court: 115 .

Program Summary

The three coordinated diversion programs target persons in the criminal justice system who are experiencing serious mental health issues who are at risk of lengthy stays in jail or hospitals unless provided additional treatment, support, and resources.

The Community Court Program addresses quality of life crimes with a focus on restorative justice. Clients are able to participate in a variety of social services as an alternative to jail or community service.

Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system while connecting them to community treatment, housing, and financial and medical entitlements. Staff provide ongoing monitoring and support for persons enrolled in Mental Health Court. Staff initiated services to 45 new participants in FY17.

The Forensic Diversion Program focuses on diversion from the criminal justice system for persons charged with felony and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provide mental status evaluations, as well as linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community as an alternative to extended time in the Multnomah County Detention Center.

The three diversion programs address the needs of residents experiencing a severe mental health issue who can be safely diverted from jail and/or the State Hospital, by providing support for successful completion of court directives as well as providing linkage to community services that increase mental health stability. Initial case management and coordination protects the legal and civil rights of these individuals, ensures appropriateness of resources and decreases the unnecessary expense of time spent in jail or the State Hospital.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	# of participants in Community Court	751	1,000	690	690
Outcome	% of participants in good standing or have successfully completed services	54%	55%	55%	55%
Output	# of participants served by Forensic Diversion	484	400	509	450
Outcome	% of participants served in the Community by Forensic Diversion (NEW)	N/A	N/A	33%	33%

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

State of Oregon Safe Neighborhood Advocacy Partnership grant

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$472,338	\$1,167,191	\$249,429	\$1,275,267
Contractual Services	\$0	\$1,157,322	\$302,287	\$354,879
Materials & Supplies	\$1,070	\$15,794	\$3,392	\$5,604
Internal Services	\$90,283	\$122,923	\$267,629	\$3,984
Total GF/non-GF	\$563,691	\$2,463,230	\$822,737	\$1,639,734
Program Total:	\$3,026,921		\$2,462,471	
Program FTE	4.00	11.00	2.00	10.70

Program Revenues				
Indirect for Dept. Admin	\$22,292	\$0	\$3,100	\$0
Intergovernmental	\$0	\$2,463,230	\$0	\$1,620,273
Beginning Working Capital	\$0	\$0	\$0	\$19,461
Total Revenue	\$22,292	\$2,463,230	\$3,100	\$1,639,734

Explanation of Revenues

- \$ 87,035 - Multnomah Behavioral Health Treatment Court (MBHTC) federal grant from SAMHSA
- \$ 1,533,238 - State Mental Health Grant: MHS Special Projects based on 2017-2019 IGA with State of Oregon
- \$ 19,461 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2018: 40088 Coordinated Diversion for Persons with Mental Illness

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

Executive Summary

Alcohol and drug detoxification, or medically monitored withdrawal management, medically stabilizes a highly vulnerable and diverse client population. It prepares them for further alcohol and drug treatment and connects them to other services needed to resolve homelessness and health issues. There are approximately 2,400 admissions to detox services annually. Supportive Housing targets homeless addicted individuals who have completed detoxing from substances, providing additional engagement and stability to enhance outcomes of continued treatment.

Program Summary

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

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

Supportive housing (\$29/day) is an evidence-based, lower-cost resource when compared to either Level 3.7 Medically Monitored Inpatient Withdrawal Management (\$945/ day) or Level 3.2 A&D Residential treatment (\$120/day), and we can provide less restrictive/expensive outpatient treatment while the individual is in supportive housing. 58 supportive housing units can each house two to three clients per year (3-4 month stays). Clients are helped by Housing Support Specialists to access key services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of admissions annually to detoxification ¹	2,559	2,400	2,564	2,600
Outcome	Percentage of supportive housing unit utilization ²	94%	90%	94%	94%
Output	Number of individuals receiving supportive housing ²	133	168	168	168

Performance Measures Descriptions

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

² Average length of stay in supportive housing is 14-15 weeks. Our outcome measures reflect the annual utilization rate (Measure 2) and estimated annual number of individuals housed (Measure 3).

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$1,798,612	\$1,296,616	\$1,607,167	\$1,296,616
Internal Services	\$0	\$0	\$23,223	\$0
Total GF/non-GF	\$1,798,612	\$1,296,616	\$1,630,390	\$1,296,616
Program Total:	\$3,095,228		\$2,927,006	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$ 908,733 - State Mental Health Grant: A&D Community Mental Health Block Grant based on IGA with State of Oregon.
\$ 387,883 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2018: 40089 Addictions Detoxification & Post Detoxification Housing

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

Executive Summary

This program provides a continuum of services for youth in outpatient, residential, early recovery, and culturally-specific outpatient addiction treatment services. Additionally, this program provides alcohol/drug-free supportive housing resources for families of adult parent(s) who are in addictions treatment. Annually, approximately 90 families receive housing supports in family-focused recovery housing communities.

Program Summary

A 2015 report from the Center for Behavioral Health Statistics and Quality cites the fact that around 37,000 adolescents in Oregon (almost 13% of the total adolescents) per year report using illicit drugs. Youth alcohol and drug treatment focuses on the developmental issues of youth up to age 18 to mitigate the immediate and long-term consequences of substance abuse. Our youth treatment continuum reflects collaboration with schools, juvenile justice, and a network of community-based treatment and recovery support providers. This collaborative network provides outreach/engagement services, outpatient treatment, residential treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level.

The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers supporting families in 89 units of Central City Concern long-term transitional housing. FAN provides a clean, safe and sober living environment in which parents can raise their children while in a recovery supported environment. FAN offers families an array of services, including: rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family reunification in cases of child welfare involvement; supports to enhance family stability, economic self-sufficiency, pro-social/ drug-free relationships and community involvement; and placement in permanent housing. The FAN Housing Coordination program helps those families in early recovery as they transition from residential treatment to locate suitable Alcohol and Drug Free Communities (ADFC) recovery-focused housing, as well as providing assistance with housing maintenance and referrals to other supportive resources. Access to this supportive ADFC housing in turn lays a foundation for families' future self-sufficiency and ability to obtain permanent housing. FAN Rent Assistance provides payment of rent and associated expenses inclusive of deposits, move-in costs, and utilities.

Altogether, the services embedded within the family and youth addictions treatment continuum are vital to serving youth and families, many of whom struggle with a myriad of challenges such as trauma histories, dual diagnoses, generational cycles of poverty, incarceration, and fragmented family structures among other difficulties.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of households that received rent assistance	115	75	100	85
Outcome	Exiting families that move into long-term permanent housing	%87	54%	%73	%73
Output	Number of families that received housing coordination services	140	90	120	120
Output	Number of youth served in outpatient treatment	45	45	45	45

Performance Measures Descriptions

The performance measures shown above are consistent with measures attached to these funds by the State, and based on provider quarterly reports submitted to the State via the County. State funds to staff housing coordination were reduced in the current biennium, impacting support to families seeking employment and affordable permanent housing. Measures 1 & 3 have been adjusted to reflect accurately reflect expectations. (See, Significant Program Changes section, for additional comments regarding Performance Measure 1).

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$211,709	\$640,709	\$137,727	\$493,647
Total GF/non-GF	\$211,709	\$640,709	\$137,727	\$493,647
Program Total:	\$852,418		\$631,374	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$640,709	\$0	\$493,647
Total Revenue	\$0	\$640,709	\$0	\$493,647

Explanation of Revenues

\$ 62,131 - Local 2145 Beer & Wine Tax
 \$ 275,100 - SAPT Block Grant
 \$ 156,416 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40090 Family & Youth Addictions Treatment Continuum

In the FY 2018 Program Offer 40085, it appears that some of the youth (individuals aged 18 or younger) served through youth addictions treatment services were included in the total unique number of adult individuals served. For this current program offer, those unique youth served were taken out of the 40085 Performance Measure and included in this program offer. Hence, a new Output was added to this offer to specifically reflect unique youth served in treatment.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$1,129,910	\$0	\$445,107
Total GF/non-GF	\$0	\$1,129,910	\$0	\$445,107
Program Total:	\$1,129,910		\$445,107	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,129,910	\$0	\$445,107
Total Revenue	\$0	\$1,129,910	\$0	\$445,107

Explanation of Revenues

\$ 445,107 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on 2017-2019 IGA with the State.

Significant Program Changes

Last Year this program was: FY 2018: 40091 Family Involvement Team

Legal / Contractual Obligation

Risk Accepting Entity contract with Health Share of Oregon CCO.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$2,697,791	\$0	\$3,980,861
Contractual Services	\$0	\$137,705	\$0	\$1,529,405
Materials & Supplies	\$0	\$2,721	\$0	\$6,338
Internal Services	\$0	\$635,608	\$0	\$933,781
Total GF/non-GF	\$0	\$3,473,825	\$0	\$6,450,385
Program Total:	\$3,473,825		\$6,450,385	
Program FTE	0.00	24.40	0.00	35.90

Program Revenues				
Indirect for Dept. Admin	\$253,478	\$0	\$389,414	\$0
Intergovernmental	\$0	\$3,473,825	\$0	\$6,450,385
Total Revenue	\$253,478	\$3,473,825	\$389,414	\$6,450,385

Explanation of Revenues

\$ 6,128,947 - Healthshare of Oregon (Medicaid): Based on FY18 Medicaid Rates

\$ 321,437 - State Mental Health Grant MHS 37 Special Projects based on 2017-2019 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2018: 40094 Medicaid Insurance Plan Administration and Operations

Department: Health Department **Program Contact:** Devarshi Bajpai
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs: 40085
Program Characteristics: One-Time-Only Request

Executive Summary

This program offer provides resources for expanding high quality, affordable, accessible residential and outpatient substance use treatment delivered by a licensed provider in the County's network. It will also help Multnomah County meet the needs of geographically dispersed patient populations and expand the availability of outpatient services.

Program Summary

This program offer provides resources for expanding high quality, affordable, accessible residential and outpatient substance use treatment delivered by a licensed provider in the County's network. Substance use disorders impact many areas of the County, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle through outpatient and residential based services, yet there is always a need to improve access to services by situating treatment providers near patient populations. This program offer will help Multnomah County meet the needs of geographically dispersed patient populations by increasing access to services outside of the downtown core.

Performance Measures

Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Number of briefings to Board of County Commissioners complete before funding is released.	0	0	0	1
Outcome	% of phase one planning and development complete before funding is released.	0	0	0	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Contractual Services	\$0	\$0	\$350,000	\$0
Total GF/non-GF	\$0	\$0	\$350,000	\$0
Program Total:	\$0		\$350,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: